Statewide Stroke Advisory Subcommittee

May 20, 2025

Virtual

Attendees: Scott Dye, Dr. Mark Hamed, Dr. Christopher Lewandowski, Mary Jo Loria, Dr. Anmar Razak, Makenzie Thimm, Ann Wallace, Amy Parris, Katelyn R. Kleinheksel, Abby Loechler, Dr. Tamer Abdelhak, Jessica Banning, Dr. William Fales,

Guests: Elizabeth Baty, Mark Ladetto, Katelyn Schaible, Christine Laking, Devender Lali, Jennifer Strayer, Penny Stevens, Theresa Jenkins, Jill Jean, Aaron Brown, Stephanie Bliss, Verlinde, Aubree, Burke, Doug, Ryan Chadderton, Denise Kapnick, Helen Berghoef, Lyn Nelson

Absent: Tara Lanz

Call to Order: 9:02 am

Welcome, roll call: Katelyn Schaible, Stroke and STEMI manager called the meeting to order, roll call was conducted, quorum present.

Agenda: emailed prior to meeting

Approval of Minutes: Dr. Razak made a motion to approve the meeting minutes, the motion was seconded by Dr. Lewandowski. Motion carried by unanimous vote.

Old Business:

Discussion and Approval of Bylaws – The consensus among the group, at the previous meeting, was for the addition of language related to creation of a co-chairperson position and notification of in-person meetings being made no less than two months in advance. Prior to today's meeting the revised version of the Bylaws was sent to the committee for review. A move for a final vote was made by Dr. Razak and seconded by Ann Wallace. The vote was unanimous in favor of passing the revised version. K. Schaible will email out the approved version to all Subcommittee members.

Data Dictionary –

- Feedback on Demographics;
    - K. Schaible pointed out that the SOC registry will map out Gender related data collection points to third-party registries into the appropriate "Sex" field.
    - M. Thimm raised a question regarding inclusion of a patient's first and last name. K. Schaible responded that at the State level, we are only looking at de-identified patient information. This field is currently set up in the draft SOC Stroke Data Dictionary as an optional field for hospitals to use.

- S. Dye raised a question regarding fields that would be answered with a variation of "NA" and need for standardization.
    - There is information regarding the definitions of *Not Applicable, Not Know, and Not Recorded* in the current draft Stroke Data Dictionary. These definitions follow the GWTG and SOM Trauma Data Dictionary so that they are standardized across the three service lines. {For reference within the minutes, they are included below also}

        - Not Applicable (NA): Applies when the information requested was not applicable at the time of the patient care event. For example, the common null value "NA" is reported in the data element *Other Transport Mode* if a patient had a single mode of transport.

        - Not Known/Not Recorded (NK/NR), Not Documented, Unknown are all interchangeable: Applies when the information is unknown (to the patient, family, health care provider) or not recorded at the time of the patient care event. For example, the common value "NK/NR" is reported in the data element *Injury Incident Date* if it was documented as "Unknown" in the patient medical record. Another example, the common null value "NK/NR" is reported when documentation was expected, but none was provided, i.e. *Initial ED/Hospital Temperature* was not documented in the patient medical record.

        - K. Schaible will send out a link to the STAC approved Trauma Data Dictionary so that Subcommittee members can review it. Additionally, a link to the approved Trauma data dictionary was posted in the chat of this meeting.
- A discussion regarding age related data entry was held. A patient's Date-Of-Birth would be entered and then the registry will auto calculate an age.
- K. Schaible pointed out that Race and Ethnicity sections mirror what Trauma is using; kept separate per NTDS standard.
    - These could be kept separated as is currently the practice, or be combined like the US Census Bureau now does. Feedback seems to follow that the closer the Stroke Data Dictionary mirrors the current GWTG, the easier it will be for End Users.

    - K. Schaible verified that the software engineers at Biospatial will ensure that during file sharing with third party software suppliers, the data entered will land where it is supposed to and there will be two-way file sharing.
- Discussion and vote for approval
    - K. Schaible suggested that the vote on the standardized Demographics be postponed until the next Subcommittee meeting, to allow members to speak with their Abstracters regarding what they are capturing in their EMR's. The Subcommittee members can then perform whatever necessary crosswalks of data elements to determine what they are currently capturing versus what GWTG and the State's registry will be capturing. K. Schaible will email out relevant information for this request.

New Business:

Introduction of next data section

- EMS
- "Pre procedure"; (ED care prior to ED discharge)
- K. Schaible; (The above two sections were rolled into a new discission)
    - Based upon SOC's internal review and the Subcommittee discussion at this meeting, SOC is proposing that the Stroke Data Dictionary move forward using Get With The Guidelines as a standard, with SOM required EMS data elements added. This would result in the easiest transition and result in only needing to determine the level of requirement of each data element.
    - **Data Element category descriptions:** *(as found in the draft Stroke Data Dictionary)*
        - **Mandatory data element**: These mandatory data elements are required by the State of Michigan's Systems of Care Stroke Registry.
        - **Required data element:** These data elements may be required based upon the care provided at your facility or level of Stroke Verification.
            - Example: *An Acute Stroke Ready Hospital would not have to enter data regarding a mechanical thrombectomy procedure. Whereas a Thrombectomy Capable hospital would be required to enter the data pertaining to this procedure*.
            - These fields may/may not be visible in your registry, based upon the services and resources available at your hospital.

        - Some fields may require answers such as: NA, Unknown, etc.
      - **Optional data element**: These types of fields are not required by the State Of Michigan's Systems of Care Stroke Registry and may not be required for national verification purposes. They may be utilized at a facility's discretion or based upon individual hospital need. Such needs may include PI, QI, research needs or national verification requirements.
    - K. Schaible discussed the current intention that hospitals would only see the data elements in the registry that were appropriate to their level of care.
- K. Schaible pointed out that there will be a plan at the State level for how often the Stroke Data Dictionary will be updated, and that information would be pushed out to all hospitals. This would most likely follow the update schedule that Trauma will utilize.
- The importance of getting as many data elements into the initial build was stressed. Also, Subcommittee members were advised that in the future we should have to ability to make changes to a data element's level of requirement should the need arise, but there might be costs associated with some changes.

Round Table Discussion -The floor was open for discussions and questions. Future data trends may warrant changes to the captured data elements and/or the level of requirement. Crosswalk information will be emailed to M.Thimm, S. Dye and M. Loria, A. Wallace for review prior to the next State Stroke Advisory Subcommittee meeting.

Dr. Lewandowski commented on the usefulness of patient names being captured when attempting to track something like 30-day mortality in the State Death registry. Patient names and DOB are used as two identifiers for identifying patients in the Death registry. He also pointed out the limitations of GWTG and post discharge follow up data.

K. Schaible continued the message that SOC's goal is to not only improve patient care across all three service lines, but to standardize the data collection and reporting, to the extent each line permits, for all hospitals at each level of care.

Discussion regarding Hospital Arrival Time; Dr. Fales pointed out the "EMS Arrival Time" is what is used for the Michigan Stroke Improvement Project. Dr. Lewandowski wanted to ensure everyone was using the same standard.

Information was shared regarding the in-person MCA/SOC conference, including the ability to meet with Biospatial for registry demos.

Meeting Adjourned – Dr. Razak made a motion to adjourn, Ann Wallace seconded. Motion carried; meeting adjourned at 10:00am