



## Nebraska State Stroke Task Force Meeting Agenda

**Date:** October 26<sup>th</sup>, 2023

**Time:**  
5:00-6:00 p.m. CST

**Location:**  
**Zoom**

**For Information Contact:**  
Tonja Bohling  
(402) 471-8129 or  
Tonja.Bohling@nebraska.gov

All items known at the time of distribution of this agenda are listed. A current agenda is available at the Department of Health and Human Services, Division of Public Health Office of Emergency Health Systems. If auxiliary aids or reasonable accommodations are needed for attendance at a meeting, please call Tonja Bohling at (402) 471-8129 (voice), or for persons who are deaf or hard of hearing, please call the Nebraska Relay System at 711 (TDD), prior to the meeting date. Advance notice of seven days is needed when requesting an interpreter.

### 2024 Board Meeting Dates:

January 24<sup>th</sup> in person location TBD  
April 25<sup>th</sup> zoom  
July 25<sup>th</sup> in person location TBD  
October 24<sup>th</sup> zoom

*Note: Dates are subject to change*

- 1) Call to Order, Roll Call, and Declaration of a Quorum  
**Announcement: "This is a public meeting, and the open meetings law is posted."**
- 2) Adoption of Agenda
- 3) Approval of Minutes:
  - a) July 27, 2023 Minutes
- 4) DHHS Funding for CAH Sustainability (Wilson)
- 5) PPHS Grant (Neumiller)
- 6) Data Measure Reporting/DHHS Data Extraction (Malina/Beldin/Neumiller)
- 7) Website Information Sharepoint (Neumiller/Wilson)
- 8) Committee Reports:
  - a) Clinical Committee (Gorski)
  - b) EMS Committee (Snodgrass)
  - c) Rehab Committee (Goldman)
  - d) Proposed Committee Attendance Requirements
- 9) IExcell Post Acute Care (Malina/Beldin)
- 10) Future Meeting Dates and Locations
- 11) Publication/Notification of Meetings Postings
- 12) Public Comment
- 13) Call to Adjourn

### JOIN ZOOM MEETING LINK:

<https://us06web.zoom.us/j/87834790337?pwd=3lbtOE4yVTSC0SJBAGmaTZH4kEGOT.1>

Meeting ID: 878 3479 0337  
Passcode: 505766

**MINUTES OF THE MEETING  
of the NEBRASKA  
STROKE TASK FORCE  
BOARD**

**July 27, 2023**

**CALL TO ORDER**

The meeting of the Nebraska State Stroke Task Force Meeting was called to order by Andrew Snodgrass, Board Chairperson, at 1:10pm, Thursday, July 27, 2023. This meeting was held in Classroom #1 at Bryan West Campus 2300 South 16<sup>th</sup> Street, Lincoln, NE 68502. Copies of the agenda were emailed in advance to the Task Force Board members, interested parties, and posted on the Department of Health and Human Services website on July 20, 2023.

**ROLL CALL**

The following board members were present to answer roll call:

- Amy Goldman
- Denise Gorski
- Jamie Hahn
- Mary Ellen Hook
- Beth Malina
- Becka Neumiller
- Andrew Snodgrass

The following Board members were absent: Margaret Brockman, Ann Fiala, Marco Gonzalez-Castellon, C. Leigh Hellbusch, and Brenda Rhembrandt.

The following staff members from the Department and the Attorney General's Office were also present during all or part of the meeting:

- Tonja Bohling
- Tim Wilson

A quorum was present, and the meeting convened. Snodgrass announced that this is a public meeting and an available copy of the Open Meetings Act notice had been posted within the room.

**ADOPTION OF THE AGENDA**

**MOTION:** Hook made the motion, seconded by Hahn, to adopt the agenda for the July 27, 2023, Stroke Task Force Board meeting.

