



## Northern Virginia Emergency Medical Services Council

**Regional Stroke Committee Meeting**  
**Tuesday, April 23rd, 2024**  
**10:00 am**

**Held via Zoom**

**Those present were:**

<b>Name</b>	<b>User Email</b>
Ali Eastridge	alison.pinch@inova.org
Andrea Helmbach	alyochem@sentara.com
Andrew Sanders	asanders@pwcgov.org
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Orndoff	brian.orndoff@fairfaxva.gov
Craig French	craig.french@inova.org
Crystal Gielarowski	crystal.gielarowski@heart.org
Dan Avstreich	dan.avstreich@fairfaxcounty.gov
Danielle Nielsen	danielle.nielsen@inova.org
Danielle Pesce, DO	dpesce@manassasva.gov
Dawnielle Feucht	dawnielle.feucht@inova.org
Estee Warring	estee@vaems.org
Jackie Leutbecker	jacqueline.leutbecker@inova.org
James Maneval	jmaneval@pwcgov.org
Justin Porter	justin.porter@hcahealthcare.com
Kari Scantlebury	karibury@gmail.com
Kate Kramer	kkramer@arlingtonva.us
Laith Altaweel	laith.altaweel@inova.org
Laura Vandegrift	laura@vaems.org
Leddyanne Dell	leddyanne.dell@alexandriava.gov
Melissa Gray	meligray@vhchealth.org
Michael Bagaporo	wcc8gs@uvahealth.org
Michelle Ludeman	michelle@vaems.org
Rita Muldoon-Laccone	rita.muldoon-laccone@inova.org
Scott Weir	scott.weir@fairfaxcounty.gov
Serdar Serttas	sserttas@phiairmedical.com
Tom Arnoto	tarnoto@pwcgov.org
Tracy Lane	tracy.lane@loudoun.gov

*The meeting was started at 10:01 a.m. by Dr. Laith Altaweel.*

### WORKGROUP CHAIRS

- James Maneval, Prince William County Fire & Rescue
- Laith Altaweel, MD Neuro Intensive Care Physician, Inova Health System

### APPROVAL OF MINUTES

Minutes for the January 23rd, 2024, meeting were sent via email before the meeting for review and approval

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

### AHA UPDATE

Crystal Gielarowski provided the following update:

- There is a new interfacility transfer layer added to GWTG that was just launched a few weeks ago
  - Free to hospitals
- Missions Lifeline EMS Awards application window closes May 31<sup>st</sup> at 11:59 pm CT
  - Possible new measures in 2025 and 2026
  - Upcoming webinars on AHAEMS8, accessing recognition kit, and other quality improvement updates are in the works (FMC to PCI in less than 90 minutes)
- AHA Stroke Month is May
  - [www.Heart.org/strokemonth](http://www.Heart.org/strokemonth)
  - Lots of webinars and printables for Stroke Month
- GWTG Stroke Quality Forum is May 28th from 12-1p
  - Updates
  - Difficult measure review
  - Model sharing – the site will share a unique approach to dysphagia screening

### STROKE SMART UPDATE

- Estee Warring is the new Stroke Smart Coordinator and Data Analyst for the NVEMSC. Thank you to all who have worked with her to provide the data. You can reach her via email at [Estee@vaems.org](mailto:Estee@vaems.org).
- Since the last Stroke Committee meeting, there have been three presentations for the Stroke Smart program.
  - Seventy-three students were trained, and 15 were provided with the train-the-trainer program.
    - Fairfax Medical Reserves Corp 14
    - Fredericksburg City Schools 15 – Train-the-Trainer
    - Sully Community Center 44
  - Stroke Smart material orders totaled 4,245 for English magnets, 850 for English wallet cards, and 750 for Spanish wallet cards.
- Estee is currently working with Sentara to partner with community organizations to share the Spanish Stroke Smart video to fulfill the requirements of our Sentara Cares Grant.
- 
- Do we want to look at pre-notification?
- How many stroke pre-alerts become overhead stroke alerts at the hospital
- What strokes did VHC call that Arlington didn't pre-alert or recognize?
- Percentage of stroke alerts in the field and, how many are we over-triangling, and how many are we

missing, as a reason?

