Challenges of Paradigm Shift for Stroke Systems of Care: Opening the Time Window for Stroke Treatment

Evidence-based advances for treatment of acute ischemic stroke remained largely stagnant for the last 20 years. However, recent advances in devices and techniques have culminated in dramatic improvements in the outcomes of stroke patients. Tissue-based decision making through the utilization of advanced imaging to save the brain has become the standard of care. This new standard has ‘opened’ the traditional concept of time windows and transformed the way we think about treating stroke patients. This poses unique yet exciting future challenges with an enthusiastic urgency to redesign complex stroke systems of care in order to deliver the highest quality and outcomes for our stroke patients. In this keynote, Dr. Jawad F. Kirmani will examine the evidence-based historical build up to where we are today and propose practical stroke systems of care that have worked successfully in this new paradigm.

Jawad F. Kirmani, MD, is the Vice Chair of HMH- SOM DON, HMH-JFK Neuroscience Institute and Director of the Stroke and Neurovascular Center at the Neuroscience Institute at JFK Medical Center. Dr. Kirmani is the Director of the Neurology Residency Program. He is also the Director of Endovascular Surgical Neuroradiology, Vascular Neurology, and Neurocritical Care Fellowship programs. Dr. Kirmani completed his Neurology training at Ohio State University and went on to do a fellowship in Stroke and Neurocritical care at SUNY, Buffalo. He completed his Endovascular Surgical Neuroradiology training at Rutgers New Jersey Medical School. Dr. Kirmani’s clinical activities and professional skills include but are not limited to Neurointerventional procedures; treatment of Ischemic and Hemorrhagic Strokes and Subarachnoid Hemorrhage; Neurocritical and Stroke care. Dr. Kirmani has received many national Awards in the area of his expertise, most recently Dr. Kirmani was the recipient of the American Heart Association 2017 Physician of the Year award. He has trained over 100 residents and fellows. Dr. Kirmani has over a hundred peer reviewed research publications. He has been an invited speaker at numerous national and local forums, and is the founding member and current Secretary of the Society of Vascular and Interventional Neurology.
THURSDAY 8 a.m. – 12 p.m.

8 – 9 a.m. Registration and Exhibits Open
Exhibits are open 8 a.m. to 3 p.m.

8:45 – 9:15 a.m. Opening Remarks
9:15 – 10:30 a.m. Keynote Address

Jawad F. Kirmani, MD
Challenges of Paradigm Shift for Stroke Systems of Care: Opening the Time Window for Stroke Treatment

10:30 – 11 a.m. Session Break—Exhibits Open

11 a.m. – 12 p.m. Breakout Session Part I

A. Patient with a Brain Aneurysm. Who to Treat and Why?
Jawad F. Kirmani, MD
There are more than 6 million people living in the US with an aneurysm. However, not all aneurysms rupture. In fact a very small percentage of aneurysms rupture. Endovascular coiling or a flow diverter and surgical clipping can be used to seal off an unruptured brain aneurysm and help prevent a future rupture. In some unruptured aneurysms, the known risks of the procedures may outweigh the potential benefit. As health care providers, it is very important for us to know how to proceed with further care of an unruptured, asymptomatic aneurysm. Kirmani builds upon the operative risks, natural history of subarachnoid hemorrhage and available evidence to suggest best future course of action for a patient with unruptured aneurysm.

B. CPR for the Complicated Discharge Plan
Kathy Reinartz, RN, BSN, CCM, Clinical Coordinator in the Case Management Department at Hennepin Healthcare
Communication, Planning, and Resources (CPR) is a process to assist in a successful complex discharge plan for the patient following a stroke. Through a recent case study of a complex discharge, Kathy Reinartz will demonstrate how to utilize the CPR method and evaluate its effectiveness. She also will explore some community resources to support this process.