Voting Yes: Goldman, Gorski, Hahn, Hook, Malina, Neumiller, Snodgrass. Voting No: None. Abstain: None. Absent: Brockman, Fiala, Gonzalez-Castellon, Hellbusch and Rhembrandt.

Motion carried.

**APPROVAL OF THE MINUTES**

**MOTION:** Hook made the motion, seconded by Gorski, to approve the minutes of the January 26, 2023, Stroke Task Force Board meeting with the following amendments: Denise Gorski was present at the meeting and Denise Gorski will be taking over for Marco Gonzalez-Castellon as Clinical Committee Chair.

These minutes have not been approved by  
the Stroke Task Force.

Voting Yes: Goldman, Gorski, Hahn, Hook, Malina, Neumiller, Snodgrass. Voting No: None.  
Abstain: None. Absent: Brockman, Fiala, Gonzalez-Castellon, Hellbusch and Rhembrandt

Motion carried.

### **AGENDA ITEM: Old Business: Executive Committee Elections**

Executive Committee Elections were held. Chair and Vice-Chair positions are up for election. Neumiller opened the floor for nominations. Andrew Snodgrass self-nominated as Chair of Executive Committee. Denise Gorski self-nominated for Chair and Vice-Chair of the Executive Committee.

**MOTION:** Hook made the motion for Andrew Snodgrass as Chair of the Executive Committee.

**WITHDRAW OF MOTION:** Hook withdrew her motion.

**MOTION:** Hahn made the motion, seconded by Becka, to cease nominations for the Chair.

Voting Yes: Goldman, Gorski, Hahn, Hook, Malina, Neumiller, Snodgrass. Voting No: None.  
Abstain: None. Absent: Brockman, Fiala, Gonzalez-Castellon, Hellbusch and Rhembrandt

Motion carried.

**MOTION:** Becka made the motion, seconded by Hahn, to accept the slate of nominations as Andrew Snodgrass and Denise Gorski for Chair of the Executive Committee.

Voting was held by a show of hands; Snodgrass = 7, Gorski = 0. Andrew Snodgrass was elected as Chair of the Executive Committee.

**MOTION:** Hook made the motion to accept the nomination of Denise Gorski as Vice-Chair of the Executive Committee.

**MOTION:** Becka made the motion seconded by Snodgrass to cease the nominations for Vice-Chair of the Executive Committee.

Voting Yes: Goldman, Gorski, Hahn, Hook, Malina, Neumiller, Snodgrass. Voting No: None.  
Abstain: None. Absent: Brockman, Fiala, Gonzalez-Castellon, Hellbusch and Rhembrandt

Motion carried.

No vote was needed as Denise Gorski is the only nomination. Denise Gorski was elected as Vice-Chair of the Executive Committee.

### **AGENDA ITEM: Nomination of Committee Formation**

Neumiller commented the formation of a committee would be good to have when there are openings on the executive committee and task force. There is an application process already in place and committee structures are already in the by-laws which have already been approved and sent out. The formation of this committee would be good for recruiting purposes for open positions. It was determined that a nomination committee is not essential at this point. There is a three-year term for Executive Committee members. No nomination committee is needed for the Thrombectomy Capable Center Representative. This position should be filled by someone from outside the Task Force and when this position is filled they will be a member of the Task Force. They would need to fill out an application and the Department will then appoint them to the Task Force. Neumiller will send Malina the by-laws. Per regulations, this person has to be specifically from a Thrombectomy Capable Hospital. Thrombectomy Capable Center Representative – Courtney Markette from Immanuel was nominated. Becka will reach out by email to her and send her the application.

