



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
Honolulu, HI 96801-3378

In reply, please refer to:  
File:

*JOINT ADVISORY BOARD: NEUROTRAUMA & STATE TRAUMATIC BRAIN INJURY  
ADVISORY BOARD (NTAB & STBIAB)*

*MEETING MINUTES*

*DATE: February 1, 2018*

*Present: Lyna Burian, Angie Enoka, Rita Manriquez, Scott Sagum, Milton Takara, and Molly Tribey*

*Excused: Stella Wong, Valerie Yamada*

*Others: Albert Burian (STBIAB); Stephanie Yee (REHAB), Lisa Dau (Kapiolani Medical Center), Violet Horvath, Director of Pacific Disabilities Center (PDC); Tomoko Hotema, PDC; Dylan Arrieta, PDC; Terry Jasper Jr., PDC; Dan Galanis, Department of Health (DOH); Nicholas Hines, DOH; Bridget Velasco, DOH; Troy Furutani, University of Manoa (UH)-HCAMP; Allison Tsuchida, UH-HCAMP; Brien Ing, UH-HCAMP; Dr. Matthew Koenig, Queen's Medical Center*

*DOH Staff: Curtis Inouye, Neurotrauma Supports; Chelsea Ko, Neurotrauma Supports; Cristina Valenzuela, Neurotrauma Supports, Wendie Lino, Community Alternatives Section Supervisor*

*I. Speaker: Dan Galanis*

*A. Report on Neurotrauma Statistics*

*Epidemiologist Dan Galanis of the Department of Health (DOH) injury prevention and control section presented a statistical overview on Neurotrauma in Hawaii regarding traumatic brain injury (TBI), spinal cord injury (SCI), and stroke.*

*In summary, Dr. Galanis states that there are roughly 13,600 TBI occurrences each year, with increasing numbers stemming from emergency room visits. Risks are noticeably higher on O'ahu in toddlers, teens, and seniors. Seniors are the leading age group amongst those hospitalized due to unintentional falls. SCIs account for 165 admittances each year, showing higher risks on the neighbor islands at a progressive rate across age range. The Hawaii Stroke registry reported 2,740 people per year as having stroke. Statistics show that only half of patients are being transported by EMS. Studies*

have found that recognizing the signs of stroke during dispatch increased patient level of survival. For more information, please see attached Neurotrauma Statistics report.

## II. **Contract Overview**

### A. Head Neck Spine

The Head Neck Spine project is an online curriculum geared to educating middle school students on the seriousness of head, neck, and spinal cord injuries. It was created to meet the Hawaii Content Performance Standards III and certain learning objectives for health. Objectives include knowledge, advocacy, interpersonal communication, and an analysis of different resources.

Per Allison Tsuchida of the Hawaii Concussion Awareness Management Program (HCAMP), they have completed five modules with three more modules, in progress, which will complete the online curriculum. HCAMP is working with the Department of Education (DOE) to identify teachers who can help to validate the content and ensure the standards are being met. They are also in the progress of creating a teacher's manual for the curriculum. HCAMP is looking to launch the project during the next school year in Fall 2018. For more information, please see attached Project Head, Neck, Spine report.

### B. Neurotrauma Registry

The purpose of the Neurotrauma registry is to assist DOH in identifying resources and support needed by traumatic brain injury (TBI), spinal cord injury (SCI), and stroke survivors, help educate service providers, and develop safety and prevention plans and policies. Dr. Violet Horvath of the Pacific Disabilities Center (PDC) reiterated the three goals of the neurotrauma registry project: 1) to encourage TBI survivors to take the survey, 2) provide education to the general public and professionals statewide about neurotrauma injury and registry, and 3) provide free information and referral service to the public. For more information, please see attached HNTR Joint Meeting Presentation.

### C. Stroke Network

Dr. Matthew Koenig of Queen's Medical Center (QMC) provided an overview of the tele-stroke project-

#### *Stroke and tPA:*

- Stroke is the number one cause of chronic disability in adults and the number three cause of death in Hawaii.
- tPA is the only FDA approved treatment for acute stroke and must be administered within 4.5 hours of symptoms.
- The standard of care is the initiation of tPA within 60-minutes of patient's arrival to the ER.

#### *Stroke treatment:*

- Low tPA utilization in Hawaii at start of the project in 2010
- Delays in treatment time
- High variability in tPA utilization among Hawaii hospitals due in part to inconsistent neurology coverage

#### *Hub and spoke models:*

- *Neurologists available 24/7/365 for teleconsultation at central location*
- *Provide service to multiple hospitals (spokes) for acute stroke tPA decisions*
- *Empower hospitals to administer tPA and manage patients after tPA*

*The tele-stroke grant, issued by the DOH Neurotrauma special funds, provided the means for tele-medicine equipment, ongoing technical support, bandwidth rentals, public education, travel expenses for site visits and provider education. It also includes a sustainability plan with subscription-based business model after the public support ends.*

*The tele-stroke contract ends on June 1, 2019, pending a contract modification. For more information, please see attached DOH Telestroke report.*

**III. Call to Order-Advisory Board Meeting**– Meeting was called to order by Neurotrauma Advisory Board Chair, Scott Sagum. Quorum present.

**IV. Approval of Minutes from the July 20, 2017 meeting** – Board Member Rita Manriquez made a motion to accept the Minutes as written. Board Member Stephanie Yee seconded the motion. All Board Members present voted in favor of minutes being accepted as written. No questions or discussions.

**V. Review of Agenda** – All Board Members present voted in favor of accepting the agenda as written. No questions or discussions.

## **VI. New Business**

### **A. Neurotrauma Strategic Plan: Implementation**

*The Neurotrauma Supports staff is asking for continued involvement during the implementation phase by providing feedback and serving on committees aimed to accomplish the three goals of the Neurotrauma strategic plan. During the meeting, there were three individual objectives highlighted that requested feedback from all those that attended to answer the following questions: 'Who should be involved?' and 'Ideas/Suggestions.' The highlighted objectives are as follows:*

- *Goal 1/Objective 1.3: Increase awareness and knowledge on Neurotrauma and identification among disability and health care providers*
- *Goal 2/Objective 2.1: Increase data reporting to obtain a more accurate assessment of the needs of individuals*
- *Goal 3/Objective 3.1: Research to identify and expand the database of services and supports currently available in order to link survivors of Neurotrauma and family members to resources*

## **VII. Old Business**

### **A. Hawaii Islands Regional Stroke Network Update:** (refer to Contract Overview on page 1)

B. Update on Brain Injury Awareness Month – March 2018 Update:

DOH staff is currently working to launch the Unmasking Brain Injury project during Brain Injury Awareness month. They have already conducted two community mask events, with one more event scheduled for February 4, 2018. Currently, ten masks have been created and completed by TBI survivors. Masks will be displayed at three different locations: Rehabilitation Hospital of the Pacific, Pearlridge Center, and the State Capitol.

Per Dr. Horvath of PDC, they are currently requesting rights to show the movie 'Concussion' that will be made free to the public and are searching for a speaker to talk about brain injury before the showing.

