

Northern Virginia Emergency Medical Services Council

Regional Stroke Committee
Tuesday, November 22, 2022
10:00am



Location:
Virtual —Zoom

AGENDA

Type of Meeting: Collaborative exchange of information to improve the stroke system of care in the Northern Virginia region

Chair Persons: Lt. Alex Stephenson, Prince William County Fire & Rescue
Dr. Laith Altaweel, Neurointensivist, Inova

- **Call to order**
- **Approval of September 20, 2022 meeting minutes**
- **AHA Update** – Amanda Pyle
- **Progress of the StrokeSmart Initiative** – Margaret Probst
 - Where are we?
 - What more is needed to progress the program?
- **Case Study Presentation** – Kate Kramer
- **Data Presentations**
 - Hospitals
 - EMS Agencies
- **Data Discussion**
 - Hospital and EMS data, what are we willing to share?
 - What metrics do we want to pull and share?
 - How do we share it? (Pulsara, FirstWatch, etc.?)
 - What are the barriers to sharing data and recommendations by this committee to improve information sharing?
- **Roundtable**
 - What do we want to see in the next meeting?
 - Who would like to present a case study?
- **Adjournment**

Northern Virginia Emergency Medical Services Council

Stroke Committee Meeting

Tuesday, November 22, 2022

10:00 am



Held via Zoom

Those present were:

Alex Stephenson	astephenson@pwcgov.org
Ali Eastridge- IAH Stroke Coord	alison.pinch@inova.org
Andrea Helmbach	alyochem@sentara.com
Andrew Sanders	asanders@pwcgov.org
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Orndoff	borndoff@gmail.com
Bruce Kaczmarek	bruce_kaczmarek@teamhealth.com
Craig French	craig.french@inova.org
Dan Avstreich	dan.avstreich@fairfaxcounty.gov
Danielle Nielsen ILH Stroke Coordinator	danielle.nielsen@inova.org
Dawnielle Feucht Mount Vernon	dawnielle.feucht@inova.org
Edward D. Greenberg	edward.greenberg@inova.org
Gary Hubble	gary.hubble@mwa.com
Jackie Leutbecker	lemmapig@gmail.com
Jackie Leutbecker IFMC Stroke Coordinator	jacqueline.leutbecker@inova.org
Jalil Bentaleb	abdeljalil.bentaleb@inova.org
John Bowers	jbowers@manassasva.gov
John Morgan	john.morgan@loudoun.gov
Kate Kramer-ACFD AOMD	kkramer@arlingtonva.us
Kate Passow	kate.passow@gmr.net
Laith Altaweel	laith.altaweel@inova.org
Laura Vandegrift NVEMSC	laura@vaems.org
Michelle Ludeman NVEMSC	michelle@vaems.org
Naomi Coppedge	ncoppedge@vhchealth.org
Ray Whatley NVEMSC	ray@vaems.org
Scott Weir	scott.weir@fairfaxcounty.gov
Shelby Magyar	vzp8kb@uvahealth.org
Steve Kling	steven.kling@inova.org
Tawny Jackson	tawny.jackson@heart.org

The meeting was started at 10:04 am by Laura Vandegrift

WORKGROUP CHAIRS

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

APPROVAL OF MINUTES

Minutes for the September 20, 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
 - Brian Orndoff Kramer seconded the motion
 - ***The minutes were approved unanimously***

AHA UPDATE

Tawny Jackson gave the following update

- Slides of Tawny's presentation are at the end of these minutes
- They are launching a new data platform for GWTG for hospitals, which has been in the works for the last year
- They have announced a go-live date for the transition to the new platform of January 4, 2023
 - There will be several education webinars available
 - There will be a dark period on Friday, December 16th until they go live on January 4th.
 - Users can still access and get reports but won't be able to add or change data in the database
- Stroke office hours will be available on January 24, 2023
 - CEU opportunities are coming up with the AHA Neck Conference
 - This will be virtual and the AHA will send information out on that around December 9th.
 - The International Stroke Conference will be in February 2023 in Chicago.

