

# Northern Virginia Emergency Medical Services Council

Stroke Committee Meeting

Tuesday, February 22, 2022

10:00 am



Held via Zoom

Those present were:

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Amy Baker	amy.baker2@inova.org
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Tawny Jackson	tawny.jackson@heart.org

The meeting was started at 10:08 am by Craig Evans.

**INTRODUCTIONS OF WORKGROUP CHAIRS:**

Dr. Venu Vadlamudi was the chair of this workgroup but has left the region. Any physicians who are interested in chairing, as well as EMS leaders to co-chair this workgroup, please email Craig Evans at [Craig@vaems.org](mailto:Craig@vaems.org)

**QUARTERLY DATA REVIEW:**

Craig Evans presented the following data:

**Q3 2021 Stroke Data****1) Door to Needle Time: 52.76 minutes**

- a) Data reported from 7 stroke coordinators providing data from these sources: VHC, Reston, StoneSprings, UVA Prince William, Inova Fairfax, Inova Mt. Vernon, Inova Loudoun/Cornwall/Ashburn
- b) Inova Fair Oaks reports having no tPA cases in Q3
- c) Inova Alexandria's data was provided in histogram format without the mean/total cases and was therefore not incorporated into the average provided; a range of between 21 and 100 minutes was reported for an unknown number of patients. 50% of IAH's patients were under 50 minutes.

**2) Door to Thrombectomy: 81.02 minutes**

- a) Data from Inova Fairfax and VHC only
- b) Inova Alexandria's data was provided in histogram format without the mean/total cases and was therefore not incorporated into the average provided; a range of between 11 to > 180 minutes was reported for an unknown number of patients. 50% of IAH's patients were under 90 minutes.

**3) DIDO time for Transfers: 228.1 minutes**

Data were reported from 5 stroke coordinators providing data from these sources: StoneSprings, UVA Prince William, Inova Fair Oaks, Inova Mt. Vernon, Inova Loudoun/Cornwall/Ashburn.

Craig asked if there are other metrics to track and review during meetings?

- Beth Adams advised Mission Lifeline has a few metrics we should be tracking, and pre-arrival alert notifications are being looked at for EMS cases
- Brian Orndoff stated they had a recent meeting with Mission Lifeline and they are changing to 4 metrics. He will send their presentation with that information
- Brian Hricik advised even if we measure last known well and POV arrivals, we can still measure whether Stroke Smart education is reaching anyone, for example, EMS arrivals vs walk-ins
- Send ideas, suggestions to [Craig@vaems.org](mailto:Craig@vaems.org)
  - We can work on quarterly focus topics or case reviews at the beginning of the meeting in the future once we get a chair

**AHA UPDATE:**

- Tawny Jackson introduced herself
  - She is the Senior Quality Manager for the Central East Region, covering PA, DE, WV, VA, MD, DC hospital systems, systems of care network and GWTG
- Tawny advised the increased DIDO times we are seeing are a nationwide issue, not just in this region
- She is working with the hospitals to get data and thanks for letting her know when your 2021 data is ready
- They are trying to get the Paul Coverdell layer and EMS layer integrated into GWTG
- They just wrapped up the ISC in-person and virtual meetings and she will send a resource email today with wrap-ups that came out of ISC and articles with direct links to that information (a copy is attached at the end of these minutes)

- Stroke is declining 75 and over, and increasing for 49 and under
- tPA vs tenecteplase (TNK) is something to get a handle on as many are now converting to TNK
- Rob Horton is now an AHA Regional Lead for hospitals that participate in GWTG for AFIB and STEMI programs due to an AHA restructure, so he is no longer involved in stroke

### **STROKE SMART VIRGINIA:**

Margaret Probst, the Stroke Smart Advocate and Data Analyst for the Northern VA EMS Council provided the following update:

- What it means to be Stroke Smart in Northern Virginia
  - We want anyone who works, eats, plays, or prays in Northern VA to be Stroke Smart, recognize stroke signs and symptoms, and get to appropriate care
- She recently met with the Town of Vienna and Town of Herndon Mayors and they will soon issue Proclamations in their localities to open the door for Stroke Smart education. The Mayor will educate the Town employees on Stroke Smart education
- She has recently done presentations at senior living centers, private and public schools, and homeschool groups on what it means to be Stroke Smart and educational topics
- She has a meeting with the City of Manassas Park today and will soon meet with the City of Fairfax and Purcellville
- We have added a Stroke Smart section to the Council's website  
<http://northern.vaems.org/index.php/stroke-smart>
- She and Craig and getting into the data and the goal is to continue to see Last Known Well to ED/EMS arrival get shorter, the number of EMS cases increase over POV, and the number of stroke cases transported to the hospital increases

### **REGIONAL ROUNDTABLE:**

- Alexandria Fire Department – Brian Hricik
  - The Joint Commission is doing their visit at Alexandria Hospital and they are participating via Zoom, hopefully, they'll soon be a thrombectomy capable hospital
  - They have great communication with Alexandria Hospital, a few years ago during a remodel they put the CT scanner in ED so EMS goes straight to the CT bed when a stroke alert is called
  - In discussing case studies, they would like to get to the point of being able to see a discharge diagnosis after they've brought in a stroke patient.
    - Was EMS correct in calling a Stroke Alert?
    - Were they incorrect?
    - Did they have a patient with a headache and miss stroke symptoms?
    - What is their accuracy in stroke recognition and how can they educate their providers better in the future if they're incorrect?
- Arlington County Fire Department – Kate Kramer
  - They meet monthly with their stroke coordinator at VHC
    - They compare any stroke alerts that they did or didn't pre-alert on
    - They recently noticed a trend in patients they transported to VHC, those via EMS had very high blood pressures like 250/180
      - They have implemented a BP management protocol for patients with stroke symptoms to give Labetalol with Medical Control approval only. The stroke

- team is not happy about it but they are on board although they want to use other guidelines due to not knowing what kind of stroke the patient is having and would prefer not to manage blood pressure unless it's over 220/110
- She would like to see the top 5 presenting symptoms as it would be an interesting way how to educate crews on how to recognize more subtle strokes. Many will identify dizziness as stroke symptoms, but this way we can make sure we can identify more subtle strokes or posterior circulation strokes
  - City of Fairfax Fire Department - Brian Orndoff
    - Their main goal is to be a Stroke Smart city and they are working closely with Margaret on that
      - They want to increase outreach and education for the public
    - He would like to see a unified adoption of an LVO scale that all hospitals and EMS agencies can agree on so are all speaking the same language
      - He's like to see the same with metrics. We all need to measure the same things and how we do against each other and if one does better, we can communicate how that was done
    - More educational opportunities with stroke centers for EMS providers
  - Fairfax County Fire & Rescue - Beth Adams
    - Looking at their 2021 numbers, for those identified as having a stroke, 98.7% had a documented last known well. Of suspected strokes, 85% gave a pre-arrival stroke alert to the receiving hospital
      - The challenge is navigating the primary vs comprehensive stroke centers as some patients have a strong feeling about certain hospitals and where they want to go vs. what is the best appropriate destination
        - Navigating that designation and the best language to use to explain to the patient or family about primary vs comprehensive stroke centers
    - Dr. Dan Avstreich stated education outreach has been great and helpful and it helps solidify LVO care and understanding the equipment. Doing that at the next level that drives the internalization of the data, like allowing EMS providers to bring a STEMI in and go with them to go the cath lab, they can see the flow and retain that for future calls
      - System wise he asked whether we're moving away from tPA as drip-free protocol makes interfacility transfer easier and can help people move through the system easier without the drip and ship and use the TNK bolus and ship
  - Craig – do all hospitals use the same stroke assessment tool, such as NIH?
    - Kate Kramer stated she believes they must use the NIH scale
    - Craig asked, as far as a unified prehospital stroke scale for LVO, what difference does it make for us to use the same one? If they are all about the same, why go to only one?
      - Beth Adams stated in the recent article by Remle Crowe, it said the reliability of a 3 out of 3 on the Cincinnati Scale is good for LVO so there is no need to go away from it. [The Cincinnati Prehospital Stroke Scale Compared to Stroke Severity Tools for Large Vessel Occlusion Stroke Prediction - PubMed \(nih.gov\)](#)
      - Dr. Dan Avstreich asked when focusing on the posterior circulation stroke side, would it be more beneficial to move from one stroke scale to another?
      - Dr. John Morgan stated it's a huge educational lift to re-learn the new stroke scale but there is no national standard, so there is no need to require the change and they're continuing to use what they have been using