C. Pacific Disabilities Center (PDC)-Hawaii Neurotrauma Registry (HNTR) Update:

HNTR and DOH met with Laura Rachal, Director of Oahu Heart and Stroke Walk, to discuss HNTR's possible participation in the Oahu, Hilo, and Maui Heart and Stroke Walks in 2018 and ways the organizations could work together. HNTR plans to do more presentations for organizations, such as Meals on Wheels. Contact PDC to provide contact information on organizations that may be interested in learning more about the registry. For March Brain Injury Awareness month, PDC is planning to show the movie, Concussion and have speakers provide information about brain injury. PDC is working on copyright permission for the movie. Event will be free to public, will have popcorn and light refreshments. For more information, please see HNTR Update Report.

D. Brain Injury Association (BLA) of Hawaii Update:

BLA is currently going through a re-organization of its board. Current BLA members are able to nominate other board members to be on their advisory board. Non-members interested in joining BLA will pay the following fee: \$10 for individuals and \$25 for professionals.

No other updates.

E. Neighbor Island TBI Activities:

Neurotrauma Supports will be travelling to Kauai on February 1<sup>st</sup> to provide the Brain Injury Group (BIG) with information on the Unmasking Brain Injury Project.

No other updates.

F. DOH Update:

Neurotrauma Supports will be collaborating with Nicholas Hines of EMS/DOH to update the Neurotrauma strategic plan.

No other updates.

### **VIII. Announcements**

A. Brain Injury Association of Hawaii (BLA):

1) Support Group and Educational Meetings

- a. *First Saturdays, 1-3 p.m., 2<sup>nd</sup> and 3<sup>rd</sup> Wednesdays, 6-8p.m., Rehabilitation Hospital of the Pacific, Wo Conference Room #4.*

***IX. Next Meeting:***

*Date: April 27, 2018*

*Location: Kinau Hale, Room #329 and via Zoom <https://zoom.us/j/606524903>*

*Time: 1:30 p.m. to 4:00 p.m.*

*Meeting Adjourned at 3:00 p.m.*

## **Goal 1: Expand public and professional awareness about neurotrauma and service delivery.**

### **Objectives:**

**1.1** Identify partners and organizations (e.g., Brain Injury Association of Hawai'i, Hawai'i Disability Rights Center, Pacific Disabilities Center at the University of Hawai'i and the American Stroke Association) to promote neurotrauma awareness during various designated months (e.g. national spinal cord injury awareness month, stroke awareness month, brain injury awareness month, disability awareness month, disability employment awareness month).

**1.2** Expand presentations for community organizations and the public, featuring interviews with professionals in the field of neurotrauma and survivors of neurotrauma and their family members.

**1.3** Increase awareness and knowledge of neurotrauma and identification among disability and health care providers, including mental health; community health; health care agencies providing in-home supports or caregiver services; and substance abuse programs.

- Identify educational opportunities on neurotrauma for providers (e.g., training sessions, webinars, conferences, continuing education opportunities).
- Develop and maintain a network of providers to inform of educational opportunities on neurotrauma.
- Identify professionals in neurotrauma who are willing to mentor, consult, and/or offer peer support to professionals whose training is not in neurotrauma.

## **Goal 2: Increase state's capacity to identify and disseminate information about resources, services, and supports to individuals with neurotrauma and their families.**

### **Objectives:**

**2.1** Increase data reporting to obtain a more accurate assessment of the needs of individuals with neurotrauma and their family members through the neurotrauma registry.

- Identify methods to improve the appeal and feasibility of completing the registry needs assessment survey.
- Enhance the registry survey's focus on identifying the capacity of the services and supports currently available to address the needs of survivors of neurotrauma and family members.

**2.2** Expand capacity through existing disability and health care systems.

- Identify potential partners and providers (e.g. disability, public education, health care, mental health, community health centers, independent living centers, vocational rehabilitation) to refer for services and supports.
- Present information on neurotrauma during disability and health care conferences to encourage as many programs as possible to serve individuals with neurotrauma.

### 2.3 Identify funding mechanisms and opportunities for expanding capacity.

- Chart funding streams and eligibility requirements to determine potential sources of assistance for individuals with neurotrauma and their families.

**Goal 3: Identify strategies and partnerships to improve access to health care, rehabilitation, education, and community-based long-term services and supports and community integration for individuals with neurotrauma.**

#### Objectives:

**3.1** Research to identify and expand the database of services and supports currently available in order to link survivors of neurotrauma and family members to these resources (e.g., Aging and Disability Resource Center, SPIN, 2-1-1, etc.).

**3.2** Identify methods to access services and supports for individuals with neurotrauma who live on the neighbor islands (e.g., telehealth, support groups, mentorships, disability programs).

- Meet with potential providers to learn if individuals with neurotrauma may be eligible for their services, and if not, work with providers to identify ways to expand their services to individuals with neurotrauma.

**3.3** Identify opportunities for self-advocacy training to empower individuals with neurotrauma to access services to meet their needs.

- Collaborate with Hawai'i Disability Rights Center in providing self-advocacy training for individuals with neurotrauma.

### **§321H-3 Neurotrauma Advisory board**

There is established within the department a neurotrauma advisory board to advise the director in implementing this chapter. The board shall consist of **eleven members** to be appointed by the director. The director shall designate a member to be the chairperson of the advisory board. The director or a designee shall serve as an ex officio, nonvoting member of the advisory board. The director may also appoint up to three state and county representatives whose work relates to neurotrauma to be ex officio, nonvoting members of the board.

The members shall serve for a term of four years; provided that upon the initial appointment of members, two shall be appointed for a term of one year, three for a term of two years, three for a term of three years, and three for a term of four years. In establishing the advisory board, the director shall appoint:

- (1) Two survivors of neurotrauma or their family members (one for traumatic brain injuries and one for spinal cord injuries);
- (2) One member of the Brain Injury Association of Hawai'i;
- (3) One member representing the state traumatic brain injury advisory board;
- (4) Two members representing private sector businesses that provide services for neurotrauma survivors;
- (5) One member representing trauma centers that provide services for neurotrauma survivors;
- (6) One representative for persons with stroke; and
- (7) Three at-large members.

The members shall serve without compensation but shall be reimbursed for actual expenses, including travel expenses, that are necessary for the performance of their duties. The number of members necessary to constitute a quorum to do business shall consist of a majority of all the voting members who have been appointed by the director and have accepted that appointment. When a quorum is in attendance, the concurrence of a majority of the voting members in attendance shall make any action of the board valid. [L 2002, c 160, pt of §2; am L 2014, c 191, §1]

#### **NTAB Members**

- |   |  |
|---|--|
| 1. Lyna Burian- BIA<br>January 1, 2015 to December 31, 2018     | 6. Molly Trihey – SCI survivor<br>August 1, 2016 – July 31, 2019 |
| 2. Angie Enoka- At large<br>July 1, 2017 to June 30, 2021       | 7. Stella Wong- at large<br>July 1, 2017 – June 30, 2021         |
| 3. STBIAB member - Rita Manriquez                               | 8. Valerie Yamada- at large<br>July 1, 2017 – June 30, 2021      |
| 4. Scott Sagum- stroke<br>January 1, 2018 – December 31, 2021   | 9. Trauma Center Representative                                  |
| 5. Milton Takara-TBI survivor<br>April 1, 2018 – March 31, 2022 | 10. Private sector   |
|   | 11. Private sector   |



# Neurotrauma Advisory Board Membership

Department of Health, Neurotrauma Supports

# History of the NTAB

- ▶ 1996: U.S. Congress passed legislation (TBI Act of 1996) to encourage state governments to form TBI advisory boards, conduct studies, foster innovative programs, and improve access to a comprehensive, coordinated system of care for persons with TBI
- ▶ 1997: Hawaii State Legislature passed a law (Act 333) to set up the STBIAB to advise the Director of Health
- ▶ 2002: Act 160 Relating to Neurotrauma was signed into law in June establishing the Neurotrauma Advisory Board and become Chapter 321H of the Hawai'i Revised Statutes (HRS).