STROKE SMART UPDATE

Margaret Probst provided the following update

- The Town of Purcellville issued its Stroke Smart proclamation on October 25th (see attached progress map).
- The October meeting with Fairfax County's Supervisor Lusk was rescheduled for November 30th. She is hoping for a proclamation commitment at that meeting when I'm scheduled to deliver Stroke Smart training to Supervisor Lusk.
- She presented Stroke Smart education at the 2022 National Capital Region CERTCON on November 19th; all attendees (not just the ones who attended her talks) received Stroke Smart magnets and wallet cards in their bags. She has given many training sessions to our area CERT volunteers in advance of the conference.
- She has trained over 3000 people thus far (1500 during live sessions and 1500 via video). We know the training is having a positive effect given the attached email from Prince William Libraries Deputy Director, Ms. Rebecca Lowe.
- She presented the Stroke Smart training to a handful of residents of Loudoun County's 55+ community called Lansdowne Woods (over 1500 residents call it home) and is going back in December to reach more residents. The community is divided into several smaller communities.

She hopes that by working with the management of each one, she can reach most of the people who live there.

- We continue to work toward having the school systems adopt the program; it's a ten-minute lesson in most classrooms, depending on the teacher. Prince William schools have committed to teaching their 8th and 9th graders to be Stroke Smart, and now we have a commitment from schools in the City of Manassas Park. She's scheduled to present the program to the teachers there in January and has already provided lesson plans, etc. for them to use in their classrooms.

Andrea Helmbach, Stroke Program Manager from Sentara NVMC added that they recently had their DNV survey, and looking at the shift from 2021 to 2022, their demographics changed differently than their colleagues down south. They saw a shift to TIA from ischemic stroke and an age drop to the younger population as a result. Perhaps from the stroke smart and community education?

CASE STUDY PRESENTATION

Kate Kramer presented a case study on an 82-year-old stroke patient. The presentation can be found at the end of these minutes

QUARTERLY DATA REVIEW

Regional data provided by Margaret

Second Quarter 2022 Regional Stroke Data

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

1) Median Door to tPA/TNK: 37 minutes

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

2) Median Door to Puncture: 61 minutes

Data is from Fairfax and Reston.

3) Median DIDO time for Transfers: 168 minutes

Data were reported from 5 stroke coordinators regarding 7 facilities: Fair Oaks, Loudoun/Cornwall/Ashburn, Mt. Vernon, Sentara, and UVA Prince William.

DATA DISCUSSION

- Hospital and EMS data, what are we willing to share?
- What metrics do we want to pull and share?
- How do we share it? (Pulsara, FirstWatch, etc.?)

- What are the barriers to sharing data and recommendations by this committee to improve information sharing?

EMS Agency and Hospital Data

- The AHA can load a report into each user account with all the data points that we'd like to collect, and the Stroke Coordinator/Data Analyst will only need to enter the dates for the report to be generated
 - If the group can come up with the data points we want, Tawny can work on getting that set up, and each users account
- The NVEMS no longer has a Super User account but if we can get all the hospitals to agree on data points, we can then get the Council to de-identify the information and present it as a regional picture and Tawny from the AHA can help with that if needed
- Mission: Lifeline has EMS data also but only 2 variables
 - If there are other variables (optional items/teaching points) that are not currently on the Mission: Lifeline dashboard they can be added
- Beth Adams from Fairfax County provided the following information:
 - These are the five key deliverables we've identified for our Stroke Alert patients.
 - Last known well time
 - Cincinnati Stroke Scale (3/3 considered to be LVO & should go to comprehensive stroke center)
 - Medication list/supply (emphasis on blood thinners)
 - Finger stick blood glucose (FSBG)
 - Witness or contact information of witness.
 - Getting outcome reports from the Stroke Centers has been great to reinforce the importance of this info.
 - For the CQI review by our EMS Officers, these are the elements we've asked them to look for as they're reviewing ePCRs.
 - Last known well
 - Documented use of stroke scale assessment
 - Assessment: Blood glucose, hypoxia, hypotension
 - Transport to a designated Stroke Center
 - We are also tracking the 2 measures from Mission Lifeline for stroke:
 - Percentage of patients with suspected stroke, treated & transported, for whom a last known well time is documented by EMS. (Happy to say we're at 98.2% YTD)
 - Percentage of patients with suspected stroke, treated & transported, for whom EMS provided advance notification (Stroke Alert) to the destination hospital. (Sadly only 83.9% here)
 - Dr. Atlaweel asked if there was any sense of how frequently they score positively.
 - If they are positive in all 3 scores, they consider it an LVO, unknown positivity rate
 - Dr. Weir stated that based on the screening result that will depend on what facility they transport to
 - Dr. Atlaweel stated it would be great to see how many pre-screen and how many don't.
 - Do we need to add UVA and Georgetown transfer centers to meetings in the future to get better info for transfers?
- Alex Stephenson from Prince William County Fire & Rescue stated they used FirstWatch which had a trigger assessment tool, which was a form that automatically sent primary stroke calls to the hospitals and they would fill in the rest and he could back-fill as needed.
 - He would then create an Excel spreadsheet through that, but it got lost with the ESO transition,