### **AGENDA ITEM: Three-Year Plan Discussion**

Becka Neumiller spoke about PHHS and grant writing and creating clear objectives for the Task Force. She posed questions to spark some goal creation: What do we want to do, what do we want to look at, and where do we want to move forward. Consensus is the vision of this Task Force is the same as for Mission Lifeline. Mission Lifeline work will continue through this Task Force. Gorski said she will go through Mission Lifeline visioning, strategizing, and planning. Beth Malina mentioned she has information and data from Mission Lifeline and would be willing to share it with the Task Force at future meetings. Tim reminded Task Force members to keep in mind to meet the following duties in state statutes:

1. Shall establish a Stroke System of Care Task Force to address matters of triage treatment and transport of possible acute stroke patients.
2. Provide advice and recommendations to the department regarding implementation of Stroke Systems of Care Act.
3. Shall focus on serving both rural and urban areas.
4. Shall provide advice regarding protocols for the assessment, stabilization, and appropriate routing of stroke patients by emergency medical services
5. shall focus on coordination and communication certified and non-certified hospitals with consideration for level of stroke center certification, stroke readiness of non-certified hospitals, and other support services necessary to assure all residents of Nebraska have access to effective stroke care.
6. force shall recommend eligible essential health care services for acute stroke care provided through telehealth as defined in section 71-8503 .

Tim also mentioned some left over funding from Get With the Guidelines Program for support for stroke education, State Stroke Conference, regional webinars, seminars, printing and purchasing stroke education and public awareness materials, maintaining the Get With The Guidelines superuser account, report and feedback to hospitals and EMS agencies on stroke patient data. This is all in addition to the PHHS Grant monies. Many grants are moving to using SMARTIE Objectives (Smart, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable). The Measurable objective is the most difficult to show when dealing with conferences and education.

There is available funding for at least another year. An additional \$10,000 PHHS funding was secured for this year, making a total of \$35,000. If it can be shown this funding can be used, there is a good chance that the funding can be kept.

Beth Malina brought up looking at for funding is critical access hospitals and their data collection. We have funded them up to this point, but that funding will end at the end of 2023. The point is being reached where a lot of those hospitals could drop and then the stroke data won't be available. Also there has been a significant drop off in 2022 because there has not been the focus on stroke. EMS agencies need to be doing ongoing stroke education. The certified centers are performing extremely well but the critical access hospital's measures are falling off tremendously. The Task Force is looking for sources of funding to support data collection and education.

Becka shared there is \$25,000 from the PHHS Grant that can be used for attending the Brain Injury Conference, Women's Expo, education materials, and things focusing on women's stroke.

Discussion was held around the Stroke Task Force purpose. The original purpose was so that the Stroke Task Force would have a voice at a state level that would have influence to different boards and agencies. It was also mentioned that the Stroke Task Force should be tracking and able to provide outcome data in order to continue receiving funding. Becka mentioned she wrote parameters into the grant for room rentals, attendance at the Stroke Conference, etc. so the Stroke Task Force can have their own day conference. The education and conferences are fine to spend money on, but lack outcome data. Comparisons were made between Trauma registry and Stroke registry. Tim suggested having Legal do a comparison between Trauma Data and Stroke Data.

There was discussion about funding. There was general funding allocated toward Stroke when the Statutes were first approved. At the beginning there was also funding coming from Mission Lifeline. The Department's funding at first was minimal. It may be time to submit a budget amendment for more funding

from the general fund. The first priority for the Task Force is to secure funding in (either through amending legislation or by budget amendment) to sustain critical access hospital participation in Get With the Guidelines. Everything the Task Force does from that point needs outcomes. It was also suggested to get lobbyists back together and ask for federal grant money. Appropriations was also discussed along with revising committee structure to incorporate someone at the policy level again. Wilson commented there is not statutory requirement. The committee structure is good, but what is missing is the political side of it. In lieu of that, as a Task Force/Board, the Board can vote on recommendations and appoint a Board member to or talk to Senators or the Legislative Branch on behalf of the Task Force/Board.

Guidelines for Community Hospitals to become Stroke Designated were discussed. Task Force may need to revisit letting hospitals self-designate. The Clinical Committee will review current third-party certifications and old certifications and come up with gap and inexpensive method where status can be deemed and propose it to the Task Force.