# History of the NTAB

- ▶ Chapter 321H- “Neurotrauma” is defined as a severe chronic disability of a person that is attributable to an injury to the central nervous system, such as traumatic brain injury and spinal cord injury, and likely to continue indefinitely. Does not include: substance misuse, Alzheimer’s disease or the infirmities of aging.

Neurotrauma or other neurological deficits result in substantial functional limitations in two or more of the following areas: (1) self-care; (2) speech, hearing, or communication; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; (7) economic sufficiency.

# Purpose of the NTAB

- ▶ The purpose of the Board is advise the Director in implementing Chapter 321H, as it relates to...
  - ▶ The Neurotrauma system whereby the Department shall enhance partnerships to ensure individuals with neurotrauma and their family members have access to services and supports.
  - ▶ The administration of the Neurotrauma Special Fund which is to be used for funding and contracting for...
    - Education on neurotrauma;
    - Assistance to individuals and families to identify and obtain access to services;
    - Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information; and
    - Necessary administrative expenses to carry out this Chapter

# Composition of the NTAB

By Statute 321H-3 the Board shall consist of:

- ▶ At least 11 members
- ▶ One chairperson
- ▶ Initial appointment for 1, 2, 3, or 4 years
- ▶ Subsequent appointment for 4 years
- ▶ Members serve without compensation but are reimbursed for expenses necessary to perform duties
- ▶ Composition:
  - ▶ Two survivors of neurotrauma or their family members (one for traumatic brain injury and one for spinal cord injury);
  - ▶ One member of the Brain Injury Association of Hawai'i;
  - ▶ One member representing the state traumatic brain injury advisory board (STBIAB);
  - ▶ Two members representing private sector businesses that provide services for neurotrauma survivors;
  - ▶ One member representing trauma centers that provide services for neurotrauma survivors;
  - ▶ One representative for persons with stroke; and
  - ▶ Three at-large members.

# By-Laws of the NTAB

- ▶ Voting members are expected to attend meetings whenever possible; those absent from three consecutive meetings will be presumed unable to participate on the Board. A replacement to the Board will then be appointed. The affected board member shall be informed in writing of action taken.
- ▶ Meetings require a majority of members to be present to establish quorum to do business.
- ▶ Each member has one vote; voting by proxy is not permitted
- ▶ Changes in agenda require a 2/3rds vote of members; items that are “of reasonable major importance” and will “affect a significant number of persons” are not allowed to be added on after agenda is published
- ▶ Every meeting of the Board shall be open to the public

# By-Laws of the NTAB

- ▶ Chair is appointed by the Director of the Department of Health
  - ▶ Duties of the Chair: formulating agenda and conducting meetings; may appoint task forces and committees
- ▶ The Vice Chair is elected annually by the board members
  - ▶ Duties of the Vice Chair: Perform the duties of the Chair in the Chair's absence and such other duties as decided by the Board

# Current Members

- ▶ **Lyna Burian, BIA (O'ahu)**
- ▶ **Angie Enoka, At-large (O'ahu)**
- ▶ **Rita Manriquez, STBIAB rep (Kaua'i)**
- ▶ **Scott Sagum, Stroke survivor & Chair (Kaua'i)**
- ▶ **Milton Takara, TBI survivor (O'ahu)**
- ▶ **Molly Trihey, SCI survivor (O'ahu)**
- ▶ **Stella Wong, At-large (O'ahu)**
- ▶ **Valerie Yamada, At large (O'ahu)**



# New Board Members

- ▶ Trauma Representative(s)
- ▶ (2) Private Sector Representatives
- ▶ Other board member recommendations

# Goals of the NTAB

- ▶ In December 2016, members of the STBIAB & NTAB participated in the strategic planning process and identified three goals for the Board to consider:
  - ▶ Expand public and professional awareness about neurotrauma and service delivery;
  - ▶ Increase state's capacity to identify and disseminate information about resources, services, and supports to individuals with neurotrauma and their families; and
  - ▶ Identify strategies and partnerships to improve access to health care, rehabilitation, education, and community-based long-term services and supports and community integration for individuals with neurotrauma.

# Goals of the NTAB

- ▶ In February 2018, priority objectives were identified and discussed at the Joint Advisory Board Meeting:
  - ▶ **1.3** Increase awareness and knowledge of neurotrauma and identification among disability and health care providers, including mental health; community health; health care agencies providing in-home supports or caregiver services; and substance abuse programs.
  - ▶ **2.1** Increase data reporting to obtain a more accurate assessment of the needs of individuals with neurotrauma and their family members through the neurotrauma registry.
  - ▶ **3.1** Research to identify and expand the database of services and supports currently available in order to link survivors of neurotrauma and family members to these resources (e.g., Aging and Disability Resource Center, SPIN, 2-1-1, etc.).

# Strategic Plan: Next Steps

- ▶ At each NTAB meeting, will focus on specific action plan/strategy for Strategic Plan
- ▶ Next meeting, will focus on Goal/Objective 1.3 and identify the target audience and what do we want our target to do.
- ▶ Will send e-mail with information prior to next meeting



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John A. Burns School of Medicine  
Pacific Disabilities Center

**Hawai'i Neurotrauma Registry Project (HNTR) Report  
for the Neurotrauma Advisory Board (NTAB)  
April 27, 2018, 1:30 — 4:00 pm**

**Report Outline**

1. Registry Recruitment and Survey Updates
2. Community Education – Events and Presentations
3. Information and Referrals
4. Media and Marketing
5. Miscellaneous

The three main goals of the Hawaii Neurotrauma Registry Project are:

1. Recruit Hawaii residents on all islands and of all ages with neurotrauma injuries to take a voluntary survey on their injuries and post-injury circumstances
2. Provide education to the general public and professionals on all islands about neurotrauma injuries and the Registry
3. Offer an Information and Referral service to Hawaii residents with neurotrauma injuries and their family members, caregivers, and other supports

Information gathered from the surveys assists the Department of Health in identifying the community supports and services needed by neurotrauma injury survivors, helps to educate service providers, and helps to develop safety and prevention plans and policies.

## Registry Recruitment

Year	Time Period	Number of Unique Persons
1	March 21, 2013 – March 20, 2014	40
2	March 21, 2014 – March 20, 2015	57
3	March 21, 2015 – March 20, 2016	43
4	March 21, 2016 – March 20, 2017	54
5	March 21, 2017 – March 19, 2018	53
6	March 20, 2018 – March 31, 2018	2
	Total	249

### Registry Surveys

Five people completed the survey in February 2018. They were all from the list that received Information and Referral assistance (two from the Queen’s Medical Center, and three from Rehabilitation Hospital of the Pacific).

Five people completed the survey in March 2018. Four of the five were referrals from The Queen’s Medical Center and Rehabilitation Hospital of the Pacific for Information and Referral services. The fifth was completed by the spouse or partner of someone who had an ischemic stroke.

