



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

7818 East Parham Rd Suite 911
 Henrico, VA 23294-4303
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

Stroke Committee

January 23rd, 2020 09:30am to 11:00am
Chair: Stacie Stevens, VCU
Vice Chair: Traci Wakefield, Bon Secours

Members Present: Cindy Gumm, Laurie Mayer, Deborah Burley, Valena Brown, Ashley Hansen, Stacie Stevens, Danny Garrison, Kimberly Pinna, Al Thompson, Greg Neiman, David Loy, Mike Harmon
Conference Line: Vickey Morgan
ODEMSA Staff: Tarsha Robinson, Lynette Eanes, Tiffany Almeida
Minutes Scribed by: Tarsha Robinson
Materials provided: iPad

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Stacie Stevens called the meeting to order at 09:39am. Introductions were made, and it was determined we had a quorum.	Motion by: Kimberly Seconded by: Multiple Vote: Minutes and Agenda approved
Reports: <u>Hospitals</u> Centra Southside Sentara Southside Regional	Still working on certification; gives TPA on average approx. 2 times a month, with a 54% goal time met; door-to-needle time averages 63min; working on community projects (will show film “A Teachable Moment”); working on EMS Week education; there is a locum in Lynchburg; transferred 7 patients for LVO’s 12 PCA cases in 2019; in the process of Primary Stroke Center verification Is now a Bon Secours facility; window opens in March for primary stroke center reverification; recently reverified PIC	



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<p>CJW</p>	<p>Performing pipelines/web devices for aneurysms; will be undergoing reverification the first week of March for comprehensive, acute, and primary stroke center; are now in the teen's for door-to-needle time; rolling out Viz-Aio in approx. 6 months</p>	
<p>VCU</p>	<p>Approx. 23min average door-to-needle time; approx. 2 pediatric strokes a month; wants to improve community awareness for pediatric strokes, and working on EMS education to recognize pediatric strokes; will be going to the school nurses conference to discuss how to identify pediatric strokes; it was asked what the etiologies were for peds strokes, and Stacie stated the two biggest were cardiac emboli and sickle cell; will work with Dr. Woods and Tarsha to coordinate when Dr. Woods can come to a meeting to present on pediatric strokes</p>	
<p>VCU-CMH</p>	<p>Treated 251 cases in 2019, 241 in 2018, and that their numbers are going up; >50% have a door-to-needle time of under 50 minutes, and looking to improve; will be undergoing reverification as a primary stroke center in May</p>	
<p>John Randolph</p>	<p>Small volume for alteplase administration, and stated most patients were arriving outside of time; for alteplase administration, most patients received it <45min; starting the process for acute stroke verification for Tri-Cities Free Standing ED</p>	
<p>St. Mary's/MRMC/ Short Pump</p>	<p>January 28th opens their window for reverification for comprehensive stroke; MRMC reverified as a comprehensive stroke center, and looking to have Short Pump Free Standing ED to be stroke-ready certified</p>	
<p>VSSTF</p>	<p>Meets on January 24th; working on an EMS stroke survey, and an additional survey to give to facilities to see what resources and gaps are present for stroke care</p>	
<p><u>EMS</u></p>	<p>RAA and Chesterfield were present with nothing to report</p>	



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<p>Old Business:</p>	<p>No old business to report</p>	
<p>New Business:</p> <p>PI process</p> <p>Transfers</p>	<p>What PI processes are in use to determine if a patient is suffering from a stroke? Requests were made to ImageTrend to include screening questions, because it's felt as if the questions aren't asked, then they can't be queried (i.e. having questions to complete an LVO screening); ImageTrend is going up for bid at the end of the year, so no changes will be made on their end at this time</p> <p>RAA states will look at "Dispatched As" vs. "Provider Impression" to see 1. how the calls are being answered by dispatchers, and to make sure they are providing the most accurate information to the crews and 2. that the providers are doing detailed assessments on their patients. RAA states will try to have data for the next meeting</p> <p>HCA believes that there has been great teaching for VANN and B-FAST for ischemic stroke, but feels there is a need to standardize blood pressure control for hemorrhagic stroke patients (geared more toward inter-facility transfers); what recommendations can be put into place for hospital to hospital transfers</p> <p>Workgroup will be formed with Dr. Loy and Kimberly to work on a draft to create a guideline with blood pressure ranges and medication, and to standardize information given to dispatch to make sure the correct resources are being sent (one suggestion is giving a 500ml fluid bolus or nicardipine drip); the pharmacy committee has been briefed on request for stroke medications</p> <p>It was requested that transport agencies send representatives to the next stroke committee meeting to be a part of the planning process</p>	<p>Stacie is requesting that suggestions or requests be forwarded to her</p> <p>Lynette and Tarsha will work together to reach out to agencies</p>



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Next Meeting	April 23 rd , 2020 at 09:30am	
Adjourn	Meeting adjourned at 11:08am	