

# Northern Virginia Emergency Medical Services Council

Regional Stroke Committee  
Tuesday, September 20, 2022  
10:00 am

Via Zoom



## AGENDA

### Call to Order

- **Workgroup Chairs**
  - Alex Stephenson, Prince William County Fire & Rescue
  - Physician Co-Chair – Laith Altaweel, MD
- **Approval of Minutes**
- **Stroke Smart Update**
- **Case Study Presentation**
  - Sentara Northern Virginia Medical Center
- **Data Sharing Presentations**
  - EMS Agencies
  - Hospitals
- **Survey Discussion**
- **Roundtable Discussion**
  - What would we like to see in the next meeting?
  - Does someone have a case study to present?
- **Adjournment**

# Northern Virginia Emergency Medical Services Council

Stroke Committee Meeting

Tuesday, September 20, 2022

10:00 am



Held via Zoom

Those present were:

Alex Stephenson	astephenson@pwcgov.org
Andrea Helmbach	alyochem@sentara.com
Andrew Hopkins	andrew.hopkins@loudoun.gov
Anne Marsh	Amarsh1@arlingtonva.us
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Weston	
Chip Morrison	cmorrison@pwcgov.org
Craig French	craig.french@inova.org
Danielle Nielsen	Danielle.nielsen@inova.org
Dawnielle Feucht	dawnielle.feucht@inova.org
James Tharpe	j.tharpe@manassasparkva.us
Jean Snyder	regina.snyder@Inova.org
John Bowers	jbowers@ci.manassas.va.us
Jim Papadouris	
John Morgan	john.morgan@loudoun.gov
Kate Kramer	kkramer@arlingtonva.us
Kate Passow	kate.passow@gmr.net
Laith Altaweel	laith.altaweel@gmail.com
Laura Vandegrift NVEMSC	laura@vaems.org
Margaret Probst	margaret@vaems.org
Michelle Ludeman NVEMS Council	michelle@vaems.org
Neha Sullivan	nsullivan@pwcgov.org
Rett Embrey	everett.embrey@Inova.org
Rita Muldoon-Laccone	rita.muldoon-laccone@inova.org
Scott Weir, MD	fire.omb@fairfaxcounty.gov
Shelby Magyar	sdmagyar@novanthealth.org
Tawny Jackson	tawny.jackson@heart.org

The meeting was started at 10:02 am by Laura Vandegrift

### **WORKGROUP CHAIRS**

- Alex Stephenson, Prince William County Fire & Rescue
- Laith Altaweel, MD from Inova

### **APPROVAL OF MINUTES**

Minutes for the May 24, 2022 meeting were sent via email before the meeting for review and approval

- Motion to approve minutes as written with no changes
  - Beth Adams made the motion
  - Kate Kramer seconded the motion
    - ***The minutes were approved unanimously***

### **STROKE SMART UPDATE**

Margaret Probst provided the following update

- Prince William and Arlington Counties have really taken Stroke Smart and run with it
- Prince William County BOCS Chair Ann Wheeler made their proclamation on August 2<sup>nd</sup>
  - Through Dr. Alison Anscher she has trained HR, Human services, criminal justice, OmniRide, police staff
  - The PWC school system is bringing training to 8-9<sup>th</sup> graders this fall
    - They'll train the trainer and show it to students via video
    - Margaret has offered to do the presentation for the entire school via one assembly, etc
- Prince William County BOCS has allowed their communication department to produce a Stroke Smart video as Alexandria City did
- Margaret was recently introduced to the health & wellness director for Walmart initially they want her to train their pharmacists and she hoping to be able to train all employees
- The Council is now a member of the Prince William Chamber of Commerce and they introduced her to the Loudoun Chamber where she recently gave a presentation to 140 businesses there and invited them to introduce this education to their employees as well
  - This is how the education and initiative spreads
  - Arlington County is following quickly behind PWC and the Fire Chief has assigned 2 people to liaison with Margaret to get the program in Arlington
    - Their Human Services director has had a training session for 2 of her staff to start training others there
- She recently met with Fairfax County Supervisor Lusk and Fairfax County will hopefully do the proclamation soon and this will be the last large locality to do the proclamation
  - He was the first and only person so far who has asked for the Stroke Smart training himself
- Many may have seen that a new anchor in Tulsa, Oklahoma, named Julie Chen suffered a stroke while on live TV back in August
  - Margaret has added the video in the presentation to show why so many signs of stroke are ignored
  - She will add a link to the presentation for feedback if anyone is interested in reviewing and providing feedback for her
    - She put 3 different strokes in the presentation to see the difference in the presentation of stroke symptoms
- They recently added the acronym BEFAST to literature and magnets at the suggestion of Dr. Reed Smith