Variable	Attribute	Number
Gender	Males	121
	Females	126
	Missing	2
Who completed the survey	Person with NT injury	32
	Parent of person with NT injury	2
	Child of person with NT injury	2
	Spouse / Partner / Significant Other of person with NT injury	1
	Sibling of person with NT injury	1
	HNTR Staff	17
Location	Oahu	215
	Hawaii	24
	Kauai	3
	Maui	5
	Washington State	1
	Missing	1

TBI	Includes first, second, or third TBI, concussion, or head injury	123
ABI	Includes first, second, or third ABI	23
Stroke	Type not distinguished	8
Stroke – Hemorrhagic	Includes first, second, or third hemorrhagic stroke	41
Stroke – Ischemic	Includes first, second, or third ischemic stroke	77
SCI	Includes first, second, or third SCI	39
Missing		5
Other		13
How heard about HNTR	Presentation (unnamed presentation)	24
	Brain Injury Association of Hawaii	3
	Pacific Head Injury Support Group	3
	Rehab Hospital Stroke Club	28
	Rehab Hospital Stroke Vendor Fair	2
	Table at Event (unnamed event)	25
	Senior Fair	1
	SPIN	1
	Taking Care of Your Diabetes event	1
	HTNR I&R	1
	Physician / Hospital / Clinic	14
	Queen’s Medical Center	4
	Rehab Hospital	12
	Veteran’s Administration	1
	Family or Friends	14
	Referral by Other	2
	Radio	5
	Television	1
	Internet / Google	8
	Newsletter / Newspaper	13
	Generations Magazine	3
	Hawaii Wellness Directory	1
	Island Scene Magazine (HMSA)	1
	Midweek	3
	Rehab Hospital Stroke Club Newsletter	1
	Galiher DeRobertis Waxman	1
	Going Home Plus	2
	Hawaii Adult Day Care Center Brochure Display	1
	Maui Department of Aging	1
	Research	1
	TheBus ad campaign	3
	Work	1

## **Community Education – Events and Presentations**

### **Completed Events and Presentations for February and March 2018:**

1. Unmasking Brain Injury Project – Honolulu, Oahu – March 2, 2018
2. HPU SW 7901 Class Presentation – Honolulu, Oahu – March 14, 2018
3. Talk / movie for Brain Injury Awareness Month – Honolulu, Oahu – March 17, 2018
4. HCAMP and DOH Multisport Helmet Fitting and Giveaway at University of Hawai'i at Mānoa – Honolulu, Oahu – March 21, 2018

### **Completed Other for February and March 2018:**

1. Leeward Community College, March 2018 – distributed brochures to key people
2. AARP Caregivers Conference on March 24, 2018 – Provided them with 200 packets geared toward kupuna for resource table

### **Events and Presentations for April 2018:**

1. Table at sophomore nursing students' poster presentation (one poster was on TBIs) at Chaminade University – Honolulu, Oahu – April 12, 2018
2. YMCA Healthy Kids Day 2018 – Camp Erdman, Oahu – April 14, 2018
3. JABSOM Keiki Health Day – Honolulu, Oahu – April 14, 2018
4. Presentation titled, “Domestic Violence, Concussion, and Traumatic Brain Injury” – to be presented at the Institute on Violence, Abuse & Trauma's 15<sup>th</sup> Hawai'i International Summit – Honolulu, Oahu – April 18, 2018
5. Poster titled, “Hidden Injuries: Domestic Violence and Concussions” to be presented at the Institute on Violence, Abuse & Trauma's 15<sup>th</sup> Hawai'i International Summit – Honolulu, Oahu – April 18, 2018
6. Presentation at Wilson Elementary for all of the 3<sup>rd</sup> Grade Students – April 24, 2018
7. Presentation to Windward Community College Counseling Staff – April 25, 2018 (tentative)

### **Future Events and Presentations:**

1. Informational table in John A. Burns School of Medicine lobby – Honolulu, Oahu – May 4, 2018
2. John A. Burns School of Medicine Grand Rounds – Honolulu, Oahu – May 11, 2018
3. Presentation to Hawai'i Meals on Wheels volunteers – Mānoa, Oahu – June 15, 2018
4. 2<sup>nd</sup> Annual Lanakila Health and Wellness Fair – Honolulu, Oahu – June 15, 2018
5. Senior Health and Fitness Fair at Hawai'i Okinawa Center – June 15, 2018 (tentative)
6. 25<sup>th</sup> Annual Oahu Heart and Stroke Walk – Honolulu, Oahu – August 11, 2018 (tentative)
7. Presentation at Maui Family YMCA – Kahului, Maui – date TBA (tentative)
8. Presentations at YMCAs on Honolulu – Honolulu, Oahu – dates TBA (tentative)



**In process:**

1. Colleges and Universities – Windward CC and Leeward CC
2. YMCA of Honolulu – Afterschool A+ programs, and adult groups.
3. Maui Family YMCA – Need to select a date for a presentation.
4. YMCA of Kauai – Need to follow up with them.
5. Hawai'i Island YMCA – They are in transition; need to call and see what their story is.
6. YWCAs on Oahu – No response yet.
7. Fire Stations on Oahu – Need to contact someone at the Administrative Office on Oahu for permission to leave brochures at fire stations.
8. DARE Programs – Need to follow up.
9. Waianae Coast Comprehensive Health Center – Waiting to hear back from contact that coordinates their markets in Waianae and Kapolei regarding dates to have tables there.
10. SEEQs School – Waiting to hear from the School Events Lead.
11. Library for the Blind and Physically Handicapped – Corresponding with Interim Director to see what can be worked out.
12. Priory School Teen Program - Hoping to schedule for May 2018; teacher there will contact us with possible dates.
13. Aiea High School Health Program – Opportunities with CTE Health Services Pathway and Human Physiology classes.
14. Want to contact the people named in the two recent Honolulu Star-Bulletin articles on concussion – Dr. Rachel Coel, Director of Sports Medicine at Queen's and concussion expert, Dr. Jill Inouye, Head physician for UH sports who also works at the Mānoa campus health center, Dr. Jennifer King, Kapiolani Medical Center, and Hawaii High School Athletic Association Executive Director Christopher Chun.
15. Military – Waiting to hear back from US Army (Warrior Transition Battalion) and US Air Force (has a clinic), will contact US Navy Medical Corps (which includes the Marine Corps), need to re-contact the Army Chaplain's assistant, waiting to hear back from our LCSW contact for the Exceptional Family Member program, US Army Regional Health Command.
16. Learning Rx – Met the Executive Director of the Honolulu West location while at another meeting; interested in a presentation. They provide "one-on-one brain training."

