The NECC 7th Annual Summit
Transitions of Care – Changes We All Can Believe In
October 18-19, 2012
Westin Boston Waterfront, Boston, MA
For More Information Visit www.thenecc.org

Register Today!

Past recipients have commented:
"Best networking opportunity for stroke professionals in the region."
"Excellent program with a great range of topics."
"One of the best conferences!! Well organized with relevant topics."

Prospective Participants Include:
Physicians, Physicians Assistants, Neuro Psychologists, Nurses, Nurse Practitioners,
Case Managers, Stroke Program Coordinators, Clinicians, Researchers,
Public Health Practitioners, EMS Professionals (EMT, EMT-I/P),
Rehabilitation Professionals (PT, OT, Speech), Recreation Therapists,
Public Policy Decision Makers Interested in Advancing
and Implementing the Stroke System of Care In Their State

Early Bird Registration- June 13 - Sept. 7
EMS Professionals (EMT, EMT-I/P) - $100
Nurses, Healthcare and Public Health Professionals - $150
Physicians - $200
Trainee - $50

Registration- Sept. 8 - Oct. 18
EMS Professionals (EMT, EMT-I/P) - $150
Nurses, Healthcare and Public Health Professionals - $200
Physicians - $250
Trainee - $75

Reserve Your Hotel Room Early – Space is Limited!
The Westin Boston Waterfront, Boston, MA
Call 1-800-937-8461 and ask for The NECC Room Block at the rate of $239
Reservations are accepted as long as rooms are available before September 24, 2012

**Summit Learning Objectives**

- Define and discuss the roles and duties of the pre-hospital caregivers who provide initial treatment to acute stroke patients.
- Relate the structure for stroke care in a rural environment for including current techniques in intra-arterial intervention for stroke.
- Define techniques to improve the efficiency of transport of acute stroke patients to a Comprehensive Stroke Center.
- List three initiatives to improve the care of patients following IV tPA that are being transported to the Comprehensive Stroke Center.
- Describe prior research on the selection of the most appropriate rehabilitation for each patient.
- Identify promising approaches to reduce avoidable readmissions and describe the two concurrent strategies developed by IHI in the STAAR Initiative.
- Describe an example of the essential transitions data set for stroke patients.
- Describe two case studies of C. Miller Fisher, MD that impacted stroke care.
- Explain the mechanism of action of new anticoagulants, and the clinical efficacy and safety of new anticoagulants.
- Provide an example of a planned care map for a stroke patient to ensure proper preparation and administration of alteplase including a systematic review of the process.
- Relate how simulation lab training can be an educational tool used to target the specific knowledge and skills required to assess and treat acute stroke patients.
- Describe two strategies to improve target times for performance and interpretation of CT for acute stroke patients.
- Explain the need of an observation unit for TIA patients and how to go about starting and maintaining a unit.
- Compare the limitations of outpatient evaluation of patients with acute TIA and the benefits of inpatient evaluation of patients with acute TIA.
- Describe the decision tree in determining admission vs. discharge in TIA patients including the role of MRI in TIA patients.
- Compare and contrast Primary Stroke Center certification and Comprehensive Stroke Center certification.
- Describe two of The NECC Work Groups and their current efforts.
- Identify two states within The NECC Region that identified a gap in the stroke system of care and describe their implementation strategy to close the gap.
- Relate the data that supports no impact to ischemic stroke care regardless of nursing shift change and the ‘busyness’ of the emergency department.
- Explain the permitted communication between hospital and EMS providers to ensure the feedback necessary for quality improvement.
- Describe the need for coordination of EMS and hospital providers for improvements in patient outcomes.

**EMS Session Learning Objectives**

- Identify two potential pre-hospital treatments for stroke.
- Identify two methods of engaging EMS providers through novel methods of EMS education.

**Stroke Coordinators Session Learning Objectives**

- Describe management and treatment options of the intracerebral hemorrhage patient in the acute phase.
- Identify three care issues that nurses can monitor that will impact patient outcome during acute ischemic stroke management.

**Rehabilitation Session Learning Objectives**

- Define the current evidence of clinical efficacy of pharmacologic agents used to enhance recovery in the post-acute phase of stroke.
- Describe assessment and treatment interventions to improve outcomes and strategies to improve adjustment and quality of life for patients and caregivers.
- List two predictors of stroke recovery such as the intactness of the corticospinal tract for motor recovery or the presence of alternate pathways that can facilitate recovery.