- Beth Adams asked how we beam in on posterior aspect stroke? Do we take any dizzy and nauseated patients over the age of 35 and do a stroke assessment as a baseline, or is that not reasonable? Considering recent reports showing post-COVID vascular complications, it seems like everyone should get a 12-lead and stroke scale for any complaint
  - Dr. Kari Scantlebury stated that the education of when someone complains of dizziness, for the provider to think that it could be an actual stroke is important. Like with differential diagnosis - if you don't think of it, you won't check for it.
    - Not every dizziness is lightheadedness or vertigo gets a stroke assessment so if there is that suspicion, how do we test cerebellar function? Heel to shin? Finger to nose? Ataxic gait? etc.
    - Start with an initial idea with dizziness for the potential for stroke
    - Dr. Dan Avstreich stated the advantage is that everywhere a stroke exam is free, just as with a low suspicion to do an EKG, anything above clavicles in origin is good for stroke suspicion, then go further for posterior circulation. If you don't have LVO criteria, you won't mess up with going to a stroke center because they all have CT scanners
- Loudoun County Fire & Rescue – Dr. John Morgan
  - They monitor for last known well documentation compliance and have a good relationship with their hospital partners to exchange outcomes and opportunities for improved recognition and communication
  - Should we measure scene time, in addition to documentation requirements like last known well time, onset time, compliance with recording stroke assessment tool used, blood sugar?
- Prince William County Fire & Rescue – Alex Stephenson
  - They are currently working with Novant and Sentara with First Watch on feedback and outcome and stats/metrics for all stroke calls and Andrea Helmbach from Sentara has been a big help to them
    - He doesn't have data to share yet but can share spreadsheets down the road
- Sentara Northern VA Medical Center – Bruce Kaczmarek, MD
  - Bruce Kaczmarek is a new Associate Medical Director and Andrea Helmbach was on the call also
  - The hospital recently moved to TNK from tPA and it seems to be a successful change. Nursing is happy about the ease of administration and it's shown it's good with dissolving clots before the patient arrives at Alexandria Hospital from Sentara NVMC
  - They are working with PWC EMS to continue to evaluate acute stroke protocols
- UVA Prince William and Haymarket – Shelby Magyar
  - They are looking at their DIDO times and partnering with PWC FD on stroke alerts before arrival
  - Dr. Neha Sullivan stated they have ESO HDE (health data exchange) set up with UVA Prince William and Haymarket but not yet with Sentara as it's still going through legal.
    - She and her QA people can sign in and check the patient's admitting and discharge diagnoses
      - Craig stated they should be automatically set up to send, Dr. Sullivan stated they do not send automatically for them at this point
    - She looks forward to getting a login for the training and field personnel to be able to see the information soon

- Craig reminded everyone that the State is paying for ESO 100% for hospitals and EMS and this is a beneficial tool for all
  - Craig advised that when you take a patient to the ED with dizziness, it shows outcome data immediately and an update anytime there is a change in disposition. This also takes the manual data workload off the staff

**ADDITIONAL DISCUSSION:**

We need a neurosurgeon or interventionalist as well as an EMS leader or EMS provider to co-chair this committee. Please send your interest to [Craig@vaems.org](mailto:Craig@vaems.org)

**UPCOMING MEETING DATES:**

- Tuesday, May 24, 2022
- Tuesday, August 23, 2022
- Tuesday, November 22, 2022

**The meeting was adjourned at 11:03 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 February 22, 2022. The minutes were officially approved on May 24, 2022.