Item	Total through January 2018	February 2018	March 2018	Grand Total
<b>Public Education</b>				
Events attended by HNTR staff and volunteers	109	0	3	<b>112</b>
Number of individuals who visited HNTR tables at public events	16814	0	229	<b>17043</b>
Number of brochures / informational packets distributed at events	16521	50 (rev)	229	<b>16800</b>
Number of volunteers assisting with public events (duplicated count)	117	0	0	<b>117</b>

<b>Presentations and Networking</b>				
Presentations about HNTR to professionals / community	67	0	1	<b>68</b>
Number of professionals / community members / who attended HNTR presentations or information distributed	1657	0	11	<b>1668</b>
Number of portfolios / info distributed (effective July 2017)	180	0	11	<b>191</b>
Networking contacts made with partners / collaborators	274	0	2	<b>276</b>
Events / presentations in conjunction with partners / collaborators	50	1	2	<b>53</b>
Organizations reached through "cold calls" (effective February 2018)	n/a	1	1	<b>2</b>
Number of materials given to these organizations	n/a	50	21	<b>71</b>

### Information and Referrals

Month	Total Number of I&R Contacts	Number of Unreachable I&R Contacts	Number of I&R Contacts Reached	Pieces of Information Given	How many completed the short survey?	How many completed the long survey?	How many were contacted but declined I&R?
March 2018	24	15	9	39	3 (50%) <sup>a</sup>	n/a	1
February 2018	21	16	5	56	5 (100%)	n/a	1
January 2018	12	5	7	95	7	n/a	0
December 2017	7	0	7	78	1	n/a	0
November 2017	15	0	15	183	3	n/a	0
October 2017	18	0	14	171	3	n/a	0
September 2017	15	2	9	72	8	n/a	3
August 2017	26	10	5	66	7 (rev)	n/a	0
July 2017	16	9	3	33	2	2	4
June 2017	32	16	14	102	1	3	2
May 2017	10	4	6	56	N/A	2	0
April 2017	23	12	8	24	N/A	0	3
March 2017	12	3	9	76	N/A	1	0

<sup>a</sup>Percentage of persons appropriate to take survey who actually took the survey in a given month. Those who were reached during the current month but who had mitigating circumstances are not counted in this percentage.

## Media and Marketing

As of March 31, 2018, HNTR has 61 people who are Facebook Friends or Twitter Followers.

YouTube viewing stats (totals and numbers of views in March 2018):

- Battlefield to Ball Field (TV) – 120 views
- The Gary Galiher Law Hour (Radio) – 117 views
- HNTR Interview with Rick Hamada (Radio) – 105 views
- HNTR on Traumatic Brain Injury (TV) – 84 views
- Joy in our Town (TV) – 61 views
- What is stroke? (Webinar) – 54 views
- HNTR on Stroke (TV) – 41 views
- HNTR Interview on KSSK with Perry & Price (Radio) – 31 views
- Conquering Concussions (PSA) – 23 views
- HNTR Interview with Percy Ihara / Generations (Radio) – station lost the program

Total views = 636, up from 626 at the end of February 2018.

Instagram account – We are in the process of setting up an Instagram account.

Item	Total through January 2018	February 2018	March 2018	Grand Total
<b>Media</b>				
Print articles	10	0	0	<b>10</b>
Print ads	20	0	0	<b>20</b>
Number of HNTR newsletters (quarterly, effective October 29, 2014)/e-Cards	11	0	2	<b>13</b>
HNTR newsletter distribution (number of subscribers)	454	0	-3	<b>451</b>
Number of event flyers posted (effective March 2018)	n/a	n/a	5	<b>5</b>
Radio PSAs/Interviews	1446	0	0	<b>1446</b>
TV PSAs (including webinars, in post-production status)	3	0	0	<b>3</b>
TV programs, appearances, or ads (duplicated count/broadcast)	74	0	0	<b>74</b>
Social media following <sup>1</sup>	61	0	0	<b>61</b>
Facebook Posts (effective July 16, 2014)	92	0	1	<b>93</b>
Facebook Friends/Following (effective July 16, 2014)	57	0	0	<b>57</b>
Twitter Posts (effective October 31, 2014)	49	0	2	<b>51</b>
Twitter Following (effective October 31, 2014)	4	0	0	<b>4</b>
YouTube Hits (effective February 23, 2015)	609	17	10	<b>636</b>
Number of Social Shares (effective March 2018)	n/a	n/a	153	<b>153</b>

<sup>1</sup>This is an unduplicated count. Some people are both Facebook Friends and Twitter Followers, but each individual is counted only once as a social media follower.

## Miscellaneous

1. Contract for March 2018 – March 2019
  - a. The University of Hawai'i has the contract for the final year of the HNTR project; currently working on the compliance section
  - b. How to deal with the effect of a higher fringe benefit rate on project
    - i. We have a second HPU social work practicum student, but only for a short period of time
    - ii. Checking to see if JABSOM students are required to volunteer and / or how we could advertise to them volunteer opportunities
2. Resource Manual update
  - a. Draft of Oahu, Hawai'i County, and Maui County internal files were reviewed by DOH; we are incorporating their suggestions
  - b. Close to finishing draft of Kauai County internal file
  - c. Online version for everyone – will be created from Excel files once they are complete
  - d. Resources by type of neurotrauma injury – stroke information gathered and needs to be formatted; also need to work on other two injuries
3. Hiring
  - a. Project Assistant position (full-time) – Working on finalizing the hire
4. HNTR Reports
  - a. Working on annual report for period of March 20, 2017 – March 19, 2018

## Hawaiian Islands Regional Stroke Network Update

(Funded by a grant from the Hawaii State Dept. of Health Neurotrauma Fund)

Hub site: The Queen's Medical Center

### Current spoke sites:

Current active sites are Molokai General Hospital (activated on 11/8/2011), Wahiawa General Hospital (activated on 6/21/12), Hilo Medical Center (activated on 8/1/13), The Queen's Medical Center—West O'ahu (activated on 1/12/15), Kona Community Hospital (activated on 5/27/15), Maui Memorial Medical Center (8/11/15), North Hawaii Community Hospital (activated 12/15/15), The Queen's Medical Center Punchbowl and Kahuku Medical Center (activated on 09/01/17). The nine spoke site hospitals – ED MDs and nurses, hospitalists, and administration - have been educated on stroke care paths and protocols and in-serviced on use of the technology.

### Total Activity to date

Total Calls	891		
Incomplete Calls	133	Triage calls, not telestroke	80
		Technical difficulties	53
Completed Calls	736	Molokai General Hospital (MGH)	31
		Wahiawa General Hospital (WGH)	79
		Hilo Medical Center (HMC)	96
		The Queen's Medical Center West (QMC-W)	348
		Kona Community Hospital (KCH)	75
		Maui Memorial Medical Center (MMMC)	27
		North Hawaii Community Hospital (NHCH)	40
		The Queen's Medical Center Punchbowl	57
		Kahuku Medical Center	4
# IV tPA Administrations	280	# Transferred to QMC Punchbowl	185
		# Not transferred-remained at site or transferred to another institution	95
Total Transfers to QMC Punchbowl	255	Non tPA Transfers	70

Activity year to date 01/01/18 to 04/11/2018

Total Calls	112		
Incomplete Calls	11	Triage calls	5
		Technical difficulties	6
Completed Calls	101	Molokai General Hospital (MGH)	2
		Wahiawa General Hospital (WGH)	13
		Hilo Medical Center (HMC)	7
		The Queen's Medical Center West Oahu (QMC-W)	36
		Kona Community Hospital (KCH)	12
		Maui Memorial Medical Center (MMMC)	0
		North Hawaii Community Hospital (NHCH)	4
		The Queen's Medical Center Punchbowl	24
		Kahuku Medical center	3
# IV tPA Administrations	32	# Transferred to QMC Punchbowl	18
		# Not transferred-remained at site or transferred to another institution	14
Total Transfers to QMC Punchbowl	25	Non tPA Transfers	7