- as well as other FirstWatch benefits (amount of calls, at patient to destination times, demographics).
 - With Prince William Hospital they would send them the calls they didn't identify as strokes which was very helpful.
 - If they can zero in on those, that's what is important on why/how it wasn't presented as a stroke.
 - Shelby at PWH just switched EPIC, so some EMS comm between the two is delayed but working on it.
- Ray Whatley stated that Adam Harrell at VA OEMS is incrementally working closer to getting a stroke registry in ESO for the state.
 - Beth Adams advised Fairfax County DFR is not switching to ESO and staying with ImageTrend.
 - It currently integrates into, but not out so far.
- Beth Adams advised when this came up at our last meeting and we raised the issue of data sharing she followed up with the HIPAA experts and the County Attorney's office and this was their response
 - If they share specific individual patient information, they will need to get an MOU to specify what is shared and how for HIPAA purposes.
 - If they want individual patient data, they'll need that, if it's 97% patients, they don't.
 - Kate Kramer stated as individual agencies with individual cases, they're covered HIPAA-wise because they meet with the care team. They are looking here for aggregate data, not specific individual patient information, correct?
 - Alex Stephenson stated that was correct
 - Beth Adams agrees it's more beneficial this way and they don't get all outcome reports like other agencies
 - Dr. Altaweel asked if EMS people are looking at what places have the best numbers and what they're doing
 - Kate Kramer suggested adding to the mission of this group
 - How do we get sites that aren't sharing to share?
 1. Is it an education/resource issue/technology issue? It's not HIPAA.
 2. For Trauma centers to be certified, it's part of their certification to return data to the EMS agencies, what about stroke centers?
 - Alex Stephenson stated Haymarket and Prince William Hospitals participate but Sentara doesn't, they participate with ESO
 - Ray Whatley stated we should come up with bullet points for ESO and we'll invite them

REGIONAL ROUNDTABLE

- Jacqueline Leudtbecker from Inova Fairfax will do the presentation next time
- The group asked if we can share contact information
 - Laura from NVEMSC will send out the Stroke Committee contact list
 - If there are any updates or changes, please make them on the list and send them back to her via email
- Steve Kling from Inova Fairfax Hospital introduced himself
 - He is the new EMS Liaison at Inova Fairfax and recently retired from Prince George's County, Maryland.

UPCOMING MEETING DATES:

- The Council sent out a survey via Survey Monkey to all meeting participants. Please fill out the days and times that work best for you. We will take the majority vote for the upcoming

meetings. The 2023 meeting schedule will be out no later than the end of January 2023.

The meeting was adjourned at 10:40 am.

CERTIFICATION OF THE REGIONAL STROKE COMMITTEE MEETING

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

I, Laura Vandegrift 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 November 22, 2022. The minutes were officially approved on January 24, 2022.