**Questions?**

*Please contact The NECC at necc@heart.org or (508) 656-2082*

*Sponsorship and Exhibit Opportunities are available.*

*Please contact Shannon Melluzzo at necc@heart.org or 413-735-2104*
Thursday, October 18, 2012

9:00 am – 10:00 am  Registration, Breakfast, Poster Sessions and Exhibitors

10:00 am – 10:30 am  Welcome
Louise D. McCullough, MD, PhD Chair, The NECC
Joel Stein, MD Vice Chair, The NECC
Michael L. Weamer, CAE, Founders Affiliate, American Stroke Association

10:30 am – 12:00 pm  Plenary Session: Improving Care Transitions in the Acute Setting

10:30 am – 10:50 am  Transitions of Care for Stroke Patients from EMS to Primary Stroke Centers
Kenneth E. Handfield, Jr.
SP Dispatcher II, EMD, ED-Q, EMT-I, Massachusetts State Police, Communications Section, Northampton, MA

10:50 am – 11:10 am  Acute Stroke Patient Transfer from a Community Hospital to a Hospital with Endovascular Services
Robert Ecker, MD
Director of Cerebrovascular/Endovascular Surgery Maine Medical Center, Portland, ME

11:10 am – 11:30 am  The Transfer of Patients Within a Multi-Hospital System
Jeffrey M. Katz, MD
Chief, Division of Vascular Neurology, North Shore University Hospital, Manhasset, NY

11:30 am – 11:50 am  The Role of EMS in the Safe Transport of Stroke Patients Between Hospitals
Debbie Summers, MSN, ACNS-BC, CNRN, FAHA
Stroke Program Coordinator, Saint Luke’s Neuroscience Institute, Kansas City, MO

11:50 am – 12:00 pm  Facilitated Panel Discussion and Q & A

12:00 pm – 1:00 pm  Plenary Session: Improving Care Transitions in the Post Acute Setting

12:00 pm – 12:20 pm  The NECC Assessment of Rehabilitation Pilot Project: How Should We Assess Rehabilitation Needs in Acute Care?
Joel Stein, MD
Simon Baruch Professor and Chair, Department of Rehabilitation and Regenerative Medicine at Columbia University College of Physicians and Surgeons; Professor and Chief, Division of Rehabilitation Medicine, Weill Cornell Medical College New York, NY

12:20 pm – 12:40 pm  The STAAR Initiative – Improving Transitions and Reducing Rehospitalizations
Pat Rutherford, MS, RN
Vice President, Institute for Healthcare Improvement, Cambridge, MA

12:40 pm – 1:00 pm  Voltage Drop: The Clinical Transitions of a Stroke Patient
Terrence A. O’Malley, MD, CMD
Medical Director, Non-Acute Care Services, Partners HealthCare, Boston, MA

1:00 pm – 2:00 pm  Networking Lunch, Poster Session and Exhibitors

2:00 pm – 2:45 pm  Plenary Session: Atrial Fibrillation Management in the Era of New Anticoagulants
Jack Ansell, MD
Chairman, Department of Medicine, Lenox Hill Hospital, New York, NY

2:45 pm – 3:00 pm  Plenary Session: Best Practices and Emerging Practices from Across the Region

2:45 pm – 3:00 pm  Balancing Medication Safety with Door to Needle Time
Melissa Baxter, PharmD, BCPS
Neuroscience Clinical Pharmacy Coordinator, Gates Vascular Institute - Kaleida Health, Buffalo, NY

3:00 pm – 3:15 pm  Using Simulation Lab Training to Improve Acute Stroke Care
Timothy Lukovits, MD
Medical Director, Cerebrovascular Disease and Stroke Program, Dartmouth-Hitchcock Medical Center, Lebanon, NH

3:15 pm – 3:30 pm  Minimizing Hospital Arrival to CT Times Through Innovative Hospital/EMS Collaboration
Diane Wigmore, RN, BS, CEN
Director of Emergency Services, Anna Jaques Hospital, Newburyport, MA

3:30 pm – 4:00 pm  Break, Poster Session and Exhibitors

4:00 pm – 5:00 pm  Plenary Session: TIA: Observe, Admit or Discharge?

4:00 pm – 4:15 pm  TIA: Observe
Neil Culligan, MD
Director, Danbury Hospital Stroke Center and Chief of Neurology, Danbury Hospital, CT, Clinical Assistant Professor, University of Vermont, Burlington, VT

4:15 pm – 4:30 pm  TIA: Admit
Richard P. Goddeau, Jr., DO
Assistant Professor of Neurology, Geisel School of Medicine at Dartmouth, Dartmouth-Hitchcock Medical Center, Lebanon, NH

4:30 pm – 4:45 pm  TIA: Discharge
Mitchell J. Rubin MD, FAAN
Medical Director, Neurology Center, Capital Health, Trenton, NJ

4:45 pm – 5:00 pm  Facilitated Panel Discussion and Q & A

5:00 pm – 6:30 pm  Awards Presentation and Cocktail Reception with Poster Presenters and Exhibitors
### Friday, October 19, 2012

