# Northern Virginia Emergency Medical Services Council

**Stroke Committee Meeting**
**Tuesday, September 29, 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
Jalil Bentaleb, Inova Neuroscience, abdeljalil.bentaleb@inova.org
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Craig French, Inova Loudoun Hospital, craig.french@inova.org
Brian Hricik, Alexandria Fire Department, brian.hricik@alexandriava.gov
Mary Jobson-Oliver, Inova Mount Vernon Hospital mary.jobson-oliver@inova.org
Mark Kordalski, Fairfax County Fire & Rescue, mark.kordalski@fairfaxcounty.gov
Meghan Lloyd, Inova Fairfax Hospital, Meghan.lloyd@inova.org
Michelle Ludeman, Northern VA EMS Council, michelle@vaems.org
Shelby Magyar, Novant Health/UVA Health System, Shelby.magyar@novant.com
John Morgan, MD, Loudoun County Fire & Rescue, jmorgan@loudoun.gov
Demetrios Papadouris, MD, Inova Alexandria & Sentara NVMC, demetrios.papadouris@inova.org
Ali Pinch, Inova Alexandria Hospital, Alison.pinch@inova.org
Niama Roland, Virginia Hospital Center, nroland@virginiahospitalcenter.com
Jean Snyder, Inova Fair Oaks Hospital, Regina.snyder@inova.org
Jill Tyroler, HCA Reston Hospital Center, jtyroler@hcahealthcare.com
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org

The meeting was started at 4:05pm by Craig Evans.

**APPROVAL OF MINUTES:**

The minutes from June30, 2020, 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 was unable attend today's meeting due. There were no updates available.

**Interfacility Transport Form**

- The most recent form, dated September 28, 2020, was forwarded to the group via email.

  - The form will go to PTS and they will adopt the form for use
  - The form is to be completed every 15 minutes
- A motion as made by Ali Pinch and seconded by Brian Hricik to adopt this form as a region and share with all transport agencies
  - The motion was unanimously approved
    - Note: The form will be added to the NVEMSC website for easy download.

**ROUNDTABLE:**

Ali Pinch from Inova Alexandria Hospital
- They are working to change the ED stroke process.
  - The Stroke Nurses on the unit are only for inpatient strokes
  - ED nurses respond to all stroke calls
  - They revamped their Stroke Champions to be more like stroke nurses
- They are using PerfectServe to extend paging for alerts in-hospital

Brian Hricik for Alexandria Fire Department
- No major changes since the last meeting
- They recently did their first in-person CEUs since the start of COVID
- They have not seen any detrimental changes in the ED with the Stroke Champions
- They use the same 5/5/10/2 as Fairfax County Fire & Rescue and are meeting this 96% of the time
  - FMC to stroke scale within 5 minutes
  - Positive stroke scale to hospital alert within 5 minutes
  - On-scene time of less than 10 minutes
  - 2 ALS providers in the unit for all stroke alerts

Niama Roland from Virginia Hospital Center
- They are starting nurse education in the hospital on new processes
- ED nurses mix tPA in the ED now instead of it being mixed in the pharmacy
- They are revamping their IR team with Code Brain and thrombectomy alerts
- They will be having a virtual Stroke Conference in November.
  - Niama will send the information to Craig via email

Shelby Magyar from Novant Health/UVA Health System
- They have had a recent changeover in their stroke program with a new Stroke Coordinator
- They have their Primary Stroke Center designation

Laith Altaweel, MD, from Inova Fairfax Hospital
- Their Joint Commission survey window is now open

- Their door to needle times are in the 30-40s
    - They have moved tPA to the CT scanner to get it into the 20-30s
- EMS goes to the CT scanner then to the IR suite
- They are doing an acute care neuro telemedicine pilot at Fair Oaks Hospital to reduce DIDO times for acute neuro and LVO to address the increased population in the ED at the scanner
    - They will eventually move to a system-wide model after the Fair Oaks pilot
- EMS going directly to scanner is not going as smoothly as they'd like. They will work with other hospitals on the flow with tPA at the scanner
    - Mixing tPA in a small area is a challenge for them
    - Ali Pinch added they need a Stroke Coordinator available to coordinate the process to keep the patient at the scanner for tPA
- Dr. Papadouris advised it helps with decreased door to groin times when they do tPA at the scanner
- They are also looking at ways to jumpstart registration which is also key to door to needle times
    - EMS needs to identify a family advocate and have them either go with the patient or communicate with the hospital early on to register the patient and provide a medical history, etc.
    - Jalil from Inova Alexandria Hospital advised they did education with Alexandria Fire Department on that about 6-7 years ago and it helped tremendously.
        - EMS providers would bring family with the patient to expedite registration and provide last known well, etc. It decreased door to needle times with this process
            - If a family member or family advocate couldn't go along with the patient, they'd get the phone number of a person at home and advise them to stay by the phone and expect a call from the hospital to provide pertinent medical history and details of the current situation
        - Brian Hricik from Alexandria Fire Department advised that normally EMS doesn't take a family member to the ED with the patient and they recommend that the family drive separately (have a way home, not interfere with treatment, etc) but they recognized that with stroke it was best to take the family member with them to jumpstart the process of registration and medical history instead of waiting until they arrive
        - Mary Jobson-Oliver from Mount Vernon Hospital advised that in Maryland, they have included this in their protocols so they can start the process at ED arrival
        - Brian Hricik will forward a copy of their protocol to the group
            - Unfortunately this does not help with the increase in walk-in strokes being seen at most hospitals recently