C. Transitions of Care in the Rural Setting
Wendy Borth, RN, BSN, CHPN, Transitional Care Manager; Sara Shultz, RN, Quality Improvement, Patient Safety, and Patient and Family Advisory Council Coordinator, Sleepy Eye Medical Center
Sleepy Eye Medical Center has had the Transitional Care Management Program in place since mid 2014. They are now including a process to coordinate stroke patients as they transition back to the community. This presentation will cover how this program has led to greater patient satisfaction, decreased readmission rates and decreased costs.

D. Resources and Communicative Strategies for Patients with Aphasia
H Sheen Chiou, PhD, CCC-SLP, Associate Professor, Minnesota State University Mankato; Julia Halvorson, MA, CCC-SLP, Executive Director, Minnesota Connect Aphasia Now
Many health care professionals are unfamiliar with resources and techniques used to facilitate communication for people with aphasia. This presentation will cover basics of communication strategies to increase communication effectiveness; how the life participation approach to aphasia works; and information on aphasia resources available in Minnesota.

E. Stroke and Seizures
Amanda Pike, MSW, Education Senior Program Manager, Epilepsy Foundation of Minnesota
Nearly 10 percent of stroke survivors suffer from post-stroke seizures. Developing your knowledge and awareness about post-stroke seizures will help you better control and manage them.
THURSDAY 12 – 2 p.m.

12 – 1 p.m. — Lunch

1 – 2 p.m. — Breakout Session Part II

A. So Easy to Miss!
Joan Somes, PhD, RN-BC, CEN, CPEN, FAEN, NRP, Critical Care Educator, Regions Hospital EMS
Large Vessel Occlusion stroke symptoms are not always obvious and easily recognized. This session will review actual cases where the presenting symptoms were subtle, or had confounding factors, as well as clues that helped the initial assessor call a stroke code.

B. When Risk Becomes Reality: Antithrombotic Reversal in Hemorrhagic Stroke
Matthew P. Lillyblad, PharmD, BCPS-AQ Cardiology, Clinical Pharmacy Coordinator-Cardiology and Critical Care, Abbott Northwestern Hospital
Antithrombotic medications are often used to treat or reduce the risk of thrombotic or embolic events in a variety of medical conditions. Antithrombotic use is expected to rise with greater convenience of new generation agents and increasing prevalence of diseases requiring antithrombotic therapy. Hemorrhagic stroke is a known adverse effect of antithrombotic therapy and the most feared complication of these treatments. Prompt reversal of coagulopathy is essential to mitigate risk and improve outcomes. This presentation will summarize the pharmacology of each antithrombotic class, hemorrhagic risks associated with treatment, and the evidence based strategies for reversing their effect in the setting of hemorrhagic stroke.

C. Harnessing the Electronic Medical Record for a Quality and Outcomes Database, as well as a Tool for Better Secondary Stroke Prevention and Education
Diane Chappuis, MD, Physiatrist, Medical Director of Stroke Rehabilitation, Courage Kenny Rehabilitation Institute, Allina Health, United Neuroscience; Ganesh Asaithambi, MD, Vascular Neurologist, Allina Health, United Neuroscience
Tracking stroke survivor outcomes and educating on risk factors for recurrent stroke is a challenge. Dr. Chappuis and Dr. Asaithambi have developed a Stroke Navigator tool in Epic which can reduce dependence on external databases and also provide a more user friendly interface for stroke care for the interdisciplinary team both in the inpatient and outpatient settings. Embedded within the Stroke Navigator is a secondary stroke education tool which can be printed and highly personalized to each patient, rather than giving them generic information about stroke prevention. Population health can be analyzed via the tool as well.

D. Non-pharmacological Treatments for Poststroke Depression
Niloufar Hadidi, PhD, APRN, ACNS-BC, FAHA, Associate Professor (tenured) and Coordinator of the Adult/Gero Clinical Nurse Specialist/Doctor of Nursing Practice (CNS/DNP) Program at the University of Minnesota Medical Center
This session will cover post-stroke depression pathophysiology as well as signs, symptoms and treatment modalities that have been explored in the literature. Further, problem solving therapy, a form of cognitive behavior therapy, will be described and an example will be reviewed.