Data was discussed. It was suggested to create a survey to send to every critical access hospital specifically from the Task Force regarding barriers to participating in a database/designation and how gaps in data are related to location or areas. Survey ideas were discussed. Becka offered to develop the survey, if other Task Force members come up with questions.

#### **AGENDA ITEM: Proposed Grant Activities**

Becka designated \$4,200 in the grant for speaker contracts (four speakers, three conferences). She designated \$6,300 for contracted epidemiology services. Conference supplies had \$2,500 designated. Neumiller made sure there was enough money designated for conference venue rental. There is \$2,000 for public education handouts directed at women. Booth rentals and marketing for doing our own stroke conference were other things the money can go toward. The Department has a booth at the Women's Expo in October 2, 2023. Becka suggested creating Stroke Task Force educational materials and handouts for the booth. PHHS Grant should be used toward paying for projects and not sending people to education. However there are education components with the Mission Lifeline funding. Discussion was had of how the EMS Program uses the money from the PHHS Grant. Discussion was also had regarding partnering with SIM-NE.

#### **AGENDA ITEM: PHHS Grant Committee**

Becka Neumiller suggested when it comes time to look at the PHHS Grant, there is no need for a committee to be formed, but the Stroke Task Force can just get together and look at strategies from them.

#### **AGENDA ITEM: Committee Reports**

- a) Clinical Committee – Denise Gorski reported. Denise got a list of members off old meeting minutes and will see who is still interesting in serving on this committee. Becka will send a list of Mission lifeline committee members out to the board members to see who would like to participate in this committee. Denise will verify Clinical Committee members, come up with meeting cadence and start to discuss some of the topics that have been discussed at this task force meeting, starting with sharing most recent data and then some of the education information.
- b) EMS Committee – Andrew Snodgrass did not report anything as he was not sure if he or Ben Tysor was chair. Becka Neumiller responded Andrew is chair and she spoke with Ben Tysor from OFD and he offered to help as a Co-Chair for the Task Force.
- c) Rehab Committee – Amy Goldman reported. The Committee met a few times since the last Task Force meeting. Good education happened in May and June. Because they are still connected to MissionLifeline through the Post-Acute Care Initiative Project, several of our member facilities have joined that project. This keeps them updated and cohesive. Many participated in the Conference in Iowa and the workshop at Country Inn & Suites in June.

Christy Wisleing spoke on Aphasia. There was a brainstorming session on disseminating ideas and communicating ideas across the state. It was decided to focus on what is already out there, where can it be housed, there is confirmation from NSA to put our Discharge Planning Guide and some of the other tools created on the Nebraska Stroke Association Website. Amy will work with C. Leigh to do this in the coming months. Mission Lifeline site has tools that can be accessed, it is just a matter of getting people familiar with where to go to find them. They are interested in creating online education module that can be sent out across the state to share expertise. This Committee are tasked with being a mentor and sharing expertise with smaller rehab units, skilled facilities, and critical access hospitals across the state. The Committee wants to make stroke rehab better for all levels of care. We need to do a better job across the state of improving the access to care, specialized services that can be accessed, and the expertise of the clinicians who provide the care so they can get the basic to a little above basic level of stroke rehab they can receive. Amy is excited to have the committee work on the gap analysis to figure out what some of the barriers are and collaborating with members of the Task Force on ideas about utilizing the funding and getting support to develop education. This Committee meets monthly or every other month depending on their agenda.

#### **AGENDA ITEM: Future Meeting Dates/Locations**

Next meeting dates were proposed for Thursday, October 26, 2023 via Zoom and January 25, 2024 as an in-person meeting; location to be determined. Neumiller asked if the October time works for people. Times for future meetings were discussed.

**MOTION:** Gorski made the motion, seconded by Goldman, to adjust the start time for all meetings from 1:00 pm Central Time to a start time of 4:00 pm Central Time.

Discussion was held. The motion was amended to “a start time of 5:00 pm Central Time”.

