Comprised of professionals from all segments along the health continuum of care, the mission of the Iowa Stroke Task Force is to assure all Iowans of standardized, timely and appropriate stroke prevention, treatment and rehabilitation regardless of location in the state, through the provision of education and policy development.

The Iowa Stroke Task Force was created in 2005; its membership are healthcare providers who have a strong interest in establishing a stroke prevention, triage, and treatment presence within Iowa. The Task Force was integrally involved in the development of Stroke Tool Kits and a directory of Stroke Rehabilitation Facilities. Members were also involved in the development of the Iowa Cardiovascular and Stroke Plan.

The Iowa Stroke Task Force meets quarterly to discuss stroke related issues and to take action as needed to improve stroke care in the state.

Currently the Iowa Stroke Task force is working on the development of a web site that will contain stroke information for both the general public and providers. A key feature of the new site will be links to educational programs for EMS and hospital based providers. This will allow “one stop shopping” when looking for educational programs.

If you are interested in more information about the Stroke Task Force, please contact Megan Christofferson, Membership Chair, at 515-745-4660 or meganc@gene.com.

According to a study reported in the American Heart Association journal Stroke, older men, ages 60-80, who walked at least one to two hours each day had a reduced risk of stroke. The study also found that regular daily walking reduced risk of stroke in older people, regardless of the pace or distance. Get those walking shoes on!
SQIMS—What?!

The Stroke Quality Improvement Monitoring Subcommittee, whew...SQIMS is so much easier.

The stroke quality improvement monitoring subcommittee (SQIMS) of the Iowa Cardiovascular and Stroke Task Force, the Iowa Stroke Task Force, the Iowa Emergency Medical Services Association (IEMSA) and the Iowa Stroke Coordinators Consortium shall develop and conduct project-level monitoring and evaluation of the performance of Iowa’s stroke system, and provide recommendations to the Iowa Stroke Task Force, whose membership reflects all the groups, related to quality improvement opportunities for Iowa’s stroke system.

The mission of SQIMS is to contribute to the highest quality of stroke care in Iowa by monitoring and evaluating delivery of stroke care and making recommendations to the Iowa Stroke Task Force for process and quality improvement. SQIMS members are currently focusing on two action priorities, (1) the development of infrastructure including the standardization and implementation of professional development and collaborating to improve communication among systems and (2) developing measurements of system performance through the review of available data.

Many Thanks

Many thanks to the members of the Stroke Quality Improvement Monitoring Sub-Committee (SQIMS). They have given countless hours to identifying opportunities for improvement in stroke care through the review of data and other available information.

- Brad Buck, Wheaton Franciscan Healthcare Paramedic Services, Waterloo
- Mark Dorr, UnityPoint Health, Fort Dodge
- Linda Frederiksen, MEDIC EMS, Davenport
- Terri Hamm, Mercy Medical Center, Des Moines
- Dr. Calvin Hansen, UnityPoint Health, Des Moines
- Brian Helland, Clive Fire Department
- John Jorgensen, Siouxland Paramedics
- Deb Juffer, St. Luke’s Sioux City
- Dr. Enrique Leira, University of Iowa Hospitals and Clinics
- Rob Marsh, Clarinda Health System EMS
- Angie Overton, University of Iowa Hospitals and Clinics
- Jeanne Rash, American Heart Association
- Brian Rechkemmer, Kirkwood Community College, Cedar Rapids
- Erin Rindels, University of Iowa Hospitals and Clinics
- Dr. Lance Roberts, Iowa Healthcare Collaborative, Des Moines
- Dr. Stephen Scheckel, Mercy Iowa City
- Dr. Jim Torner, University of Iowa College of Public Health
Upcoming Stroke Education Opportunities (please note that this list may not contain all available opportunities)

**Pocahontas Community Emergency Response Systems “When Seconds Count” 4th Annual Conference**
Saturday, January 18
7:00 am—5:30 pm
“Stroke Care in Iowa 2014—What’s New” breakout session (1:30-3:00 pm)
Pocahontas Expo Center
*Pocahontas*

**Emergency Medical Services 2014 Advanced Refresher Course**
Saturday, February 8
1:00—3:00 pm, breakout session
“Assess and Provide Care to a Patient with Altered Mental Status” (will focus on stroke)
Adler Health Education Center at the Genesis Heart Institute
Genesis Medical Center/East Rusholme Campus
*Davenport*