IV tPA Administration Summary

tPA #	Spoke Site	Encounter Duration (min)	Transfer to QMC Punchbowl?	Initial NIHSS	Last NIHSS	DC Disposition
1	MGH	60	YES	6	1	Home
2	WGH	45	YES	9	2	Home
3	WGH	UTD	YES	16	16	Hospice
4	WGH	60	YES	5	0	Home
5	WGH	45	YES	14	0	Hone
6	WGH	35	YES	13	13	SNF w/ POLST
7	WGH	40	YES	6	2	Home
8	WGH	60	YES	5	0	Home
9	WGH	50	YES	8	ND	RHOP
10	WGH	30	YES	3	3	Home
11	WGH	40	YES	11	13	RHOP
12	HMC	40	NO	13	UTD	UTD
13	MGH	35	YES	11	6	RHOP
14	WGH	35	YES	15	3	RHOP
15	MGH	15	YES	7	0	HOME
16	HMC	45	NO	6	4	Transfer Kaiser Acute
17	HMC	45	NO	7	UTD	SNF
18	WGH	40	NO	16	3	UTD

19	HMC	50	NO	17	UTD	Home
20	HMC	35	NO	21	21	UTD
21	MGH	40	YES	10	4	RHOP
22	HMC	30	NO	5	1	VA home
23	MGH	UTD	YES	9	10	RHOP
24	HMC	35	NO	ND	7	Home
25	WGH	30	YES	7	0	Home
26	MGH	UTD	YES	6	6	Home
27	QMC-W	35	YES	32	24	Foster Home
28	QMC-W	120	YES	4	1	Home
29	QMC-W	40	NO	16	UNK	Transfer Kaiser Acute
30	MGH	80	YES	20	29	Expired
31	HMC	30	NO	14	8	Home
32	QMC-W	90	YES	17	5	Home
33	WGH	90	YES	10	26	Expired
34	QMC-W	50	YES	6	9	RHOP
35	QMC-W	45	YES	6	0	Home
36	HMC	35	NO	ND	ND	Expired
37	QMC-W	90	YES	24	24	Expired
38	WGH	45	YES	31	27	Hospice
39	QMC-W	40	YES	9	0	Home
40	HMC	50	NO	6	ND	Home
41	MGH	45	YES	5	1	Home
42	QMC-W	40	YES	16	6	RHOP
43	QMC-W	50	YES	10	7	Home
44	QMC-W	60	NO	11	11	DC to Kaiser Acute
45	WGH	45	YES	11	2	Home
46	QMC-W	50	YES	14	20	SNF-Short Term Rehab
47	HMC	50	NO	11	5	SNF
48	QMC-W	40	YES	13	4	Home
49	WGH	90	YES	26	1	Home
50	QMC-W	90	YES	16	5	SNF-Short Term Rehab
51	QMC-W	50	YES	15	11	STR then Hospice
52	KCH	35	NO	2	0	Home
53	QMC-W	30	YES	5	0	Home
54	WGH	60	YES	7	ND	Home
55	WGH	30	YES	19	0	SNF-Short Term Rehab
56	QMC-W	55	YES	12	0	Home
57	HMC	30	NO	37	8	SNF
58	MMMC	30	NO	17	15	Home
59	QMC-W	60	YES	22	9	DC to RHOP
60	QMC-W	NA	YES	5	1	Home
61	WGH	50	YES	23	ND	Expired
62	QMC-W	40	YES	16	15	DC to RHOP
63	QMC-W	40	YES	18	20	Expired
64	HMC	20	NO	18	1	Home

65	QMC-W	30	YES	14	ND	Home Hospice
66	MMMC	50	NO	9	NA	Home
67	MMMC	30	NO	ND	15	Home
68	QMC-W	40	YES	2	0	SNF-Short Term Rehab
69	QMC-W	NA	YES	11	2	Home
70	QMC-W	40	YES	2	2	Home
71	QMC-W	30	YES	2	4	RHOP
72	MGH	ND	YES	22	15	RHOP
73	QMC-W	80	YES	17	5	RHOP
74	QMC-W	80	YES	16	2	Home
75	QMC-W	50	YES	7	2	Home
76	QMC-W	50	YES	18	3	RHOP
77	KCH	70	NO	10	6	Home
78	MMMC	50	NO	7	4	Mainland Rehab
79	QMC-W	30	YES	4	1	Home
80	MMMC	30	NO	14	3	Home
81	NHCH	50	NO	13	2	Transfer Kaiser Acute
82	QMC-W	50	YES	7	0	Home
83	KCH	60	YES	23	3	Home
84	NHCH	60	NO	9	2	SNF-Short Term Rehab
85	QMC-W	50	YES	9	4	RHOP
86	MGH	60	YES	26	17	Expired
87	HMC	60	NO	16	1	Home
88	KCH	35	NO	13	5	SNF
89	QMC-W	30	YES	7	9	SNF
90	MMMC	60	NO	24	UNK	Expired
91	QMC-W	50	YES	23	26	Hospice
92	QMC-W	35	YES	9	8	Home
93	QMC-W	45	YES	4	2	Home
94	KCH	50	NO	16	19	Home Hospice
95	QMC-W	50	YES	3	0	Home
96	QMC-W	50	YES	13	4	Home
97	KCH	40	NO	5	0	Home
98	NHCH	60	YES	12	0	Home
99	QMC-W	50	YES	4	1	Home
100	KCH	70	YES	24	30	Expired
101	QMC-W	50	YES	10	0	Home
102	WGH	50	YES	5	2	RHOP
103	WGH	50	YES	21	0	Home
104	WGH	50	YES	6	3	SNF-Short Term Rehab
105	HMC	50	NO	5	0	Home
106	NHCH	50	YES	4	2	RHOP
107	QMC-W	45	YES	9	1	Home
108	QMC-W	40	YES	10	1	Home
109	QMC-W	40	YES	7	1	RHOP
110	NHCH	50	YES	23	22	Home Hospice



111	QMC-W	50	YES	6	0	Home
112	QMC-W	50	YES	8	3	Home
113	KCH	50	NO	16	ND	Transfer Kaiser Acute
114	HMC	50	NO	18	ND	SNF-Short Term Rehab
115	NHCH	50	YES	15	3	HOME
116	QMC-W	40	YES	17	0	HOME
117	QMC-W	60	YES	19	14	Transfer Kaiser Acute
118	HMC	45	NO	23	18	SNF-Short Term Rehab
119	QMC-W	50	YES	9	7	RHOP
120	HMC	35	NO	1	0	Home
121	QMC-W	60	YES	8	15	Home (No insurance)
122	HMC	50	YES	11	0	Home
123	QMC-W	45	YES	4	4	Transfer Kaiser Acute
124	HMC	60	NO	5	ND	Home
125	QMC-W	55	YES	6	0	Home
126	QMC-W	50	YES	6	0	Home
127	NHCH	50	NO	5	2	Home
128	QMC-W	45	YES	4	1	HOME
129	HMC	40	NO	14	17	Hospice
130	QMC-W	50	YES	4	0	Home
131	QMC-W	40	YES	35	6	SNF-Short Term Rehab
132	QMC-W	40	YES	12	8	RHOP
133	MGH	40	YES	18	25	Hospice
134	NHCH	50	YES	6	3	Home
135	KCH	60	YES	7	1	Home
136	QMC-W	60	YES	2	0	Home
137	KCH	40	NO	4	0	Home
138	HMC	40	NO	24	ND	Home
139	KCH	45	NO	6	7	SNF
140	WGH	60	YES	17	5	Foster Home
141	HMC	65	YES	3	3	SNF
142	WEST	40	YES	6	0	Transfer Kaiser Acute
143	KCH	40	NO	15	13	Home
144	MMMC	35	NO	2	0	Home
145	KCH	50	YES	5	0	Home
146	HMC	50	NO	8	9	RHOP
147	MGH	50	YES	5	9	RHOP
148	WEST	45	YES	9	6	RHOP
149	KCH	50	YES	5	24	Expired (ICH)
150	MGH	60	YES	5	1	Home
151	QMC-W	50	YES	5	3	Home
152	QMC-W	50	YES	5	0	HOME
153	WGH	40	YES	4	6	RHOP
154	WGH	50	YES	3	4	RHOP
155	QMC-W	50	YES	8	0	Home
156	QMC-PB	50	YES	12	2	SNF-Short Term Rehab