## CASE STUDY PRESENTATION

Andrea Helmbach shared a presentation with the group and a copy is at the end of these minutes

- Alex Stephenson asked if anyone else has had an issue where the patient is in the ambulance bay and the appropriate specialty unit was not notified or is this unique to Sentara?
  - Arlington County FD has never had an issue, they consider this an EMTALA violation and would refuse to wait outside
  - Loudoun County FD has never had an issue
    - considering the EMS bay is on the hospital property this is essentially the hospital's patient. If EMS notified the hospital, they can't use the "busy ED" as a reason to prevent a serious case like this from entering the ED
  - Andrea from SNVMC asked the ED physicians if they had a patient brought by EMS but there was no bed available in the ED, do you go out to the EMS unit or into a hallway to do your evaluation in alternate locations?
    - Dr. Morgan stated he is the Loudoun County FD OMD but also an ED physician and yet he has performed an evaluation in the hallway before when a patient is on the way to CT because tying up an EMS unit, whether in a hallway or outside in the EMS bay prevents that EMS unit from going on the next call
      - Even in a hall bed, they can get assessed and not overlook potentially severe illnesses
      - Andrea advised that she was not aware that this was a common thing for Sentara and it is very unsettling
  - Dr. Altaweel stated Andrea and the team should take credit for great care because earlier evaluation would not have changed the outcome and he doesn't think the care was impacted though we can always look for improvement
    - These cases are complex and require neuro IR, neurosurgery, ED, etc.
    - Utilize that approach in the ED with multi-specialty care providers
    - More practically, initiate transfer as needed
    - Kudos for a great job on this case as it was complex and handled well!
      - Andrea appreciated the feedback as they all have concerns afterward if they had done the right thing, did things in the right order, etc., would things have turned out differently?
      - Sentara is talking about adopting the 2022 Guidelines, hospital system-wide, for getting vascular images up front and this makes it easier to communicate with Inova early on
      - Dr. Altaweel also stated it would help if Inova could get on SNVMC's Viz.ai so Inova can see early as well

## QUARTERLY DATA REVIEW

Regional data provided by Margaret

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### First Quarter CY 2022 Regional Stroke Data

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Data was requested from 10 stroke coordinators overseeing 12 facilities: Alexandria, Fairfax, Fair Oaks, Mt. Vernon, Reston, VHC, UVA Prince William, Sentara, StoneSprings, Loudoun/Cornwall/Ashburn.

1) Median Door to tPA/TNK: 31 minutes

The value is comprised of data reported from 7 stroke coordinators from 9 facilities: Alexandria, Fairfax, Mt. Vernon, Loudoun/Cornwall/Ashburn, Reston, Sentara, and UVA Prince William.

2) Median Door to Puncture: 85 minutes

Data is from Alexandria, Fairfax, and Reston.

3) Median DIDO time for Transfers: 133 minutes

Data were reported from 4 stroke coordinators regarding 6 facilities: Loudoun/Cornwall/Ashburn, Mt. Vernon, Sentara, and UVA Prince William.

- Dr. Altaweel said these data can be impactful in our region to get better outcomes, we need to look at median DIDO times
- Dr. Sullivan asked if “door” time is registration time or what other time recorded
  - Per Margaret Probst, it is arrival at ED
  - Dr. Sullivan stated, that if EMS has arrived but isn’t in the ED yet, such as in the SNVMC case, does anyone go back to correct the time to when EMS arrived or is it only done by registration time because the patient you can’t chart an arrival at the ED if the patient isn’t registered
  - Shelby Magyar from UVA PW Hospital stated it’s based on arrival and that is very clearly written out in the specs for this data, but you can’t chart until the patient is registered.
  - Dr. Sullivan reiterated that there is no way to capture if someone saw the patient before they were registered in this data and it would only be able to be written in the narrative, so the “arrival at ED” or “door” time is based on registration time and not actual arrival time