**Coverdell Stroke Action Team Training** (the same topics will be presented at each location)
Advanced Learning Sessions—Quality Improvement, stroke syndromes and the M.E.N.D. exam
*Tuesday, February 18*, Iowa Hospital Association, 100 E. Grand, West Side, Conference Room, *Des Moines*
*Thursday, February 20*, Coralville Library, 1401 5th Street, Meeting Room A, *Coralville*
9:00 am—3:30 pm
Applications will be submitted for both nursing and EMS continuing education credits
For more information contact Becky Swift at rebecca.swift@idph.iowa.gov or 515-725-2904
* Please note that a third session of this Learning Community is being planned for Western Iowa—probably in later March. More information will be provided as it becomes available.

**Southwestern Iowa Community College EMS Jamboree**
Saturday, February 22
8:00 am—5:00 pm
Instructional Center, Room 220
*Creston*
Call 641-782-1332 for more information

**Beat the Odds—Heart Attack and Stroke Prevention presented by the Iowa Heart Center at Mercy Medical Center**
Sunday, February 23
Afternoon
Meadows Events and Conference Center (at Prairie Meadows)
*Altoona*

**North Iowa Area Community College EMS Day**
March 8
7:30 am—4:30 pm
(3:00—4:30 pm Plenary Session—M.E.N.D. pre-hospital stroke exam)
Muse-Norris Conference Center
*Mason City*
Those who attend the entire conference will receive 8.0 CEH’s (EMS) and 0.78 CEU’s (nurses).
Registration is $65 which includes lunch.
Register by calling 641-422-4358, course #89005
MEDIC EMS, headquartered in Davenport, IA, is a non-profit emergency medical services (EMS) corporation.

MEDIC EMS has maintained an ambulance dispatching division for over 18 years, and began providing full-service ambulance dispatching to other agencies in 1998. In 2011, MEDIC EMS became the sole emergency ambulance dispatching provider for all Scott County ambulance services.

All MEDIC EMS System Status Controllers are Certified Emergency Medical Dispatchers (EMD) through the International Academies of Emergency Dispatch (IAED™). As an accredited center through the IAED™, MEDIC has agreed to implement all Medical Priority Dispatch System™ (MPDS®), version upgrades immediately upon release.

Beginning in 2010, IAEDT introduced the Stroke Diagnostic Tool as part of the MPDS® (version 12.1). The tool was provided as a resource to assist EMD in gathering the information necessary to determine stroke alert. A primary goal of the new Stroke Diagnostic Tool involves the ability to identify, study, and achieve "zero minute" stroke predictability at the dispatch level, enabling the immediate notification of Primary Stroke Centers in an effort to expedite treatment for stroke patients upon their arrival by ambulance at the emergency department. MEDIC EMS began using MPDS® v12.1 the same year.

In 2012, IAEDT released their newest MPDS®, version 12.2 (v12.2), including updates to Protocol 28 for stroke. The IAED™ has recommended that EMD implement the new protocol and use the Stroke Diagnostic Tool in their agencies.

Results

The goal of the revised IAED™ MPDS® Protocol 28 and diagnostic tool is for EMD to gather information to determine if a patient is presenting with stroke. Distinction of stroke is based on identification of Clear, Strong, Partial or No test evidence on the Stroke Diagnostic Tool. EMD will then make dispatch-level hospital stroke alert notification for those stroke-identified patients.

To determine how these new tools would work in their area, MEDIC staff pulled data from stroke alerts called by field responders for 32 patients complaining of stroke-like symptoms between January 2012—June 2013. They found that if these alerts had been called initially at dispatch level, an average of 18 minutes and 51 seconds could have been saved in their area with a range of 44 minutes at maximum and 6 minutes at minimum.

Based on their findings, a protocol to institute the IAED™ recommendation was discussed and developed through several local health services committees, including the Neuroscience Committees of both Primary Stroke Center hospitals in Scott County. The protocol was also reviewed and approved by the MEDIC EMS Medical Director. The EMS and hospital approved protocol was implemented in September 2013. MEDIC EMS will continue to pull their data regarding stroke alert times to determine the efficacy of the protocol.