- Dr Dan – of those that worry him the most, those treated that are not stroke alert. The threshold below that that are hospital hospital-alerted but not EMS-alerted and not treated. Those that get TNK or other lytic and have an intervention with no alert are the single highest focus, and the more we tease out that data, the more we can get into the QI weeds.
- Some of that is not captured in GWTG, so those points will have to be manually searched, and they'll have to see what is manageable at the coordinator level.
- Estee advised that Margaret approached this in the past by looking at how many EMS calls were identified as code stroke, which was a bit of an ask for the EMS at the meetings. She found that they often pre-alerted with "Code Stroke" but didn't click it in the report. They put it in the narrative and had to comb through the signs and symptoms to pull that information.
- Estee asked if that is a required field in the OEMS data set. Not everyone uses ESO, so it won't be captured unless it's a field required by OEMS/NEMESIS.
  - Leddyanne stated she doesn't think it is required. It's more for Mission: Lifeline performance measures.
  - Arlington built in their own button for a code stroke alert and what time they called the alert but it's not automatically shared.
  - Dr. Altaweel added that there are other things, like stroke severity score, to consider. Do we create a small group and try to figure out what data we have and what data points would be meaningful for this group?
    - Ali Eastridge, Melissa Gray, Kate Kramer, Leddyanne Dell, Estee Warring, James Maneval, [justin.porter@hcahealthcare.com](mailto:justin.porter@hcahealthcare.com); [tracy.lane@loudoun.gov](mailto:tracy.lane@loudoun.gov) and [Lindsay.jacobs@Loudoun.gov](mailto:Lindsay.jacobs@Loudoun.gov);
    - A lot of it is reviewing narratives for last known well/normal, etc., and it would be helpful to find an easier way.
    - Beth Adams advised they built a Power BI dashboard to pull those elements to capture the times and last known well, etc. It draws from data fields, though, not narrative. So they send it back to the provider and ask them to correct it. They have a whole data section that does those things.

## QUARTERLY DATA REVIEW

### Fourth Quarter 2023 Regional Stroke Data

Data was requested from 10 stroke coordinators overseeing 13 facilities: Alexandria, Ashburn/Cornwall/Loudoun, Fairfax, Fair Oaks, Mt. Vernon, Reston/Tysons, Sentara, Stone Springs, UVA Prince William, VHC.

#### 1) Median Door to tPA/TNK: 45.5 minutes (80 cases)

The values are comprised of data reported from 7 stroke coordinators from 9 facilities: Alexandria, Ashburn/Cornwall/Loudoun, Fair Oaks, Fairfax, Mount Vernon, Sentara, and UVA Prince William.

**2) Median Door to Puncture: 49.5 minutes (46 cases)**

The values are comprised of data reported from 2 stroke coordinators from 2 facilities: Alexandria, Fairfax

**3) Median DIDO time for Transfers: 105 minutes (25 cases)**

The values are comprised of data reported from 4 stroke coordinators from 6 facilities: Ashburn/Cornwall/Loudoun, Fair Oaks, Sentara, and UVA Prince William.

***VSST and VIRGINIA STROKE COORDINATORS CONSORTIUM UPDATE***

- They are moving on to update the State Stroke Guidelines, including telemedicine, EMS, etc., and it's essential to include them. We'll likely have to include our guidelines to reflect those, although they're very similar already. Once they release their version, we should be ready to integrate them into ours.
- They discussed metrics for intracranial hemorrhage and transfers to full stroke centers, the use of Cardene, and blood pressure monitoring. An article about surgical intervention for those patients came out this week.
- They talked about creating a Virginia Inter-facility Transfer Form. Ali Eastridge shared ours so they can use it as a guideline.
- They hope to trial the "green sticker" in Alexandria soon. This was brought up by a surveyor who stated that other hospitals had implemented a green sticker with the last known well, the patient's medications, any anticoagulants, and family contact number. EMS will fill out the sticker and place it on the patient's chest so it stays with them.
  - Dr. Avstreich said that some places have done this before, but a whole medication list gets cumbersome for some patients. The last known well, patient contact name and phone number, and anticoagulants have been trialed with success. We don't want to recreate an accidental full-page sticker.