157	QMC-W	70	YES	28	29	Expired
158	QMC-W	45	YES	11	0	Home
159	WGH	50	YES	5	0	Home
160	QMC-W	50	YES	6	0	Home
161	QMC-W	45	YES	11	5	Home
162	HMC	40	NO	9	7	SNF
163	QMC-W	45	YES	3	0	Home
164	QMC-W	60	YES	28	28	Expired
165	QMC-W	40	YES	11	1	Home
166	QMC-W	60	YES	8	4	RHOP
167	QMC-W	50	YES	20	3	Home
168	QMC-PB	60	NA	18	15	SNF-Short Term Rehab
169	QMC-W	ND	YES	29	4	RHOP
170	WGH	40	YES	24	32	Expired
171	QMC-W	40	YES	3	0	Home
172	QMC-W	50	YES	20	32	SNF
173	NHCH	40	YES	26	22	SNF-Short Term Rehab
174	HMC	40	NO	20	ND	SNF
175	QMC-W	50	YES	2	0	Home
176	QMC-PB	40	YES	4	0	Home
177	QMC-W	60	YES	4	0	Home
178	HMC	60	NO	18	7	Long Term Care
179	QMC-W	50	YES	20	6	Left AMA- Home
180	QMC-PB	60	NA	25	17	RHOP
181	WGH	40	YES	6	1	Home
182	QMC-W	60	YES	17	7	SNF-Short Term Rehab
183	QMC-W	60	YES	4	1	Home
184	KCH	60	YES	24	32	Hospice
185	QMC-W	50	YES	21	15	Inpatient Rehab in WA
186	QMC-PB	50	NA	4	1	Home
187	MMMC	40	NO	3	0	Home
188	HMC	40	NO	20	11	SNF
189	HMC	50	NO	6	0	Home
190	KCH	50	NO	4	2	SNF
191	HMC	45	NO	10	2	SNF
192	PB	45	NO	17	4	RHOP
193	HMC	50	NO	4	1	Home
194	QMC-PB	50	NA	20	25	Expired
195	QMC-W	45	YES	7	7	Home (Chronic Pain)
196	QMC-W	ND	YES	12	2	Home
197	QMC-W	50	YES	4	0	Home
198	QMC-W	50	YES	3	0	Home
199	KCH	50	YES	16	4	RHOP
200	QMC-W	60	YES	3	1	Home
201	QMC-W	ND	YES	30	23	Expired
202	HMC	30	NO	2	0	Home

203	QMC-W	45	YES	13	30	Home Hospice
204	QMC-W	60	YES	4	0	Home
205	HMC	60	NO	7	0	Home
206	WGH	ND	YES	27	20	SNF-Short Term Rehab
207	QMC-W	60	YES	10	1	Home
208	QMC-PB	40	NA	13	3	SNF-Short Term Rehab
209	QMC-W	45	YES	6	3	Home
210	QMC-W	50	YES	4	6	RHOP
211	HMC	50	NO	21	21	SNF
212	QMC-W	50	YES	7	3	RHOP
213	QMC-W	45	YES	26	35	Expired
214	QMC-W	ND	YES	10	4	Home
215	HMC	50	NO	9	0	Home
216	KCH	65	NO	12	0	Home
217	QMC-W	30	YES	10	0	Home
218	QMC-W	40	YES	2	0	Home
219	HMC	40	NO	14	13	SNF
220	QMC-W	70	YES	11	11	RHOP
221	QMC-PB	70	NA	8	0	Home
222	QMC-W	60	YES	8	0	Home
223	QMC-PB	60	NA	11	0	SNF (Behavioral issues)
224	KCH	40	NO	3	0	SNF
225	NHCH	60	YES	20	5	RHOP
226	KCH	55	NO	4	3	Home
227	QMC-PB	40	NA	8	0	Home
228	QMC-PB	40	NA	13	0	Home
229	KCH	45	YES	6	0	Home
230	KCH	40	NO	7	6	RHOP
231	QMC-W	40	NO	11	6	Kaiser Acute
232	KCH	40	NO	3	3	Home
233	QMC-W	60	YES	16	10	Home-Foster Care
234	QMC-W	45	YES	1	1	RHOP
235	QMC-W	50	YES	5	0	Home
236	QMC-W	70	YES	6	1	Home
237	KCH	60	YES	22	0	Home
238	NHCH	40	YES	21	3	RHOP
239	KAHUKU	40	YES	4	0	Home
240	QMC-W	60	YES	6	0	Home
241	QMC-W	45	YES	4	0	Home
242	HMC	40	NO	4	4	Home
243	QMC-PB	70	NA	7	5	RHOP
244	QMC-W	45	YES	7	3	RHOP
245	QMC-W	70	YES	4	0	Home
246	KCH	60	YES	24	1	Home
247	QMC-W	40	NO	3	ND	Kaiser Acute
248	QMC-W	120	NO	22	ND	Kaiser Acute

249	NHCH	50	YES	21	6	RHOP
250	QMC-W	50	YES	5	3	Home
251	KCH	60	YES	14	0	Home
252	NHCH	45	YES	17	6	RHOP
253	QMC-W	45	YES	5	2	Home
254	QMC-W	45	YES	2	2	Home
255	QMC-W	70	YES	19	2	Home
256	HMC	50	NO	7	ND	SNF
257	QMC-W	70	YES	5	0	Home
258	HMC	50	NO	7	4	SNF
259	QMC-W	45	YES	4	0	Home
260	QMC-W	40	YES	6	3	RHOP
261	KAHUKU	40	YES	6	1	Home
262	QMC-W	45	YES	25	0	Home
263	HMC	35	NO	1	0	Home
264	WGH	35	YES	11	5	Home
265	QMC-W	70	NO	21	NA	Kaiser Acute
266	WGH	50	YES	4	1	Home
267	QMC-PB	40	NA	3	0	Home
268	HMC	50	NO	5	1	Home
269	WGH	60	NO	21	NA	Kaiser Acute
270	WGH	35	YES	18	27	SNF
271	QMC-W	65	YES	21	4	RHOP
272	PB	70	NA	7	7	RHOP
273	QMC-W	45	YES	19	18	Home (seizure)
274	KCH	60	NO	13		
275	NHCH	60	NO	15	ND	SNF-Short Term Rehab
276	WGH	50	NO	7	0	Kaiser Acute
277	KCH	50	NO	7		
278	QMC-W	45	YES	9	5	RHOP
279	WGH	50	NO	24	ND	Expired
280	PB	45	NA	3	0	Home

- 70 patients did not receive t-PA but transferred to QMC for further treatment such as endovascular reperfusion, closer monitoring, further evaluation and diagnosis of intracerebral hemorrhage (ICH).
- 355 patients remained at spoke site or were transferred to another institution since they were not tPA candidates and did not require a higher level of care. These patients were diagnosed with mild stroke, completed stroke, complex migraine, seizure, old stroke, ICH, fatal stroke or with transient symptoms.
- 38 patients at HMC, 8 patients at MMMC, 4 patient at NHCH, 16 patients at KCH, 3 patients from Wahiawa General and 15 patients at QMC Punchbowl received t-PA and remained at site. 7 patients from QMC West and 1 patient from NHCH transferred to Kaiser.
- Telemedicine encounters require about 35- 70 minutes of direct critical care time.