Laura Vandegrift

Laura Vandegrift

1/24/2023

Date

Meeting ID	Topic
83177101659	NOVA Quarterly Regional Stroke

Start Time	End Time
11/22/2022 9:55	11/22/2022 11:40

Duration (Minutes)	Participants
105	40

Name	User Email	Total Duration (Minutes)
17035231000		101
Alex Stephenson	astephenson@pwcgov.org	104
Ali Eastridge- IAH Stroke Coord	alison.pinch@inova.org	101
Andrea Helmbach	alyochem@sentara.com	102
Andrew Sanders	asanders@pwcgov.org	90
Beth Adams	beth.adams@fairfaxcounty.gov	100
Brian Orndoff	borndoff@gmail.com	66
Bruce Kaczmarek	bruce_kaczmarek@teamhealth.com	27
Craig French	craig.french@inova.org	106
Dan Avstreich	dan.avstreich@fairfaxcounty.gov	99
Danielle Nielsen ILH Stroke Coordinator	danielle.nielsen@inova.org	98
Dawnielle Feucht Mount Vernon	dawnielle.feucht@inova.org	104
Edward D. Greenberg	edward.greenberg@inova.org	94
Gary Hubble	gary.hubble@mwa.com	89
Jackie Leutbecker	lemmapig@gmail.com	5
Jackie Leutbecker IFMC Stroke Coordinator	jacqueline.leutbecker@inova.org	94
Jalil Bentaleb	abdeljalil.bentaleb@inova.org	70
John Bowers	jbowers@manassasva.gov	98
John Morgan	john.morgan@loudoun.gov	100
Kate Kramer-ACFD AOMD	kkramer@arlingtonva.us	101
Kate Passow	kate.passow@gmr.net	102
Laith Altaweel	laith.altaweel@inova.org	104
Laura Vandegrift NVEMSC	laura@vaems.org	106
Michelle Ludeman NVEMSC	michelle@vaems.org	106
Naomi Coppedge	ncoppedge@vhhealth.org	92
Ray Whatley NVEMSC	ray@vaems.org	101
Scott Weir	scott.weir@fairfaxcounty.gov	100
Shelby Magyar	vzp8kb@uvahealth.org	99
Steve Kling	steven.kling@inova.org	100
Tawny Jackson	tawny.jackson@heart.org	59

AHA Update

Tuesday, November 22nd, 2022





STROKE



You Spoke. We Listened.
Welcome to a new user experience

- Transition to the new and improved GWTG Stroke Registry timeline:
- **On Friday, 12/16/2022 at 8pm Eastern Time** your current access to GWTG-Stroke in the Patient Management Tool (PMT) will be switched to read-only.
- **On Wednesday, 1/4/2023** users will receive login credentials and temporary passwords via email to log into the new platform. Immediately upon login users can begin editing existing records and creating new records.
- All resources related to the transition can be found in the [Stroke IRP Transition Packet](#)

- Pre-Transition Webinars:
- 10/25, 2-3 pm ET - 10/25 Webinar Recording: Get With The Guidelines® Stroke Transition: Final Timeline & Registry Overview [Registration \(gotowebinar.com\)](https://gotowebinar.com)
- 11/8, 2-3 pm ET -Webinar Registration: Get With The Guidelines® Stroke Transition: Data Entry through Uploads [Registration \(gotowebinar.com\)](https://gotowebinar.com)
- 11/22, 2-3 pm ET- 1/22 Webinar Registration: Get With The Guidelines® Stroke Transition: Configurable Measure Reports [Registration \(gotowebinar.com\)](https://gotowebinar.com)
- 12/6, 2-3 pm ET
- 12/20, 2-3 pm ET

Post Launch Office Hours

- Post-Launch Office Hours:
 - 1/4, 10-11 am ET and 4-5 pm ET
 - 1/5, 10-11 am ET and 4-5 pm ET
 - 1/6, 10-11 am ET and 4-5 pm ET
 - 1/9, 10-11 am ET and 4-5 pm ET
 - 1/10, 10-11 am ET and 4-5 pm ET
 - 1/11, 10-11 am ET and 4-5 pm ET
 - 1/12, 10-11 am ET and 4-5 pm ET
 - 1/13, 10-11 am ET and 4-5 pm ET



2023 Billing



- Yearly GWTG Invoices will be sent out in mid December 2022 for your 2023 invoice.

Up Coming Stroke Office Hours

- Get With The Guidelines[®] Stroke Office Hours
- Thanks to everyone who attended our Stroke Office Hours on October 25th. If you were unable to attend the live presentation, the recording is available [here](#).
-
- 2023 Get With The Guidelines[®] Stroke Office Hours dates:
 - January 24, 2023
 - May 23, 2023
 - Register here:
<https://register.gotowebinar.com/rt/8264079351243201808>

Upcoming Events

- NorthEast Cerebrovascular Consortium (NECC) – December 9, 2022
-
- Save the date for the 17th annual NorthEast Cerebrovascular Consortium to be held on Friday, December 9th. This year's virtual program will feature world renowned speakers and timely topics across the continuum of care including a keynote discussion on the ICH Guidelines, a review of stroke rehabilitation – past, present, and future, EMS perspectives on pre-hospital triage, DIDO and partnerships with hospitals, challenging cases studies and more. [Register Now](#)
CME will be available.