Voting Yes: Goldman, Gorski, Hahn, Hook, Malina, Neumiller, Snodgrass. Voting No: None. Abstain: None. Absent: Brockman, Fiala, Gonzalez-Castellon, Hellbusch and Rhembrandt.

Motion carried.

#### **AGENDA ITEM: Public Comment**

Denise Gorski asked Tim Wilson about budget information. She requested a financial report be presented from the Office of Emergency Health Systems at the next Task Force meeting. Hook asked about templates and domains to house information for Stroke. Tim suggested to guide people to the state Emergency Health Systems page. Stroke information is housed in the Stroke & STEMI System of Care tab. Malina commented there should be a regular review of data. Becka replied data will become a permanent agenda item.

#### **CONCLUSION AND ADJOURNMENT**

There being no further business, the meeting adjourned at approximately 3:31 pm.

Respectfully submitted,

Tonja Bohling  
OEHS Administrative Technician



## Nebraska State Stroke Task Force

### POLICY

#### Article I. Authority

The State Stroke Task Force is established pursuant to Nebraska State Statute 71-4201 to 72-42010.

#### Article II. Task Force Responsibilities

##### Section 1. Statutory Requirements

- a. The task force shall provide advice and recommendations to the department regarding the implementation of the Stroke System of Care Act.
- b. The task force shall focus on serving both rural and urban areas.
- c. The task force shall provide advice regarding protocols for the assessment, stabilization, and appropriate routing of stroke patients by emergency medical services
- d. The Task Force shall focus on coordination and communication certified and non-certified hospitals with consideration for level of stroke center certification, stroke readiness of non-certified hospitals, and other support services necessary to assure all residents of Nebraska have access to effective stroke care.
- e. The task force shall recommend eligible essential health care services for acute stroke care provided through telehealth. As used in this subsection, "telemedicine services" means the use of interactive audio, video and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke.

##### Section 2. Objectives

- a. Make recommendations to the State EMS Board. The EMS Board may adopt rules implementing the recommendations.
- b. The State Stroke Task Force may establish work groups to address issues of concern. Recommendations of these committees shall be reviewed and approved by the Task Force.

#### ARTICLE III. Membership

Section 1. Designated and appointed members. The State Stroke Task Force shall consist of the following members:

- a. A member of the following organizations or stakeholders as required by statute and approved by the Department.

- American Stroke Association
  - Nebraska Stroke Association
  - Comprehensive Stroke Hospital
  - Thrombectomy Capable Stroke Hospital
  - Primary Stroke Hospital
  - Rural Hospital
  - Physician
  - EMT/Paramedic
- b. A member of the following Department programs shall be appointed as required by statute:
- Chronic Disease Prevention and Control Program
  - Office of Emergency Health Systems
  - Office of Rural Health
- c. A member of the following key stakeholders appointed by the Department not required by statute:
- Stroke Rehabilitation Center
  - Acute Stroke Ready Hospital

## ARTICLE IV. Terms and Attendance

### Section 1. Terms

- a. Members shall serve terms of 3 years unless a member is appointed to a vacancy in which case the appointment shall be for the remainder of the term vacated.
- b. Terms shall be from January 1<sup>st</sup> to December 31<sup>st</sup> for each year of appointment.
- c. Resignation of Task Force members must be in writing and presented to the Chair and DHHS Representative.
- d. All non-Task Force members that serve on a Task Force sanctioned committees are ad-hoc and therefore ex-officio (non-voting).

### Section 2. Attendance

- a. Shall meet a minimum quarterly with additional meetings as necessary and agreed upon.
- b. Date, time, and location of meeting shall be set by membership by the November meeting for the following year.
- c. Task Force Members are required to provide diligent service to the State Stroke Task Force. Service requires attendance at Steering Committee meetings. Three (3) consecutive absences without proper communication will result in automatic removal from the Task Force.
- d. Excused absences may be granted by the Chair upon notification within a reasonable period prior to the Task Force meeting.