\_\_\_\_\_  
Craig A. Evans

\_\_\_\_\_  
Date

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- Upcoming Learning Opportunities
- Exciting Changes Coming to GWTG-Stroke – IRP Transition Packet
- ISC 2022
- Survey
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**Upcoming Learning Opportunities**

Event Name:	Date/ Time	Registration	Cost
<b>GWTG®- Stroke IRP Reports and Measures</b>	February 24, 2022 1-2pm EDT	<a href="https://register.gotowebinar.com/register/8119428697182502927">https://register.gotowebinar.com/register/8119428697182502927</a>	Free
<b>GWTG®- Stroke IRP Time Tracker and Data Download Report</b>	March 10, 2022 1-2pm EDT	<a href="https://register.gotowebinar.com/register/1732929700896937483">https://register.gotowebinar.com/register/1732929700896937483</a>	Free
<b>GWTG®- Stroke Customer Office Hours</b>	March 23, 2022 1-2pm EDT	<a href="https://register.gotowebinar.com/register/1553160649174732044">https://register.gotowebinar.com/register/1553160649174732044</a>	Free
<b>Enduring Stroke Webinars - AHA Professional Education</b>	Anytime	<a href="https://learn.heart.org/lms/catalog?@searchCatalog.search=&amp;@searchCatalog.type=-1&amp;@searchCatalog.location=&amp;@searchCatalog.termId=">https://learn.heart.org/lms/catalog?@searchCatalog.search=&amp;@searchCatalog.type=-1&amp;@searchCatalog.location=&amp;@searchCatalog.termId=</a>	Free or low cost

**GWTG-Stroke Transition to IRP**

Please refer to (and bookmark) the [GWTG-Stroke PMT to IRP Transition Packet](#) for past webinar recordings, registration links to upcoming webinars, the IRP Uploader manual and MORE!! This packet will continue to be updated throughout the transition process so please check back often for new resources.

### **International Stroke Conference 2022**

International Stroke Conference concluded on Friday last week in New Orleans, drawing nearly 6,000 in-person and online registrants from 57 countries. Thank you to all who were able to attend either in-person or virtually! There were outstanding presentations and poster sessions. We know that so much great information comes out of these conferences and things can easily get lost in the shuffle which is why we will be highlighting some of the science below. Remember that virtual access to the presentations is still available to everyone who registered for both the in-person and virtual event.

- **Identifying Best Practices to Improve Evaluation and Management of In-Hospital Stroke: A Scientific Statement From the American Heart Association - [Identifying Best Practices to Improve Evaluation and Management of In-Hospital Stroke: A Scientific Statement From the American Heart Association | Stroke \(ahajournals.org\)](#)**
- **Use of Marijuana: Effect on Brain Health: A Scientific Statement From the American Heart Association - [https://www.ahajournals.org/doi/10.1161/STR.0000000000000396?utm\\_campaign=sciencenews21-22&utm\\_source=science-news&utm\\_medium=phd-link&utm\\_content=phd-02-10-22](https://www.ahajournals.org/doi/10.1161/STR.0000000000000396?utm_campaign=sciencenews21-22&utm_source=science-news&utm_medium=phd-link&utm_content=phd-02-10-22)**
- **Nearly all people in the U.S. are within an hour of life-saving stroke care - <https://newsroom.heart.org/news/nearly-all-people-in-the-u-s-are-within-an-hour-of-life-saving-stroke-care>**
- **U.S. stroke rate declining in adults 75 and older, yet rising in adults 49 and younger - <https://newsroom.heart.org/news/u-s-stroke-rate-declining-in-adults-75-and-older-yet-rising-in-adults-49-and-younger>**
- **RESCUE-Japan LIMIT: Endovascular Therapy for Acute Stroke with a Large Ischemic Region - [https://www.nejm.org/doi/full/10.1056/NEJMoa2118191?utm\\_campaign=ISC22&utm\\_source=science\\_news&utm\\_medium=email](https://www.nejm.org/doi/full/10.1056/NEJMoa2118191?utm_campaign=ISC22&utm_source=science_news&utm_medium=email)**
- **New study finds patients treated at advanced stroke centers had better outcomes - <https://newsroom.heart.org/news/new-study-finds-patients-treated-at-advanced-stroke-centers-had-better-outcomes>**
- **Newer clot-busting medication may someday increase time for stroke treatment - <https://newsroom.heart.org/news/newer-clot-busting-medication-may-someday-increase-time-for-stroke-treatment>**
- **Targeted, anti-clotting meds had less risk of major bleeding for rare, deadly strokes - <https://newsroom.heart.org/news/targeted-anti-clotting-meds-had-less-risk-of-major-bleeding-for-rare-deadly-strokes>**