E. Keeping Your Relationship Strong
Chad Martin, Software Engineering Manager, Medtronic
Nearly six years ago, when their daughter was only three, Chad Martin’s wife suffered a major stroke. Through his experiences, Chad has developed several lessons on maintaining a strong partnership throughout the recovery process. In this presentation he will cover those experiences and give long-term advice to survivors and caregivers.

For more information or to register online — please visit www.strokemn.org
## A. In-House Stroke Code: Is the Hospital the WORST Place to Have a Stroke?

Carol Droegemueller, APRN, CNS, Stroke Program Coordinator, Regions Hospital; Roberta Wagner, DNP, APRN, CNS, Clinical Nurse Specialist, Abbott Northwestern Hospital

Recognition and management of stroke in hospitalized patients is difficult, and the morbidity and mortality rates of in-patient strokes exceed those of out of hospital stroke. This session will cover how one hospital adapted processes made a big impact for those whose stroke happens while hospitalized.

## B. Patent Foramen Ovale and Cryptogenic Stroke: Do We Finally Have Closure?

Christopher Streib, MD, MS, Vascular Neurologist, University of Minnesota, University of Minnesota Physicians, Academic Vascular Neurologist, Stroke Fellowship Director UIMMC

Three major trials, REDUCE, CLOSE, and RESPECT, studying patent foramen ovale (PFO) closure in cryptogenic stroke were published in the New England Journal of Medicine in September 2017. This session will cover these three trials which all showed a reduced risk for recurrent ischemic stroke in patients undergoing PFO closure in comparison to medical management.

## C. Managing the TIA Patient: In Patient vs. Out Patient Workup

Leah Roering, RN, FNP-CP, Certified Nurse Practitioner, Stroke Neurology, CentraCare Clinic/Saint Cloud Hospital

This session will cover stroke vs. TIA; etiology, physiology, diagnosis; patient selection and triage from ETC; how to assess patient risk and need for admission vs discharge from the ETC for TIA follow up; TIA management; and the impact of TIA clinic on the community/reducing cost by avoiding hospital admission.

## D. Prioritize- Ensure the Health of your Community

Nicole Anderson, RN, BSN, Stroke Coordinator Essentia Health- St. Joseph’s Medical Center

Rural Brainerd Minnesota was identified as an area in the state that underutilized EMS services when it came to calling for stroke. With the support and ideas between MDH and our marketing department we developed ideas for in-person programs, direct mailings, radio PSA’s, and other events to spread awareness in our community. This session will share our process and ideas for ensuring the health of your community.

## E. TIA Evaluations in Neurologically Underserved Regions

Ganesh Asaithambi, MD, Vascular Neurologist, Allina Health, United Neuroscience, John Nasseff Neuroscience Specialty Clinic and United Hospital

It is estimated that 5 million Americans suffer transient ischemic attacks (TIAs) annually. However, the true prevalence is much higher. TIAs can be considered “mini-strokes” or “warning strokes” and should be addressed immediately by healthcare professionals in order to minimize the risk of another TIA or a potentially disabling stroke. The high prevalence of TIAs in the community require primary care providers, especially in neurologically underserved regions, to be aware of diagnostic and preventive strategies.

For more information or to register online — please visit www.strokemn.org
CONFERENCE OVERVIEW

The mission of the Minnesota Stroke Association is to raise awareness about stroke and to enhance the quality of life for all people coping with its sudden and long-term effects

The Minnesota Stroke Association Annual Conference is designed for all interested professionals who serve individuals living with the effects of stroke. Sessions are intended to serve physicians, psychologists, rehabilitation therapists, social workers, case managers, nurses, educators, special education directors/administrators, mental health and chemical health therapists, residential staff, policy makers, state agency personnel, as well as program administrators.

The purpose of this professional conference is to highlight new research, trends, practice strategies and collaborative models of care for individuals living with the effects of stroke through discussion, lecture, case studies and exhibits.

Continuing Education Units (CEUs)
Continuing Education Units will be available after the conference. The Minnesota Stroke Association is accredited through the Minnesota Department of Health for CEU credits for physical therapy, occupational therapy, speech therapy and nursing. The Minnesota Stroke Association is an approved continuing education provider for the Minnesota Board of Social Work.