***CASE PRESENTATION******Danielle Nielsen from Inova Loudoun Hospital provided a case presentation***

- Discussion
  - Dr. Altaweel asked how we conceptualize when a patient is pre-alerted in the field and pre-triaged. What mode of transport is most appropriate. Can EMS transport? Air? MMT?
    - Serdar Serttas from PHI said they have a pre-alert dispatch option if they are called.
    - EMS can't always do this because of staffing and/or needing nurses to transport with them due to meds outside EMS's scope of care.

***JOINT COMMISSION UPDATES – INOVA HOSPITALS***

- Rita advised that Fair Oaks Hospital has their joint Commission survey in early April
  - They focused on their bleed patients, BP management, and consistency across the board with the stroke neuro and ED doc notes. No findings
  - Staff assigned have appropriate credentials like ACLS and CPR
  - 100% pre-alert rate at FOH
  - They discussed what scales EMS uses.
  - Craig French from Inova joined them on-site.
  - Transfer times, DIDO times, and CT times were discussed with ED registration and EMS.

- The surveyor was a physician, so she was focused on the physicians' notes
- Ali Eastridge advised that Alexandria Hospital has their Joint Commission survey the same week as Fair Oaks Hospital
  - They were re-certified as Thrombectomy Capable and will keep doing them until the last possible second.
  - They liked that Leddyanne Dell from the Alexandria Fire Department came in person and was impressed with Alexandria's pre-alert rates and treatment rates.
  - They had one finding. A bleed patient that they didn't recognize as a bleed. The patient was complaining of a headache. They provided the migraine cocktail, which did not resolve their symptoms. They then performed a head CT and found a small subarachnoid bleed. Since they did not do a dysphagia screen first, this was their finding.
  - They received a few comments for items to work on
    - There is an education section in EPIC and it's easy to check "all education" in error. Unfortunately, because it's so easy to check "all education" they review charts and see that the patient had education on lumbar punctures and atrial fibrillation, for example, which are conditions the patient did not have and wasn't educated on. They are working to see if they can disable the checkbox for "all education".
    - They also discussed caregiver assessment. They don't do this unless there is a need currently, but it was suggested that they do it for everyone to ensure patients have adequate support when they go home.

## DISCUSSION

- Northern Virginia Regional Stroke Plan
  - The Stroke Plan was sent via email for review before the meeting. There have been no comments, changes, suggestions, etc.
  - Dr. Altaweel stated that this has been discussed at the last few meetings, and he has met with OMDs at Council meetings. They requested some changes in wording to be more neutral and to recommend if resources are available, etc.
  - He will return this to the OMDs for review and then see if it meets their criteria.
  - The interhospital transfer, triage, and workflow were taken from the AHA western taskforce in 2019 and added with slight modifications. They have 90 for DIDO times.
  - Please look at it and provide feedback if you would.
  - Michelle Ludeman also asked that everyone review the stroke centers listed and provide updates.

## REGIONAL ROUNDTABLE

- Topics for next meeting?
  - Maybe we can bring back thoughts on our EMS data and where we can go.
  - AHA GWTG and funding options
- Case Study Presentation
  - Leddyanne Dell from Alexandria Fire Department has a presentation
  - Trial from International Stroke Conference, the Zodiac Trial
    - This has implications for transfer patients with MMT or AirCare

**UPCOMING MEETING DATES:**

- July 23rd, 2024
- October 22nd, 2024

***The meeting was adjourned at 11:12 am.***

**CERTIFICATION OF THE REGIONAL STROKE COMMITTEE MEETING**

Northern Virginia EMS Council, Inc  
PO Box 648  
Gainesville, VA 20156

I, Laura Vandegrift, Interim 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 April 23rd, 2024. The minutes were officially approved on July 23rd, 2024.

