



**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**

July 25th, 2024 09:30am to 11:30am

**Chair:** Stacie Stevens, VCU

**Vice Chair:**

**Members Present:** N/A

**Conference Line:** Robin Scott, Shannon Williams, Morgan Griffin, Anne Poerstel, Mike Harmon, Denise Lane, Danny Garrison, Al Thompson, Allen Yee, Amy Howard, Louis Anderson, Ray Mallory, Christie Shaw

**ODEMSA Staff:** Tarsha Robinson

**Minutes Scribed by:** Tarsha Robinson

**Materials provided:** Agenda; previous meeting minutes

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Stacie Stevens called the meeting to order at 09:30 am. Introductions were made, and it was determined we did have a quorum.	<b>Motion by:</b> Robin Scott <b>Seconded by:</b> Christie Shaw <b>Vote:</b> Meeting minutes and agenda approved
<b>Reports:</b> <u>Hospitals</u>  HCA        Bon Secours	<p>Thank you for the turnout for EMS appreciation week in May; JW ED is undergoing renovations, thank you for your patience; great transports/cases from Powhatan thank you to all agencies/providers for the care provided by EMS providers; RAA shoutout for completing BEFAST and VAN/LVO screening; cases are having great outcomes due to care</p> <p>SMH-still in TJC window; was able to participate in an event in East End Richmond, did a BEFAST health minute talk; ED to IR transition is going well; kudos to EMS and ED</p>	



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<u>EMS</u>		staff for their work; Stacie did a shout out to Robin for speech done in Portsmouth regarding decreased door to table times; MPMC introduced new Stroke Coordinator Shannon Williams; has been working on EMS feedback, especially with TNK; shoutout to Hanover EMS for having what was needed for the patient to have a 16min door-to-needle time; SMC/Colonial Heights EC in window for TJC; working with EMS coordinators to educate SNF's in area because of concerns that EMS may not be getting everything they need from facilities (i.e. history, meds, etc) and have had a few stroke alerts where processes have been slowed down; working on internal project to make sure units are working together for stroke awareness	
	VA	Still transitioning to TNK; was able to reach 1150 people during Stroke Month for stroke education; working on other outreach activities to continue to spread stroke education; presenting in Chicago for VA Innovation Conference	
	VCU	CMH has new Stroke Coordinator, Donna Bartholomew; position used to be PT and is now FT; Tapp is in the process of hiring PT stroke coordinator; giving out Stroke Smart magnets/one page information sheet for stroke education	
	RAA	Sending out training staff to Miami for acute stroke life support training and will be rolling out that education to staff when they return; will be in-house at first but now COVID restrictions have been lifted, will look into expanding education	
	ODEMSA	In the process of updating regional protocols; link was sent out for suggestions/updates	



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<p><b>Old Business:</b></p> <p>VSSTF</p>	<p>Welcomed Dr. Ghan from Centra Health along with stroke survivors who spoke; an airport project from Inova/Loudon County was discussed, where they went to Regan and Dulles airports to do stroke education and would like to imbed that into airline education; interventionalist panel that discussed “next things” including thrombectomies and aemeboes (midbrain secondary volume occlusions) and how those are to be treated; VCU presented on incarcerated cerebrovascular population and teaching those who take care of that population on looking out for stroke symptoms; brinigng it back to ODEMSA, is there a place/role for our agencies to provide education to local facilities; Stacie did mention that the Cloverdale grant that was paying for BEFAST magnets, and state stroke coordinator position have been eliminated; grant has decreased the amount of states it was awarded to but increased the length of the grant (was originally 3yrs); there were some data elements state epidemiologists wanted some clarification on due to large variances in data collection; there was a nurse who spoke on stroke post cardiac cath; another nurse spoke on utilizing tele-neurology to decrease treatment times; there was a talk on palliative care post stroke; a group talked about a stimulator connected to the vagus nerve for chronic ischemic survivors to increase mobility in upper limbs (focused on those months post stroke but had progress for those who were years post stroke years after event); Stacie and Robin wanted to remind everyone that this meeting is open to the public</p>	
<p><b>New Business:</b></p> <p>Business From the Floor</p>	<p>Stroke Protocol-committee reviewed the protocol and made the following suggestions:</p> <ul style="list-style-type: none"> <li>• Would remove “most often caused by”</li> <li>• Add cardio-embolic to causes</li> <li>• Take out “older age”</li> <li>• Add “acute” to vertigo, dizziness and resp pattern change</li> <li>• Change O2 saturation to “maintain at 95%”</li> <li>• Make language consistent (BEFAST throughout)</li> <li>• Move #7 higher up in the protocol</li> <li>• #12 C needs to say “VAN positive transport to comprehensive or thrombectomy capable”</li> </ul>	<p><b>Motion:</b>  <b>Seconded by:</b>  <b>Vote:</b></p>



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	<ul style="list-style-type: none"><li>• Add #12 E VAN negative transport to primary</li></ul> <p>Tarsha advised committee to go to the protocol link sent out prior to the meeting because some of the changes that were suggested were done; it also showed the updated flow chart and added QR codes for BEFAST and VAN education; will send out the link again</p>	
<b>Next Meeting</b>	October 24th, 2024	
<b>Adjourn</b>	Meeting adjourned at 10:24 am	