



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
 Richmond, VA 23235-4730  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

**Stroke Committee**

September 3, 2015, 10:00am to 12:00pm

Co-Chairs: Mary Morrissette, Johnston-Willis and Stacie Stevens, VCU

**Members Present:** Mary Morrissette, Stacie Stevens, Kim Pinna, Pat Lane, Tiffany McGhee, Diane Herbert, Ashley Hansen, Wayne Harbour, Danny Garrison, Allen Yee, Mary Langford, Al Thompson, Mike Ortega, Brad Taylor, Valeta Daniels, Jessica Goodman, Chris Lindsay, John Dugan, Amy Howard, Mike Watkins, Kris Fetter  
**Conference Line:** Linda Burnette, Lisa Baber, Kristen Duncan  
**ODEMSA Staff:** Heidi Hooker, Rachel Dillon, Damien Coy  
**Minutes Scribed by:** Rachel Dillon  
**Materials provided:** Meeting agenda, June meeting minutes, draft committee policies and procedures

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Mary Morrissette called the meeting to order at 10:01am. Introductions were made, and it was determined that we had a quorum. The June meeting minutes were reviewed, and Stacie noted an error on page 3. The minutes were approved corrections.	<b>Motion by:</b> Wayne Harbour <b>Seconded by:</b> Al Thompson <b>Vote:</b> June meeting minutes approved with corrections
<b>Reports:</b>	<p>VCU Stacie Stevens – We have a new stroke service; rather than stroke patients being on a general neurology service, they are on a neurology stroke service. Mechanical thrombectomy has increased our volume of stroke patients.</p> <p>HCA Mary Morrissette – Chippenham and Johnston-Willis are still rolling out their telemedicine programs. JW is live, Chippenham will go live some time between September 15 and October 1, and then we will start the freestanding EDs. Ashley – JRMC was just recertified as a primary stroke center. We have given three</p>	



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<p>Bon Secours</p>	<p>tPAs for the year, and the last one was in 37 minutes. Our go-live date for telemedicine is still pending. We are also discussing keeping very small strokes after they receive tPA.</p> <p>Valeta Daniels – We’re still working on rolling out teleneuro, but we had our first case and it went really well. The roll out date for the freestanding EDs will be some time in October. We also had the first televideo of a stroke assessment sent in last week.</p> <p>Kim Pinna – MRMC’s window for the Joint Commission survey opens September 13, and this will be our third recertification window.</p> <p>Tiffany McGhee – Richmond Community’s Joint Commission windows opens this month as well. The Watkins Centre has teleneurology running. St. Francis gave three tPAs this month, all under 60 minutes.</p> <p>Pat Lane – St. Mary’s treatment rate is up to 19%. We are adding a neuroscience coordinator, a research coordinator, and an NP for neurosurgery. We are also starting a stroke support group with HealthSouth. We are also planning to have a three day class for EEG techs if anyone is interested.</p>	
<p>Amelia Ambulance</p>	<p>Kris Fetter – Asks about the tPA transfer form requiring a paramedic, as not every interfacility transport has a paramedic. Dr. Yee clarifies that it’s a scope of practice issue. Chris adds that hospitals need to request a paramedic on the truck for these transfers, and explain what kind of transfer it is, rather than just an ALS or BLS crew.</p>	
<p>RAA</p>	<p>Wayne Harbour – no report</p>	
<p>Forest View VRS</p>	<p>Mary Langford – no report</p>	
<p>Chesterfield Fire &amp; EMS</p>	<p>Allen Yee – no report for Chesterfield. Dr. Yee discusses a conversation from the Medical Direction Committee on the best destinations for stroke patients (on whether freestanding EDs are appropriate). The physicians decided that they wanted to see the data on the number of transfers for “drip and ship” patients, and whether there were any complications due to the initial destination. The group discusses, and decides to collect the data and give feedback to MDC within 6 months. Mary and Stacie will also work on developing objective data.</p>	



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<p>Hanover Fire &amp; EMS</p> <p>New Kent Fire and EMS</p> <p>ODEMSA</p>	<p>Mike Watkins – We are not able to upload to VPHIB right now. Please contact me directly if you need any PCR's.</p> <p>Lisa Baber – no report</p> <p>Rachel Dillon – no report</p>	
<p><b>Old Business:</b></p>	<p>Post-tPA transfer form roll-out – As discussed during the reports, there have been some issues for interfacility transport agencies in getting enough information so that they can dispatch the appropriate crew. Overall, the group agrees that the form has worked well. Valeta notes that the form was used in a drill and was well-received. Ashley adds that she used it for a transfer in July and it went well. Jessica adds that they have educated their transfer company and they are comfortable with it.</p> <p>Committee policy and procedure review – The group begins reviewing the draft committee policies and procedures that were distributed prior to the June meeting.</p> <ul style="list-style-type: none"> <li>• The decision is made to remove “designated/primary stroke center... hospitals” from Article II, and “...acute stroke capable hospitals... centers” from Article III, section 2, and replace both phrases with “facilities.”</li> <li>• Remove the bullet points under Article III, section 4, and simply write “...to assist providers with stroke care.”</li> <li>• Customize Article V, sections 4 and 5 for having a co-chair, rather than a vice chair</li> </ul> <p>The majority of the discussion surrounds the voting membership of the committee. Rachel reminds the group that the minimum membership, which is the current membership, cannot be deleted as it is part of ODEMSA’s contract with OEMS. The group, however, suggests adding an interfacility transport agency representative. There is intense discussion on how to choose EMS representation, and to possibly increase it, to fairly represent all the agencies in the region, with no decision made today. The policies are tabled for the next meeting after input from the ODEMSA Board of Directors.</p>	



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<b>New Business:</b>	<p>NIH Stroke Scale for EMS – Dr. Yee talks about how Chesterfield has decided to take all strokes over a certain number of hours straight to a comprehensive stroke center. As a result, the agency is going to use the NIH stroke scale. The Chesterfield Fire Stroke protocol is projected on the screen for the group, which includes different destinations depending on the NIH scale and how long ago the patient was last seen normal. The group intensely discusses the safety of the NIH scale in the field.</p> <p>There is no further business from the floor.</p>	
<b>Next Meeting</b>	December 03, 2015 at 10:00am	
<b>Adjourn</b>	Meeting adjourned at 11:52am.	