*Laura Vandegrift*

\_\_\_\_\_  
Laura Vandegrift  
Interim Executive Director

***7/23/2024***

\_\_\_\_\_  
Date

# GWTG-Stroke Updates

April 23, 2024



American  
Heart  
Association®

# Interfacility Transfer Layer

- **Complimentary and free of charge in Get With The Guideline-Stroke!**
- **Ability to track Door-In-Door-Out times**
- **Access to several new measures to help you track your transfer times down to the minute**
- **Activating this layer will add several new data collection points when a patient is marked as being received as a transfer or as being sent out as a transfer.**



# Interfacility Transfer Layer

**Special Initiatives**

---

**Transfer Time Tracker**

Date/Time Transport Requested:

02 / 04 / 2024 12 : 30  
MM DD YYYY HH MM

Date/Time Transport Arrived:

02 / 04 / 2024 13 : 55  
MM DD YYYY HH MM

Date/Time Transfer Requested by Referring Hospital:

02 / 04 / 2024 12 : 25  
MM DD YYYY HH MM

Date/Time Transfer Accepted by Receiving Hospital:

02 / 04 / 2024 13 : 00  
MM DD YYYY HH MM

Mode of Transport:  Air  Ground Ambulance

Inter-Facility EMS Agency:



## Patient Transfer Measures

- AHASTR165: Arrival to Transfer Requested
- AHASTR166: Arrival to Transport Requested
- AHASTR167: Discharge from referring hospital to arrival at receiving hospital
- AHASTR169: Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy (Receiving hospital)
- AHASTR168: Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy (Referring hospital)
- AHASTR170: Time from Arrival at Referring Hospital to EVT for Acute Ischemic Stroke
- AHASTR171: Transfer Requested by Referring Hospital to Transfer Accepted by Receiving Hospital
- AHASTR173: Transport Arrived to Transfer Out at Referring Hospital
- AHASTR172: Transport Requested to Transport Arrived



## Mission Lifeline EMS

- Application window closes on **May 31st @ 11:59pm CT**
- Possible new measures in 2025 and 2026
- Upcoming webinar on AHAEMS8, accessing recognition kit and other quality improvement updates are in the works



# Mission Lifeline EMS Measures

- **AHAEMS1: Pre-Arrival Notification for Suspected Stroke**
- **AHAEMS2: Documentation of Last Known Well for Patients with Suspected Stroke**
- **AHAEMS3: Evaluation of Blood Glucose for Patients with Suspected Stroke**
- **AHAEMS4: Stroke Screen Performed and Documented**
- **AHAEMS5: 12-lead ECG performed  $\leq$  10 minutes for Suspected Heart Attack**
- **AHAEMS6: Aspirin Administration for STEMI-positive ECG**
- **AHAEMS7: Pre-Arrival Notification  $\leq$  10 Minutes for STEMI-positive ECG**
- **AHAEMS8: EMS FMC to PCI  $\leq$  90 Minutes for Patients with STEMI**
- **AHAEMS9: FMC to Thrombolytic Administration  $\leq$  30 Minutes for Patients with STEMI**



# Stroke Month Resources

The American Heart Association® has assembled a toolkit to help support your Stroke Month programming. These resources include live webinars during May, public awareness tools, stroke-focused staff engagement and patient resources.

[Heart.org/StrokeMonth](https://www.heart.org/stroke-month)



# Get With The Guidelines® - Stroke Quality Forum

- **May 28, 2024 12-1pm**
- **GWTG-Stroke Updates**
- **Difficult Measure Review**
- **Model sharing – site will share unique approach to Dysphagia Screening**





**Thank you!**