#### EMS Agency and Hospital Data

- Fairfax County Fire & Rescue
  - Data is for the calendar year 2022 year to date
    - Mission lifeline data set, Measure 5 Last known well
      - 579 patients with stroke for primary impression
      - 97.93% of those reports documented LKW time
    - Measure 6 pre-alert
      - 82% had pre-alerts, despite this a documented unique field in reports
      - Hopefully, there are more that were documented in the narrative
  - With this information, they will continue to remind and re-educate providers on stroke alerts and documentation of last known well
- Inova Fairfax Hospital
  - Door-to-needle is 35 minutes
  - Door-to-groin puncture is 85 minutes
- Inova Loudoun
  - Lansdowne Campus door-to-needle time is 44 minutes for cases through July
  - Ashburn door-to-needle time is 49 minutes
  - Cornwall door-to-needle time is 24 minutes
  - Overall DIDO for all three is 134 minutes
- Inova Fair Oaks
  - Door-to-needle time is 48 minutes
  - Door-to-transfer time is 99 minutes
- Inova Mt Vernon
  - Door-to-needle time is 33 minutes

- DIDO times
  - Thrombectomy cases were 44 minutes
  - Non-thrombectomy cases were 105 minutes
- Inova Alexandria
  - Door-to-needle time is 40 minutes
  - Door-to-thrombectomy time is 45 from outside hospitals
  - Door to thrombectomy was 94 minutes for in-house patients
- Sentara NVMC
  - For cases through August
    - Door-to-needle time was 30 minutes
      - DIDO time for transfer to Alexandria was 105 minutes
      - DIDO time for transfer to Fairfax neurosurgery was 159 minutes
- UVA Haymarket/PW
  - For the second quarter of 2022, excluding Kaiser patients
  - Door to tPA was 50 minutes
  - Transfers were 180 minutes

### **SURVEY DISCUSSION**

Dr. Laith Altaweel provided the following information:

- 7 hospitals and 8 EMS agencies responded
- He will download the data and share the results with the group via email

### **REGIONAL ROUNDTABLE**

- What topic would we like to review for the next meeting?
  - Alex will reach out to agencies and hospitals for meeting topics and case studies
- Does anyone have a case study to present on this topic?
  - Alex Stephenson advised that when we go through stats for EMS, he wants to standardize what we're looking at; can we get consistency on what we track and then have a database/dashboard on what everyone is tracking?
  - Beth Adams said she believes we'd all need to do data sharing agreements to allow access and many legal departments/County Attorneys would not allow that
    - Alex agreed that is likely to be an obstacle but something he's willing to explore
  - Kate Kramer stated that we share data for trauma and VHAC, if it's de-identified, it should be fine
    - Beth agreed, but it's shared in the framework of a meeting, not just letting people look behind the curtain in a dashboard/database format and that is what causes an issue
      - Alex agreed that perhaps we just create standardized criteria and continue to share during the quarterly meetings due to the possible delays with the legalities of a dashboard for all agencies to see

### **AHA UPDATE:**

- Tawny Jackson from American Heart Association provided the following update:
  - As the hospitals are aware, they are in a transition phase moving from Get with the Guidelines to IRP and getting hospitals comfortable with that change
    - They are looking at November but have no definitive data

- She is working with stroke coordinators and data staff to make it a seamless transition when it does occur because it will be a large transition
- The current platform is over 20 years old and they want to enhance data collection with the new platform
- The AHA recently announced a Rural Health Care Outcomes Accelerator
  - The **Rural Health Care Outcomes Accelerator** will work to ensure Americans living in rural areas have the best possible chance of survival and the highest quality of life attainable by promoting consistent, timely, and appropriate evidence-based care.
  - This project aims to increase AHA’s rural quality program participation by adding up to 700 new rural participants within Get with The Guidelines® quality programs for coronary artery disease, heart failure, and stroke.
  - Full information is attached to the end of these minutes
    - Please reach out to Tawny if you have any questions at [tawny.jackson@heart.org](mailto:tawny.jackson@heart.org)

**UPCOMING MEETING DATES:**

- Tuesday, November 22, 2022

*The meeting was adjourned at 10:53 am.*

CERTIFICATION OF THE REGIONAL STROKE COMMITTEE MEETING

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

I, Ray Whatley, 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 20, 2022. The minutes were officially approved on November 22, 2022.

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Ray Whatley

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Date