

Testimony
Health and Human Services Committee
Tuesday, March 23, 2010; 9:50 a.m.
North Dakota Department of Health

Good morning, Chairman Weisz and members of the interim Health and Human Services Committee. My name is Susan Mormann, and I am the Heart Disease and Stroke Prevention Program director for the North Dakota Department of Health. I am here today to provide you with a brief overview of the heart disease and stroke program and funding, information about the implementation of 2009 House Bill No. 1339 and an update on the status of the stroke registry.

Heart Disease and Stroke Prevention Program

The Heart Disease and Stroke Prevention Program is funded by the Centers for Disease Control and Prevention. We are currently in year two of a four-year project period (project period ends June 29, 2012). We receive \$350,000 on an annual basis.

The program works to reduce disease, disability and death related to heart disease, stroke and related risk factors through collaborative efforts among public and private sector partners, education, policy and systems change. For example, the program has implemented a joint project with Blue Cross Blue Shield of North Dakota called MediQHome, which is a web-based clinical information system designed to help health-care providers manage and treat patients who have high blood pressure and cholesterol issues, as well as several other diseases and conditions.

Implementation of House Bill 1339

House Bill 1339 addresses three main issues: (1) primary stroke centers; (2) stroke system of care task force; and (3) stroke triage.

1) Primary Stroke Centers

House Bill 1339 gives authority to the North Dakota Department of Health to designate qualified hospitals as primary stroke centers. Hospitals seeking the designation are to apply to the department, demonstrating that the hospital meets qualifying criteria.

As of today, no hospital has applied for the designation. The department is aware of one hospital that was certified by the Joint Commission on Accreditation as a primary stroke center, but it has not yet applied to the department for designation.

2) *Stroke System of Care Task Force*

House Bill 1339 asks the Department of Health to establish a stroke system of care task force. The purpose of the task force is to encourage and ensure the establishment of an effective system of care throughout the state.

State Health Officer Terry Dwelle appointed 11 individuals to the Stroke System of Care Task Force. They are listed in the chart below.

Physicians/Medical Experts	
Dr. Robert Beattie University of North Dakota School of Medicine & Health Sciences Represents: Family & Community Medicine	Dr. Shiraz Hyder Neurology Clinic St. Alexius Medical Center Represents: Neurology/Stroke
Dr. Rita Richardson Altru Health System Altru Clinic Main – Neurology Represents: Neurology/Stroke	Dr. Jeffrey Sather Trinity Hospital – Emergency Trauma Center Represents: Emergency/Trauma
Emergency Medical Services	
Mark Weber EMS Director/President North Dakota EMS Association Represents: Emergency Medical Services Operations	Tim Meyer Quality Resource Manager F-M Ambulance Service Represents: Emergency Medical Services Operations
Professional Organizations	
Cathy Swenson Administrator Nelson County Health System Represents: Rural Health Association	Marti Richman CEO/Administrator Jamestown Hospital Represents: North Dakota Healthcare Association

Voluntary Health Organizations	
June Herman Senior Director of Policy Advocacy (ND) American Heart Association Represents: American Heart Association	
North Dakota Department of Health	
Susan Mormann Director, Heart Disease & Stroke Prevention Program North Dakota Department of Health Represents: State Health Officer Designee	Tom Nehring Director, Division of Emergency Medical Services and Trauma North Dakota Department of Health Represents: Emergency Response and Preparedness

The North Dakota Department of Health has contracted with The Consensus Council to provide facilitation services.

The Stroke System of Care Task Force has met several times and is on track to provide initial recommendations to the state health officer by April 1, 2010. The initial recommendations will include (1) protocols for the triage, stabilization and appropriate routing of stroke patients by emergency medical services operations in rural areas; and (2) a plan concerning coordination and communication to ensure that all residents of North Dakota have access to effective and efficient stroke care.

3) Stroke Triage

House Bill 1339 requires the Department of Health to adopt a nationally recognized, standardized stroke-triage assessment tool. In addition, the department is required to work with the Stroke System of Care Task Force to establish protocols for the assessment, treatment and transport of stroke patients by EMS operations.

The Stroke System of Care Task Force is reviewing nationally recognized stroke-triage assessment tools and working to identify a tool that can be standardized for North Dakota. Once that is completed, the Task Force will work to establish the required EMS protocols.

State Stroke Registry Update

The 2009 Legislative Assembly appropriated \$472,700 to the Department of Health to implement a stroke registry program. The funding was allocated in the following manner:

- Statewide Technology (Budgeted amount: \$74,700)
 - To date, \$42,950 has been distributed to participating hospitals (57%).
- Chart Entry Grant (Budgeted amount: \$92,000)
 - To date, \$36,750 has been distributed to participating hospitals (40%).
- Training: Pre-hospital and hospital personnel (Budgeted amount: \$50,000)
 - To date, \$22,500 has been distributed to participating hospitals (45%).
- Regional Coordinators/Technical Assistance (Budgeted amount: \$160,000)
 - To date, no monies have been awarded. It is anticipated that the full amount will be awarded to the selected vendor in the next four weeks.
- Warning Signs and Symptoms Public Awareness Campaign (Budgeted amount: \$96,000)
 - To date, no monies have been distributed for the Warning Signs and Symptoms Public Awareness and Education Campaign. The Heart Disease and Stroke Prevention Program is planning the initial campaign phase for May 2010, which is National Stroke Month.

Slightly more than 21 percent of the Stroke Registry Appropriation of \$472,700 has been distributed via grant awards to nine of the state's 42 eligible hospitals:

Tertiary Hospitals	Critical Access Hospitals (CAHs)
Altru Health	Mercy Hospital of Valley City
Innovis Health	Oakes Community Hospital
Medcenter One	Union Hospital (Mayville)
MeritCare Hospital	
St. Alexius Medical Center	
Trinity Hospitals	

The total amount of current grants awarded is \$102,200. Grant funds can be used to purchase the web-based registry (GWTG-Stroke Patient Management Tool), to enter stroke chart data, and to provide pre-hospital and hospital personnel training on stroke diagnosis and care.

This concludes my testimony. I am happy to answer any questions you may have.