Additionally, you can view each's days "Selected Science," watch program highlight videos and access publications [HERE](#).

Finally, mark your calendars - **ISC 2023 will be held February 8-10 in Dallas, Texas.** We hope to see everyone there!

2023 Abstract Submission Dates:

- ISC 2023 and State-of-the-Science Stroke Nursing Symposium 2023  
June 1 – August 23, 2022
  
- Late-Breaking Science and Ongoing Clinical Trials  
October 5 – November 2, 2022

**We Want to Hear from You!** What GWTG-Stroke educational resources or materials would help you in 2022? If you haven't already, please take 3 minutes to complete this [one question survey](#) and let us know how we can better serve you this year.

<p><b><u>Resources</u></b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Patient Support Network</a></li> <li>• <a href="#">Stroke Support Group Lesson Modules</a></li> <li>• <a href="#">Stroke Connection e-News</a></li> <li>• <a href="#">World Stroke Day Resources</a> (*Scroll to the bottom of the webpage)</li> <li>• <b>NEW!</b> <a href="#">Western States DIDO</a> Resource                         <ul style="list-style-type: none"> <li>○ Provided by the Western States Stroke Task Force</li> </ul> </li> <li>• <b>NEW!</b> Massachusetts Stroke System of Care Workgroup. <a href="#">Idealized DIDO Protocol</a></li> </ul>
<p><b><u>Frequently Used Links/Phone #s</u></b></p>	<ul style="list-style-type: none"> <li>• <a href="#">GWTG Login</a></li> <li>• IQVIA Help Desk: 888-5266-6700</li> <li>• <a href="#">AHA Hospital Network</a></li> <li>• <a href="#">AHA Public Reporting Website</a></li> <li>• <a href="#">AHA Statements and Guidelines</a></li> </ul>
<p><b><u>GWTG Glossary of Terms</u></b></p>	<ul style="list-style-type: none"> <li>• <u>PMT</u>: Patient Management Tool. The term used for the current GWTG Stroke registry.</li> <li>• <u>IRP</u>: IQVIA Registry Platform. The term used for the newer registry that GWTG Stroke will move to in 2022. (Stay tuned for more info on this later in the year).</li> <li>• <u>Module</u>: the term used to describe which program a hospital participates in – Stroke, Heart Failure, Afib, CAD, or Resuscitation</li> <li>• <u>Layer</u>: refers to the extra options that can be added to the GWTG Stroke account above and beyond the basic stroke form</li> </ul>

version. These include STK, CSTK, Advanced Stroke, Telestroke, Interfacility Transfer, EMS, etc.

Current Layers Available in GWTG- Stroke	
Free of charge	Advanced Stroke (MER)
	EMS - Special Initiatives
	Telestroke
	Interfacility Transfer
	Follow up
	ASR
Additional fee	STK
	CSTK
	STK-OP-23

**Meeting ID**  
89284523084

**Topic**  
Northern Virginia Regional Stroke

**Start Time**  
2/22/2022 9:51

**End Time**  
2/22/2022 11:19

**Duration (Minutes)**  
88

**Participants**  
33

<b>User Name</b>	<b>User Email</b>	<b>Total Duration (Minutes)</b>
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