

Northern Virginia Emergency Medical Services Council

Stroke Committee Meeting
Tuesday, June 30, 2020
4:00 pm



Held via Zoom

Those present were:

Laith Altaweel, MD, Inova Fairfax Hospital, laith.altaweel@inova.org
Amy Baker, Inova Loudoun Hospital, amy.baker2@inova.org
Sairah Bashir, MD, Inova Fairfax Hospital, sairah.bashir@inova.org
Jalil Bentaleb, Inova Neuroscience, abdeljalil.bentaleb@inova.org
Rick Cohen, PHI Aircare, rcohen@phiairmedical.com
Rett Embrey, MD, Inova Alexandria Hospital, Everett.embrey@inova.org
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Mark Guditis, Inova Fairfax Hospital, mark.guditis@inova.org
Rob Horton, American Heart Association, rob.horton@heart.org
Mary Jobson-Oliver, Inova Mount Vernon Hospital mary.jobson-oliver@inova.org
Kate Kramer, Arlington County Fire Department, kkramer@arlingtonva.us
Meghan Lloyd, Inova Fairfax Hospital, Meghan.lloyd@inova.org
Michelle Ludeman, Northern VA EMS Council, michelle@vaems.org
John Morgan, MD, Loudoun County Fire & Rescue, john.morgan@loudoun.gov
Kate Passow, Physicians Transport Service, kate.passow@amr.net
Ali Pinch, Inova Alexandria Hospital, Alison.pinch@inova.org
Pankaja Ramakrishnan, Get Ahead of Stroke Campaign, rpankaja@gmail.com
Niama Roland, Virginia Hospital Center, nroland@virginiahospitalcenter.com
Lauren Schwabish, Inova Mount Vernon Hospital, lauren.schwabish@inova.org
Jean Snyder, Inova Fair Oaks Hospital, Regina.snyder@inova.org
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org
Scott Weir, Fairfax County Fire & Rescue, scott.weir@fairfaxcounty.gov

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

APPROVAL OF MINUTES:

The minutes from December 3, 2019, meeting were sent out by email for review. There were no changes or corrections noted and the minutes were unanimously approved.

DISCUSSION:

AHA Get Ahead of Stroke Campaign Update

- Dr. Pankaja Ramakrishnan, the physician champion for GAOS will be joining us for our stroke meetings and is joining us today

Interfacility Transport Form

- Per Meghan Lloyd, the group has not been able to get together due to COVID-19.
 - They now have Advanced Practice Providers (APP's) on the stroke team at Inova Fairfax and some have expressed interest in being added to the group
 - Rick Cohen from PHI would also like to be added to the emails and group to collaborate on this project

AHA Regional Data Update

- Rob Horton advised the award deadline for Get With The Guidelines just ended and certificates will go out soon
- The AHA has built systems to provide better data on outcomes
 - This was recently released and should be visible now
- In GWTG, there were additional data elements added for positive or questionable status COVID patients
 - He will send the link to Craig to share this data
- There are always questions regarding the ability to continually share data
 - Craig has the Super User account information
 - AHA is still offering free accounts to facilities if they are interested
 - Rob will send a follow up after the meeting today on this

Discussion on COVID Impacts on Stroke Care in Northern Virginia

- Dr. Ramakrishnan stated that in general, it was noted that most patients with anything but respiratory complaints delayed getting medical care
 - There is an apparently compounded reluctance to seek medical care due to heightened concerns of contracting COVID at a hospital or medical care setting
 - Additionally, the thromboembolic state in COVID patients may also increase stroke chances
 - GAOS is encouraging PSAs and public education to seek medical attention for any serious medical conditions, signs or symptoms, despite concerns of COVID
 - Another challenge is family members not being able to accompany the patient to the hospital. In her region of Virginia, they are encouraging EMS to get a valid phone number for the family members and asking them to “Keep it active, keep it on, and answer even if you don’t recognize the number”. This has been helpful to reach someone that may be able to provide information on last known well, onset time, medication list, medical history, etc., even when they can’t be present at the hospital
- Dr. Altaweel from Inova Fairfax Hospital provided the following:
 - The most tragic part of COVID is the isolation of patients from family.
 - They are exploring how to handle this better
 - This is easing some now with some restrictions on visitors and family being lifted

- They are having staffing challenges such as anesthesia delays
 - CT induction was tough early on but they have several work- throughs
- Bed allocation was also an issue early on with some units being dedicated COVID units
 - The normal path for a patient with thrombolytics is to be in ICU for 24 hours but that was not always possible
 - How do we continue to give high-levels of patient care and not ignore other patients with other illnesses?
- He followed a few ECMO patients
 - He saw that although they had PEs, there were no large strokes
 - In COVID patients with clots, they had to use heparin which was found to be less effective
- Dr. Bashir from Inova Fairfax advised of the following:
 - They saw a decreased number of people presenting to the ED with stroke symptoms
 - Overall tPA administration was down
- Niama Roland from Virginia Hospital Center provided the following update:
 - They were reviewing whether to do a risk assessment on patients with a low NIH score
 - They decided that with enough PPE and beds, no changes would be made during COVID
 - Their stroke unit was the first unit changed to a COVID

COVID Implications on Stroke Rehab

Lauren Schwabish provided the following update:

- Around March they saw a decreased volume and they were preparing for “COVID Strokes” but never saw that materialize
 - They saw more higher acuity stroke survivors which put a higher demand on the therapists
- They have challenges with mask requirements for patients or family members who need to see you speak because mouths are covered.
 - They are looking into options for masks with clear sections in the middle to help with that challenge
- Her facility experienced significant layoffs at the beginning which unfortunately was at the time they needed more providers
- The lack of family assistance and interaction has been hard
 - It’s very important in the acute phase but also in the teaching and training for the patient to return home
 - They are screening families to get them in to participate in therapy but sometimes have to do them via Zoom or FaceTime

- Assisted living facilities and skilled nursing facilities are not ready to admit COVID patients, whether positive or negative, at all at this point which has been a challenge as well
- Outpatient rehab volume is way down for hospital-based therapy
- They've had to become a little more innovative on stroke education instead of one-on-one they're exploring community education with COVID and social distancing
 - They're looking at how to get in an educate people in the grocery store or food pantry, etc.
 - They're also discussing how it is safe and preferred to go to the hospital if you suspect a stroke
 - They are trying to determine how to support awareness of stroke through the rehab setting
- Meghan Lloyd stated the idea of community stroke education is a great option because we still need to increase awareness and education even though we passed/missed stroke month

Discussions/topics for future meetings

- Update on interfacility transfer form
- If anyone is interested in doing public education on stroke via virtual methods, email northern@vaems.org
 - The Council has a YouTube channel that could serve as the platform to get out education videos and PSAs for the group
- Challenges with interfacility communication for thrombectomy patients
 - How do we reduce transfer times, DIDO times, etc?
 - What is in Get With The Guidelines?
 - Is there any crucial metric for the dataset?
 - What points do we need to add?
 - How well is GWTG data generalizable?
 - How do we identify where stroke patients come from when they don't initially present to the ED?
 - Is it Kaiser, urgent care, primary care, the health department, a walk-in clinic, etc.?
 - Can we include this in our public education as to what/where the best care option is if you suspect a stroke?

The next meeting will be in the last quarter of 2020 and a calendar invite will be sent out once a date and location are confirmed. The meeting may be virtual via Zoom again or maybe a combination meeting depending on the current Reopening Phase in Virginia at the time.

The meeting was adjourned at 5:11 pm

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 June 30, 2020. The minutes were officially approved on _____, 2020.

Craig A. Evans

Date