## ARTICLE V. Task Force Executive Committee

- a. The State Stroke Task Force shall maintain an Executive Committee that shall consist of a Chairperson and Vice-Chairperson.
- b. Any member of the Task Force is eligible to be Chair or Vice-Chair.
- c. A nomination committee shall solicit and present nominations by the Task Force for positions of Chair and Vice-Chair for the upcoming term.



- d. Executive Committee members shall be appointed by a majority vote of standing Task Force members.
- e. The Task Force Chair and Vice Chair shall serve terms of two years and shall not serve more than two consecutive terms (4 years) in the same position unless recommended by a majority vote of the State Stroke Task Force.
- f. Terms shall be from January 1<sup>st</sup> to December 31<sup>st</sup> of each year of appointment.

#### Section 1. Duties of the Executive Committee

##### The Committee Chair

- a. Shall preside at all meetings and perform duties as associated with the position.
- b. Will preserve order, regulate time and debate according to parliamentary procedure.
- c. Will interact with outside agencies or entities on behalf of the Task Force with approval from the Task Force and the Department.
- d. Shall serve as the communication liaison to the committee chairs.

##### The Committee Vice-Chair

- a. Shall preside at all meeting in the Chair's absence and shall discharge all the duties of the chair.
- b. Shall serve as the communication liaison to the committee chairs.

#### Section 2. The State Stroke Task Force shall conduct business in accordance with the following guidelines.

- a. All members of the Task Force shall abide by the Nebraska Open Meeting Act and those shall be posted as required.
- b. A quorum of 50 % plus 1 of appointed Task Force members shall be present to convene a Task Force meeting and conduct business.
- c. The proceedings of the Task Force shall be conducted in an orderly manner and in accordance with the current edition of *Robert's Rules of Order*, unless otherwise specified in these Bylaws.
- d. Any action, recommendation or decision of the Task Force shall be proposed by motion. All motions shall be passed by a majority vote of the members present.
- e. State Task Force members shall receive reimbursement for mileage and lodging as established at the Federal rate in effect on the date of travel to a Task Force meeting.

### ARTICLE VI. Committees

The State Task Force Committees shall be created by the Task Force as deemed necessary to promote the objective of the State Stroke Task Force and to support the work of the organization.

- a. Committee members shall meet at a minimum quarterly either virtually or in person.
- b. Committee membership shall be made available to all individuals.
- c. The Chairs of each Committee must be a member of the Task Force unless otherwise voted on by Task Force members.
- d. No Committee work shall be undertaken without the consent of the Task Force.

- e. The Chairs of the Committees shall provide a report of activity at Task Force meetings either in person, virtually or under certain circumstances by written report.
- f. Committee members are not eligible for reimbursement or remuneration for participation in State Stroke Task Force sanctioned activities.

## ARTICLE VII. Conflict of Interest

Any member of the State Stroke Task Force who has a financial, personal, or official interest in, or conflict (or appearance of conflict) with any matter pending before the Task Force, of such nature that it prevents or may prevent that member from acting on the matter in an impartial manner, will offer to voluntarily excuse him/herself and refrain from discussion and voting on said item.

## ARTICLE VIII. Amendments

- a. Proposed amendment(s) to the current bylaws are required to be provided in writing to the Task Force members at a minimum of two weeks prior to the Task Force meeting.
- b. Bylaws may be amended by a two-third vote of the Task Force present at meeting where a quorum is present.

## ARTICLE IX. Support Staff

DHHS will provide staff support to the Task Force in the performance of its duties, which will include but is not limited to:

- a. Recording and publishing the official minutes of all Task Force meetings.
- b. Maintaining the rosters of the Task Force and work groups.
- c. Posting notices of all scheduled meeting of the Task Force on the Nebraska Department of Health and Human Services Office of Emergency Services Stroke/STEMI website page.