## Community Education

- January 3, 2018 – MaryKnoll First Graders □ FAST Stroke Education □ Jennifer Moran
- December 2017 – Kupuna Community Service □ Sid Jackler, PA. HPD sponsored. 200 attended and received bags with stroke information.
- November 2017 – Ultimate Frisbee Tournament. Over 500 participants ages 20□60, US and international guests. Dispensed FAST magnets, gift bags.
- September 21, 2017 – Jen Moran, MS, provided stroke education at the 6th Annual Molokai Disability Resource Fai for Molokai community members – seniors
- June,6, 2017 – Jen Moran, MS, ACNP educated 30 RHOP stroke survivors on stroke prevention and FAST
- May 31, 2017 – Jen Moran, MS, ACNP provided FAST education for Mary Knoll elementary school’s kindergarten class
- May 22, 2017 – Jen Moran, MS, ACNP provided FAST education at Ma’ili elementary school for grades K-6
- May 16, 2017 – Jen Moran, MS, ACNP provided FAST education at Waianae elementary school for grades K-6
- May 8 and 13, 2017– Jen Moran, MS, ACNP educated community listeners on Dr Health radio show (live and rebroadcast).
- May 1,2017–Kazuma Nakagawa, M.D. and Jen Moran, MS, ACNP appeared on KHON’s “Living808” to provide stroke education
- April 28, 2017– QMC RNs (including Ilocano speaking) educated 300 Monsanto employees on stroke awareness
- January 9, 2017– Cherylee Chang, M.D. appeared on KHON morning news to inform public about QMC becoming the first Comprehensive Stroke Center in Hawaii and treatment available for stroke.
- December 5, 2016– Jen Moran, MS, ACNP discussed stroke recognition and risk factors in light of recent death of Keo Woolford (Local huala and producer talent) on KHON am Talk show. Public Television.
- October 28, 2016 – Jen Moran and local AACN chapter RNs educate St. Clemente Kindegarten classes Hands on CPR and FAST stroke recognition
- July 19, 2016, – Matthew Koenig, M.D. and Jen Moran, MS, ACNP educated 50 residents at Craigside Senior living facility on stroke education.
- June 16, 2017 – Jen Moran, MS, ACNP educated AHA Heart Health: Simple 7 and Stroke Awareness
- May, 2016 – Matthew Koenig, M.D. Speaking of Health QMC: How to Prevent and Survive a Stroke QMC Speaking of Health Community education venue [https://youtu/xk6yMwuo\\_b1Mwuo](https://youtu/xk6yMwuo_b1Mwuo)
- May, 2016 – Nakagawa, Kazuma, M.D discussed stroke awareness, prevention and treatment in Ka Wai Ola SNF Newsletter
- June 16, 2016 – Johnna DelCastillo Taught S/S of stroke and distributed stroke magnets to Canoe Paddling Club members (about 18 children).

- June 16, 2016 – Tiffany Hoke DNP, educated the community of Lanai onAHA’s Life’s Simple Seven
- May 28, 2016 – Rony, Salem, M.D. educated the public about stroke awareness on KDNl radio station
- May 27, 2016 – Matthew Koenig, M.D. promoted stroke awareness at Speaking of Health QMC– AMC Community Awareness Health topics
- May 25, 2016 Jen Moran, MS, ACNP educated about 150 members of the public at Stroke Awareness Booth Kualoa Ranch Health and Benefits Fair.
- May 14, 2016 – Matthew Koenig , M.D., Sung Lee, M.D and Jen Moran, MS, ACNP spoke on KHNR 690 AM’s "Dr Health Radio" show to promote stroke awareness
- May 9, 2016 – Matthew Koenig , M.D. and Sung Lee, M.D. spoke about stroke awareness and systems of Care on KITV Body Show
- April 26, 2016 – QMC RNs (including Ilocano speaking) educated 300 Monsanto employees on stroke awareness
- April 21, 2016 – Denise Dittrich, RN educated members of the Windward YMCA. AHA presentation. Life’s Simple Seven.
- March 14, 2016 – Jen Moran, MS, ACNP spoke on Healthy Mondays Radio Show on AM Christian Radio station
- March 14, 2016 – Jen Moran, MS, ACNP discussed Stroke in Our Community on Public AM radio station
- March 11, 2016 –QMC RNs educate St. Clemente Kindegarten classes on Hands only CPR and FAST stroke recognition
- March 2, 2016 – Matthew Koenig, M.D. Your Brain Matters, Channel 54 Olelo Access TV
- February 25, 2016 – Juliet Beniga, RN educated community of Molokai for Nā Pu’uwai on AHA’s Life’s Simple Seven
- January 28, 2016–QMC MDs and RNs spoke with members of Hawaii Young Professional Executives meeting on stroke education
- September 28, 2015 Article in Star-Advertiser entitled, “When Stroke Symptoms are present FAST action is critical”.
- May 17, 2014–QMC West O’ahu Community Health Fair- educated 1000 people on stroke signs and symptoms and telestroke network.
- Public health campaign 'Spot a Stroke' was a joint effort between DOH, QMC, and AHA that placed stroke education signs on every Oahu bus from May-September of this year. This campaign resulted in an estimated 14 million impressions on Oahu bus riders and was paid from our Neurotrauma Fund grant and the placement fee was donated by Ad Walls.
- Dr Koenig filmed a promo with the Pacific Basin Telehealth Resource Center regarding the telestroke project. To view the video: <http://vimeo.com/102377242>
- July 22, 201315 –Craigsid Place, educated 100 seniors on “Stroke: What you should know.”
- June 21, 2013–Waipio Senior Fair, Hawaii Okinawan Center, partnered withWahiawa General Hospital and Genentech to conduct stroke risk assessments with 240 people and educate on stroke signs and symptoms and telestroke network.

- May 29, 2013–QMC, educated 150 medical center staff and guests on the stroke chain of survival (i.e. stroke risk factors, stroke signs and symptoms, acute stroke treatment and the telestroke network).
- May 16, 2013–Hawaii Dental Services, educated 40 worksite staff on “Heart Disease and Stroke: What women should know.”
- April 24, 2013 –QMC, educated 15 volunteers on “Stroke: What you should know.”
- February 15, 2013- Moanalua Middle School Health and Safety Fair, educated over 75 middle schoolers on signs and symptoms of stroke.
- October 27, 2012 - Wahiawa Community Health Fair, educated over 300 in the Wahiawa community about stroke and signs and symptoms and introduced them to Hawaiian Islands Regional Stroke Network Camera System.
- Article in Star-Advertiser on 10/18/12