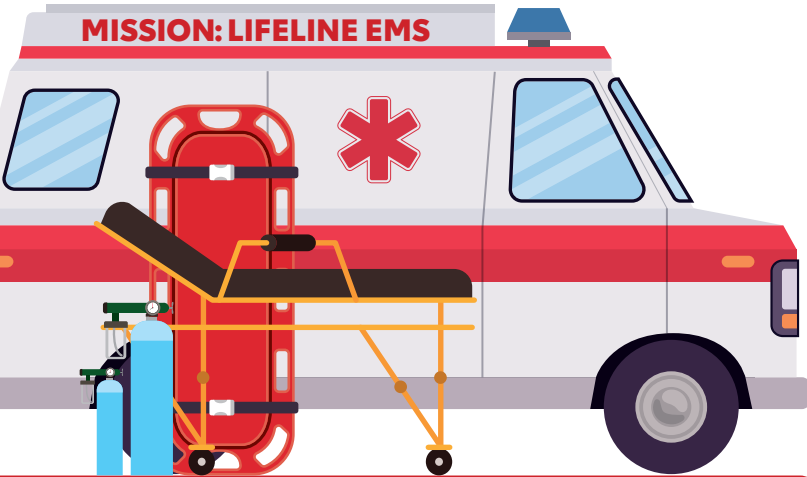
Upcoming Events

- [International Stroke Conference \(ISC\) 2023](#)
- Save the date to join us at the International Stroke Conference, February 8-10, 2023, in Dallas, TX + Virtual
- [International Stroke Conference 2023 - Professional Heart Daily | American Heart Association](#)

Thank
YOU



American Heart Association®
Mission:Lifeline®
EMS



The American Heart Association® (AHA) is excited to announce new updates to Mission: Lifeline® EMS Recognition. Since 2014, the AHA has recognized EMS agencies for applying the most up-to-date evidence-based treatment guidelines to improve care and outcomes in the communities served.

2023 Mission: Lifeline EMS recognition (based on 2022 data) marks the addition of new required stroke measures and a new two-tiered recognition program.

With the new recognition program structure and addition of stroke measures, eligible EMS and first responding agencies can achieve recognition for the evidence-based care they provide patients experiencing a STEMI heart attack and/or stroke.

For additional Mission: Lifeline EMS Recognition information, please visit www.heart.org/missionlifeline or email MissionLifeline@heart.org.

2023

EMS RECOGNITION CRITERIA

(based on 2022 data)

Mission: Lifeline EMS Prehospital Award (Tier One)

Required STEMI and Stroke Measures:

1. Pre-Arrival Notification for Suspected Stroke
2. Documentation of Last Known Well for Patients with Suspected Stroke
3. Evaluation of Blood Glucose for Patients with Suspected Stroke
4. Stroke Screen Performed and Documented
5. 12-Lead ECG Performed Within 10 minutes
6. Aspirin Administration for STEMI
7. Pre-Arrival Notification for STEMI Within 10 minutes of STEMI Positive ECG

Volume Criteria:

At least 4 patients for the calendar year (≥1 STEMI patient and ≥1 Stroke Patient)

Mission: Lifeline EMS Systems of Care Award (Tier Two¹)

Required STEMI and Stroke Measures:²

1. EMS FMC to Thrombolytic Administration Within 90 minutes for Patients with Stroke
2. EMS FMC to Endovascular Therapy Within 180 minutes for Patients with Stroke
3. EMS FMC to PCI Within 90 minutes for Patients with STEMI
4. EMS FMC to Thrombolytic Administration Within 30 minutes for Patients with STEMI

Volume Criteria:

At least 4 STEMI patients and 4 Stroke patients for the calendar year

AWARD LEVELS



Aggregated annual compliance of ≥75% for all required measures and Silver or Gold award in 2022