- Jean Snyder asked what the barriers are to calling 911 for a stroke or other medical emergency.
  - Jalil Bentaleb advised that it often correlates with the population and community education
    - Calling EMS/911 instead of coming via private vehicle can be reduced due to increased public education in appropriate populations
    - For example: the Middle Eastern population was queried in Alexandria several years ago. Many said they didn't want to pay EMS upfront to go to the hospital so they'd drive themselves. In their experience and in their countries, they have to pay upfront for EMS to transport them to the hospital. With increased community education on billing, financial aid, etc., they saw a huge increase in EMS arrival of strokes from this population
  - Jean also advised that many patients also go by personal vehicle because they only want to go to certain hospitals and believe that EMS won't take them to anywhere else. There also should be public education on appropriate facility decision-making, and why certain facilities are better suited for specific conditions

Mark Kordalski from Fairfax County Fire & Rescue

- They are still using the same stroke assessment tool
  - The 3/3 Cincinnati Scale
- LVO goes to Fair Oaks, Reston or Loudoun if the patient requests so and they try to go with patient preference.
- They find a challenge is accurate reporting of last known well by family members
  - Dr. Altaweel advised they're using MRI for brain time vs. "clock time" and this h these barriers of inaccurate last known well times by family and caregivers
  - Certain MRI sequences turn positive after four hours and this is often the best way to determine viability, especially in wake up stroke cases

Jill Tyroler from HCA Reston Hospital Center

- tPA in the CT scanner is a challenge at Reston that will require a culture change
- They are developing a stroke kit for tPA supplies while at the launch pad (stretcher at the EMS entrance)
  - The kit will have supplies, meds, anti-hypertensives and IV pumps
- They have CT staff on board
  - The ED physician is at the bedside in the CT scanner
- When there is a stroke alert, the ED physician does the evaluation and calls the neurologist.
  - They will try to do thrombectomy in the future and will do more tele-neurology

    - This is helping reduce their door to needle times
- The medics when entering the EMS entrance can grab a stop-clock and put it on the stretcher to record time after arrival

Mary Jobson-Oliver from Inova Mount Vernon Hospital

- They're currently doing an Alteplase in the CT scanner pilot program
    - In cases where the ED provider is unable to go to CT to the patient, they take an iPad to the CT scanner with the patient to communicate with the ED physician
- Their Joint Commission survey window is open now also
- They use PTS to exclusively transfer patients when at all possible
    - They pre-alert PTS but have had some night time delays of 30+ minutes and will use EMS if PTS's response time is too long
        - A nurse has to go with EMS for patients who have tPA hanging
            - Dr. Papadouris advised if they go to TNK there will be no need for a nurse to go with EMS as it's bolus dosing and not a drip
            - Inova Fairfax is not doing TNK yet because it's not FDA approved
- Once their survey is complete she is going to reach out to Amy Baker at Loudoun Hospital
    - They want to do more public education like Be Fast Fridays
        - On Fridays, all patients get information on stroke signs and symptoms, calling 911 vs. POV, etc.
        - They want to integrate on the Get Well Network which is on all TVs in patient rooms and lobbies at Inova facilities
    - Craig also suggested they look into how many patients are already in the system with known risk factors and how to specifically target that population

Dr. John Morgan from Loudoun County Fire & Rescue

- They use the numerical Cincinnati Stroke Scale like Fairfax County
- They encourage family to ride with the patient or stay ready at the phone for any questions

Dr. Papadouris from Sentara Northern Virginia Medical Center

- They are working to streamline times
    - Door to needle times are fantastic
- Advanced imaging and extended window for thrombectomies
    - This has been pushed back ue to COVID
    - Hopefully they'll do more tPA with the longer window
- Their Joint Commission survey window is also open

Amy Baker from Inova Loudoun Hospital

- They are looking forward to Be Fast Fridays

- They are doing a tPA at the CT scanner pilot at Cornwall now
    - They have done 6 patients and are hoping to do 10 to get better data
- They pre-alert PTS to reduce transfer times

**ACTION ITEMS/FUTURE INNOVATIONS:**

- Use of and staff education on the Post IV Alteplase Inter-Facility Transfer Form
- Be Fast Fridays
- Community Education on identifying stroke, signs and symptoms, calling 911, and that patients/families are not charged immediately for EMS transport.
    - More education for specific populations that tend to avoid EMS for financial reasons or other cultural beliefs.
    - Identifying community members within the health system with risk-factors and doing progressive Stroke education for this targeted population

The next meeting will be in December 12, 2020, via Zoom and a calendar invite will be sent out in advance of the meeting.

**The meeting was adjourned at 5:10 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 September 29, 2020. The minutes were officially approved on December 12, 2020.

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Craig A. Evans Date