

Northern Virginia Emergency Medical Services Council

Stroke Committee Meeting
Tuesday, December 3, 2019
10:00am



City of Fairfax Fire Station 403
4081 University Drive
Fairfax, Virginia 22030

Those present were: (* indicates by phone)

Beth Adams, Fairfax County Fire & Rescue, beth.adams@fairfaxcounty.gov
Amy Baker, Inova Loudoun Hospital, amy.baker2@inova.org
Sairah Bashir, MD*, Inova Fairfax Hospital, sairah.bashir@inova.org
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Kelly Fitzgerald*, Get Ahead of Stroke Campaign, kelly@alliancegrouppltd.com
Mark Guditis, Inova Fairfax Hospital, mark.guditis@inova.org
Andrea Helmbach, Sentara Northern VA Medical Center, alyochem@sentara.com
Rob Horton*, American Heart Association, rob.horton@heart.org
Brian Hricik, Alexandria Fire Department, brian.hricik@alexandriava.gov
Mary Jobson-Oliver, Inova Mount Vernon Hospital mary.jobson-oliver@inova.org
Micah Kiger, Loudoun County Fire & Rescue, micah.kiger@loudoun.gov
Kate Kramer, Arlington County Fire Department, kkramer@arlingtonva.us
Pam Leins*, StoneSprings Hospital Center, pamela.leins@hcahealthcare.com
Anne Marsh*, Arlington County Fire Department, amarsh1@arlingtonva.us
Dimitrios Papadouris, MD*, Inova Alexandria/Sentara NV Medical Center, dpapadouris@gmail.com
Kate Passow, Physicians Transport Service, kate.passow@amr.net
Niama Roland*, Virginia Hospital Center, nroland@virginiahospitalcenter.com
Aaron Schutt, City of Manassas Park Fire Department, a.schutt@manassasparkva.gov
Eileen Snow*, Novant Health/UVA Prince William Medical Center, Eileen.snow@novanthealth.com
Jean Snyder, Inova Fair Oaks Hospital, Regina.snyder@inova.org
Jill Tyroler, Reston Hospital Center, jtyroler@hcahealthcare.com
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org

The meeting was started at 10:05 am by Craig Evans.

APPROVAL OF MINUTES:

The minutes from September 24, 2019, meeting were sent out by email for review. There were no changes or corrections noted and the minutes were unanimously approved.

DISCUSSION:

Pulsara Update: There is no Pulsara update at this time. The pilot program with Inova Fairfax Hospital and City of Fairfax Fire Department has not started yet. Mark Guditus has a conference call with Pulsara on Thursday, December 5th to discuss it.

AHA Regional Data Update

- Rob Horton advised he did not have regional data to share at this time.
- Get With the Guidelines Stroke measures and medications have been updated
- Craig advised that all Inova Hospitals and HCA Reston Hospital have submitted their data sharing agreements but there is no report today since all facilities cannot be included in the data
 - Craig and Laura did online training on how to run the reports and review the data last week
 - Rob will send reminders to those facilities who have not yet signed the agreements

Virginia Stroke Systems Task Force (VSSTF) Update

- The next meeting will be early 2020
- There was a regional talk group meeting online last week where they discussed EMS transport considerations and whether all agencies are going to comprehensive stroke centers
 - Peninsulas Council area is leading with the use of the RACE score system
 - The meeting is every first or second Friday of each month for about an hour if anyone is interested
 - The topic next meeting will be DIDO times and transport challenges

TPA Transfer Form

Kate Passow from Physicians Transport Service advised there has been no movement on the review and/or revision of the form as they have not been able to get the group together due to conflicting schedules

Post Stroke Care Presentation

Lauren Schwabish, MS, CCC-SLP from Inova Mount Vernon provided a presentation on post-stroke care. A copy of the presentation is attached.

Regional Stroke System Review & Roundtable

Craig asked that the group provide any updates for their hospital or agency

- Andrea Helmbach from Sentara Northern Virginia Medical Center advised they are busy lately
 - Their door to alteplase times are 33.4 minutes
 - EMS stroke alert accuracy has increased with some recent education and partnering with EMS on stroke education

- EMS does field alerts now which is a change in practice for them all
 - Door to CT times are 5-9 minutes
 - Their DIDO times depend on transport and transfers but are around 121 minutes
 - They transfer out for thrombectomy only to Alexandria Hospital because they have a new teleneurology program
 - This has decreased to about 10-12 patients for the year from about 60-75 with the advent of the new program
- Kate Kramer from Arlington County Fire Department advised there are no changes in their system. They take nearly all strokes to Virginia Hospital Center unless Alexandria or GW are closer proximity-wise
- Aaron Schutt from the City of Manassas Park Fire & Rescue advised there are no changes in their system. They transport primarily to Prince William or Fairfax (by helicopter)
- Eileen Snow from Novant Health/UVA Prince William and Haymarket advised they are having EMS attend their meetings and sharing data with them which has helped tremendously
 - Their DIDO times are improving
 - The biggest struggle is waiting for bed approval with a specific insurance carrier
- Pam Leins from HCA StoneSprings advised they have a new initiative with HCA called the Raven Project for both EMS and walk-in strokes
 - It's an ED pitstop but they have a cardiac monitor, IV setup, etc., and registration at the stop to get everything moving faster
 - With practice runs, their door to tPA times are 17 minutes
- Jill Tyroler from HCA Reston Hospital also advised they are using the Raven Alert
 - She elaborated and stated when a stroke alert is called with the Raven Alert, different areas of the leadership team are notified
 - The patient enters the back bay, is met by an ED physician and is then taken to CT where tPA is administered
 - When tPA is pulled from the Pixys, management is alerted and they're all watching the door to needle times
 - This system allows for immediate team feedback on their times
 - In the first quarter of 2020, they will be 24/7 mechanical thrombectomy capable
- Beth Adams from Fairfax County Fire & Rescue advised they are in a soft implementation of their new protocols.
 - One change is if the patient is 3 out of 3 positive on the Cincinnati Scale they can immediately go to an EVT capable facility if it is not more than 20 minutes further than the closest stroke center