Aggregated annual compliance of ≥75% for all required measures



At least one calendar quarter of compliance ≥75% for all required measures

Stroke Case

Regional Stroke Coalition Nov 2022

EMS Report

- AOSTF 86 YOM laying on floor alert but not responding. Wife on scene stated that her husband was standing at the kitchen sink when he began to slowly fall to the ground. She then stated that her husband would not respond to her but his eyes stayed open. Pt had been acting normal all day with no complaints. *Pt did have a small mole removed this morning at his Doctors office, but no issues from that.* He was unable to move any extremity. *Wife stated that her husband only has a history of A-fib and takes a blood thinner medication.* Pt was able to move the left arm and leg very little but had no movement on the right side. Pt also had right side facial droop. Pt was placed on reeves stretcher and carried outside to the stretcher.
- VHC was notified of code stroke with a onset of 25 minutes. Once in the medic unit, pt vitals were obtained and recorded. A 18G IV was placed in the left AC. 12-lead did show A-fib but normal rate. Pt was then transported to VHC without incident or changes.
- Once at VHC, we was met at the door by ER staff. After a quick evaluation, VHC called code stroke and sent pt to CT scan. Pt report was given to ER staff and care was transferred to ER nurse.
- Daughter on scene accompanied us in the medic unit to the ER. Daughter signed of behalf of pt.

Times

- Dispatch Notified: 22:32:54
 - Unit Enroute: 22:35:14
 - At Scene: 22:41:05
 - At Patient: 22:42:14
 - Stroke Alert Called: 22:52:08
 - Depart: 22:56:52
 - At Destination: 23:01:09
- Vitals:
 - BP 198/106
 - HR 66 afib
 - RR 14
 - SpO2 97
 - BGL 151
 - LAMS >3, Cincinnati +
 - LKW 25 minutes

Hospital Course

- CT, CTA, CT Perfusion done and prelim read to ER at 2314
- CT Asymmetric increased density in left MCA suggestive of thrombus
- CTA: segmental occlusion of left anterior cerebral artery, 4cm downstream of origin and occlusion of posterior division of left middle cerebral artery
- CT Perfusion: no definitive reversible ischemic tissue identified but noted poor study due to timing of bolus
- 2315: ER doc spoke with neuro, likely not tPA candidate due to Xarelto

Hospital Course cont

- 2335-wife at bedside, reports patient was told to hold Xarelto for 2 days for his mole removal, neuro called back and now recommend tPA
- Further discussion with wife revealed patient had intraocular injection 5 days ago for macular degeneration and glaucoma so tPA again was NOT recommended
- Decided mechanical thrombectomy best course
- NIH 24

Thrombectomy Report

- Found occlusion at proximal M2 segment at left MCA and proximal A2 segment of left anterior cerebral artery
- Clots removed and good revascularization of left MCA territory and complete revascularization of left ACA achieved (TICI IIb)
- Admitted to ICU for monitoring
- Repeat head CT next day showed large MCA stroke with petechial hemorrhage, MRI confirmed

Hospital Course

- No hemorrhagic conversion, stepped down from ICU on day 6
- Described as alert and attentive but unable to speak/phonate
- Discharged to inpatient rehab after 21 days, still there
- Gtube feed, working towards oral feeds
- Standing with 2 person assist, global weakness/fatigue
- Looking likely dc to SNF

Lessons learned

- Went well all around
 - Called while still on scene to give ample notice (within 10 minutes of at patient, 9 minutes prior to arrival)
 - Short on scene time (14 minutes)
 - CT done and read within 13 minutes of our arrival
 - Family brought with
- Door to procedure 112 minutes



Lowe Rebecca J. <RLowe@pwcgov.org>

To: Margaret Probst



Thu 10/13/2022 9:44 AM

Hello Margaret,

I want to sincerely thank you for doing this training with our staff. Just a couple of days ago we had a staff member displaying symptoms of a stroke. She and I both realized it thanks to your training. Staff called 911 immediately and they took her to Sentara. She was experiencing mini strokes and had at least three more while she was in the hospital. Because we, the EMT's, and doctors acted so quickly, she has not sustained any brain damage. We sincerely thank you!! You probably saved her life!

With Care,
Rebecca

Rebecca Lowe

Deputy Director

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