Continuing Medical Education (CMEs)
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of HealthPartners Institute and the Minnesota Stroke Association. HealthPartners Institute is accredited by the ACCME to provide continuing medical education for physicians.

The Office of Continuing Medical Education, HealthPartners Institute, designates this live activity for a maximum of 4.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

IMPORTANT INFORMATION

Information on Presentation Handouts
Each attendee is responsible for printing handouts for each presentation attended. Before attending the Conference, please view and print out session handouts by going to www.strokemn.org/handouts.html.

For Your Comfort
Please be responsible for your own comfort during the conference. Layering is recommended given the temperature ranges of large conference center settings.

Additional Information
Video or audio taping during the conference requires pre-approval by the Minnesota Stroke Association. If you have questions please call 763–553–0088. If you require a reasonable accommodation to access this conference please contact the Minnesota Stroke Association by October 12, 2018 and specify your needs.

Parking is available at the Earle Brown Heritage Center at no cost.

If you have any questions, please contact the Education department by calling 763–553–0088.

For more information or to register online — please visit www.strokemn.org
REGISTRATION

To register for the Minnesota Statewide Stroke Conference, please fill out the form below as you would like it to appear on your name tag. Use one form per person. Each attendee and exhibitor must fill out this registration form—no sharing of registration. Send completed forms to:

Minnesota Stroke Association
2277 Highway 36 West, Suite 200
Roseville, MN 55113

You may also fax your registration to 612-378-2789, or register online at www.strokemn.org.

---

Name * ____________________________________________

Occupation ____________________________

Organization * ____________________________

Phone ____________________________

E-mail ____________________________

* As you would like it to appear on your name tag

---

Preferred Mailing Address

Address: ____________________________

Address: ____________________________

City __________ State _____ Zip _________

Billing Address

(if paying by credit card, this address must match with your credit card billing address)

Address: ____________________________

Address: ____________________________

City __________ State _____ Zip _________

Continuing Education Units (CEUs)

Continuing Education Units (CEUs) will be available at the end of the day following the plenary session. See previous page for complete CEU descriptions.

Continuing Medical Education (CMEs)

Continuing Medical Education credits will be available after the conference to those who registered for them. See previous page for complete CEU descriptions.

Please check the sessions you would like to attend (choose one class per session). Attendees are responsible for printing their own handouts. Go to www.strokemn.org/handouts.html for more information.

11 a.m. – 12 p.m. – Breakout Session I

1 – 2 p.m. – Breakout Session II

2:30 – 3:30 p.m. – Breakout Session III

Payment Information

Cancellations received less than 15 days before the conference are subject to a $35 per day fee.

Registration ends on Monday, November 5, 2018 at noon. Mailed registration forms should be mailed no later than Wednesday, October 31, 2018.

$125

$150 (if registering for CME Certificate)

Group rates are available for groups of five (5) or more. Please contact the Minnesota Stroke Association to register at group rates. Groups need to register together.

□ Check enclosed  □ Invoice me  Total Enclosed $__________________________

□ VISA  □ MasterCard  Credit Card Number: ____________________________

Expiry Date: ____________________________

Name on Card: ____________________________

Signature of Card Holder: ____________________________

Special accommodations: ____________________________

If you require a reasonable accommodation to access this conference, please inform us by October 12, 2018 and specify your needs.

---

For more information or to register online — please visit www.strokemn.org
Registration Materials Enclosed

November 8, 2018
Earle Brown Heritage Center
Brooklyn Center, Minnesota

GOLD
Bethesda Hospital
Hennepin Healthcare
iRhythm Technologies
Sanford Health

SILVER
Boehringer Ingelheim
Vinland National Center

BRONZE
Arthurs Senior Care
BioTel Heart CardioNet/LifeWatch
Courage Kenny Rehabilitation Institute
Dose Health
Handi Home Living Solutions

Jansen Pharmaceuticals
Medtronic
Minnesota Department of Employment and Economic Development