- The new protocols will be official once all providers have completed protocol testing, likely by the end of January 2020.
- Brian Hricik from Alexandria Fire Department stated there are no changes with their system.
 - They use the Cincinnati Stroke Scale and the LA Motor Score
 - In the last month or two, they have been looking at some performance measures more closely such as:
 - Limiting pre-hospital time to less than 30 minutes
 - Limiting on-scene time to less than 10 minutes
 - Was an EKG performed and blood glucose level checked
 - Are they documenting the Cincinnati and LAMS numerical values
- Kate Passow from PTS advised there are no critical changes.
 - They are working with the hospitals to decrease DIDO times and on-scene times as well
- Micah Kiger from Loudoun County Fire & Rescue stated there are no new changes to their protocols
 - They are using the Cincinnati Scale
 - They are fortunate that all four of their local hospitals are stroke capable facilities
 - Their current educational focus is documenting a good history, last known well time and blood sugar level and being comfortable with your triage decision
 - They're receiving good feedback from the hospital as they contact the EMS supervisors if there are any issues with stroke care such as a CT scanner being down or being on diversion, etc.
 - Thrombectomy candidates go to Inova Fairfax
- Mary Jobson-Oliver from Inova Mount Vernon advised they have a good partnership with PTS with calling them early and getting them on-scene early
 - Their DIDO times to Alexandria Hospital are 77 minutes
 - tPA times are around 30-35 minutes
 - In the future, they may look at doing tPA in the CT scanner after some renovation and upgrades to the scanner
 - She asked if any EMS agencies are currently, or would consider, taking a tPA candidate to Inova Lorton HealthPlex
 - EMS partners stated that they'd likely bypass it due to the proximity of MT capable or comprehensive centers in the area since it's not too far a distance
- Jean Snyder from Inova Fair Oaks Hospital advised they're having a Joint Commission review soon
 - With Fairfax County Fire & Rescue going to the 3 out of 3 positive Cincinnati Scale for all code stroke and code neuro patients, they have adopted that

- and are documenting that in the ED so it helps with the urgency of getting CT angiogram perfusion studies done faster
- DIDO challenges are that they use RAPID software and while the stroke coordinator is getting it on her phone, the ED physician is not so it's delaying things because someone has to call the ED physician to alert them
 - They now have to report all DIDO times and they're broken down into categories such as hemorrhagic, tPA eligible, etc and they are also having trouble with an insurance carrier in the region who delays responding to bed requests so that is making their DIDO times worse
 - Door to drug times are averaging around 40 minutes but they have had some outliers due to family not being present or blood pressure treatments in progress, etc., that have increased those times.
 - They also call PTS with any possible transfers. They will alert early with any suspected LVOs
 - This is a new process for all of Inova as of last week
 - Amy Baker from Inova Loudoun Hospital advised they have a new neurosurgery program starting in 2020 and they will keep more hemorrhagic strokes
 - They are in the education process with all the ICU and ED nurses that will be keeping those patients
 - They are opening a new tower in April 2020 that will have 7 or 8 floors consisting of:
 - Inpatient beds
 - Telemetry beds
 - IMC
 - ICU stain
 - Natural birthing center and post-partum
 - tPA times on average are below 30 minutes
 - Mark Guditus from Inova Fairfax Hospital advised that January 1, 2020, the comm nurse will make the decision on stroke alerts since there won't be a stroke nurse in communications anymore
 - They have been doing mock runs of the plan in preparation for January 1
 - They are having weekly stroke bootcamp meetings and case reviews with with physicians
 - Mark will send out notifications through the Council of upcoming opportunities
 - Kelly Fitzgerald from Get Ahead of Stroke Campaign introduced herself. She has been in healthcare policy for over 20 years. Her company Alliance Group Limited is the current contractor for Get Ahead of Stroke
 - It was initially started by SNIS in May 2016 to improve stroke policy and patient awareness

- There was a recent Op-Ed in the Richmond Times-Dispatch by Dr. Patel which coincided with World Stroke Day 2019
- Dr. Ramakrishnan is a huge asset in Virginia and is championing the Get Ahead of Stroke Campaign.
- The website is GetAheadOfStroke.org
- Craig asked Kelly to keep the group updated with any new information published or anyone doing anything innovative in stroke care by emailing it to the Council and he will forward it to the group.

The next meeting will be in early 2020 and a calendar invite will be sent out once a date and location are confirmed.

The meeting was adjourned at 11:30 am

CERTIFICATION OF THE REGIONAL STROKE COMMITTEE MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, Virginia 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the meeting minutes of the Regional Stroke Committee held on December 3, 2019. The minutes were officially approved on _____, 2020.

Craig A. Evans

Date