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<th>Time</th>
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| 6:30 am    | Optional Breakfast Session: Moving from a Primary Stroke Center to a Comprehensive Stroke Center  
MJ Hampel, MPH, MBA, The Joint Commission, Oakbrook Terrace, IL |
| 7:00 am    | Registration Breakfast, Poster Session, Exhibitors                     |
| 8:00 am    | Opening Updates and Plenary Sessions                                   |
| 8:00 am    | Opening                                                                |
| 8:10 am    | The NECC Work Group Updates                                           |
| 8:10 am    | Primordial and Primary Prevention                                      |
| 8:15 am    | Community Education                                                    |
| 8:20 am    | Notification and Response to EMS                                       |
| 8:30 am    | Acute Stroke Care                                                      |
| 8:35 am    | Subacute Care and Secondary Prevention                                  |
| 8:40 am    | Rehabilitation                                                         |
| 8:40 am    | The NECC State Updates – Representatives from State Work Groups will be Presenting on the Status of Stroke Care in Their State |
| 9:30 am    | Impact of Emergency Department Transitions of Care on Thrombolytic Use in Acute Ischemic Stroke  
Lincoln Abbott, MD, FACEP  
Co-Director of the Stroke Center, Hartford Hospital, Hartford, CT |
| 9:50 am    | HIPPA and the Feedback between Hospitals and EMS                       |
| 10:10 am   | EMS Management of Stroke Patients and Hospital Participation for Quality Assurance  
Bradley Kaufman, MD, MPH  
Division Medical Director, New York City Fire Department, NY |
| 10:20 am   | Facilitated Panel Discussion and Q & A                                  |
| 11:00 am   | Concurrent Breakout Sessions                                           |
| 11:00 am   | Emergency Medical Response Session                                      |
| 11:00 am   | Treat Stroke in the Field: Lessons from the NIH FAST-MAG Trial  
*This presentation will be delivered via video conference.*  
Jeffrey L. Saver, MD, Professor of Neurology, UCLA and Director, UCLA Stroke Center, Los Angeles, CA |
| 11:45 am   | Novel Methods of EMS Education for Stroke                              |
| 12:00 am   | Facilitated Q and A                                                    |
| 11:00 am   | Management of the Intracerebral Hemorrhage Patient                     |
| 11:30 am   | The Nursing Role in the Treatment of the Acute Ischemic Stroke Patient  
Debbie Summers, MSN, ACNS-BC, CNRN, FAHA, Stroke Program Coordinator, Saint Luke’s Neuroscience Institute, Kansas City, MO |
| 12:00 pm   | Using Non-Invasive Brain-Stimulation to Enhance Stroke Recovery         |
| 11:00 am   | Pharmacologic Agents to Enhance Stroke Recovery in the Post-Acute Phase  
Randie M. Black-Schaffer, MD, MA, Medical Director, Stroke Program, Spaulding Rehabilitation Hospital, Associate Chief for Clinical Affairs, Physical Medicine and Rehabilitation, Harvard Medical School, Boston, MA |
| 11:30 am   | Psychological Adjustment to CVA: Improving Outcomes & Quality of Life   |
| 12:00 pm   | Brain & Stroke Recovery Session                                        |

**Joel Stein, MD, Chair, The NECC**
Accreditation

Continuing Medical Education Accreditation - Physicians

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Heart Association and The NorthEast Cerebrovascular Consortium. The American Heart Association is accredited by the ACCME to provide continuing medical education for physicians.

The American Heart Association designates this live activity for a maximum of 9.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

All persons who develop and/or control educational content in CME/CE activities sponsored by the American Heart Association will disclose to the audience all financial relationships with any commercial supporters of this activity as well as with other commercial interests whose lines of business are related to the CME/CE-certified content of this activity. In addition, presenters will disclose unlabeled/unapproved uses of drugs or devices discussed in their presentations. Such disclosures will be made in writing in course presentation materials.

Continuing Medical Education Accreditation – Physician Assistants

AAPA accepts Category I credit from AOACCME, Prescribed credit from AAFP, and AMA PRA Category 1 Credit™ from organizations accredited by ACCME.

Continuing Education Accreditation - Nurses

The American Heart Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The maximum number of hours awarded for this CE activity is 9.75 contact hours.

Accredited status does not imply endorsement by the American Heart Association or the American Nurses Credentialing Center of any commercial products displayed in conjunction with an activity.

Continuing Education Accreditation – Emergency Medical Services

This continuing education activity is approved by the American Heart Association, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), for 9.75 Advanced CEHs, activity number 12-AMHA-F1-0156.

Steps for Successful Completion

To successfully complete this activity, learners must fully participate in the sessions. In addition, learners must provide feedback that will be used for evaluative and outcomes measurement purposes. Learners will check-in onsite for attendance verification purposes and will be required to provide evaluative feedback before CME/CE credit can be claimed.

Disclosure Policy

All faculty participating in CME/CE activities sponsored by the American Heart Association will disclose to the audience (1) significant financial relationships with the manufacturer(s) of products from the commercial supporter(s) and/or the manufacturer(s) of products or devices discussed in their presentation, and (2) unlabeled/unapproved uses of drugs or devices discussed in their presentation. Such disclosures will be made in writing in course presentation materials.

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us to serve you better.