



Northern Virginia Emergency Medical Services Council, Inc.

Regional Stroke Committee Meeting
Tuesday, October 22, 2024
10:00 am

Held via Zoom

Those present were:

Name	Affiliation	Email
Beth Adams	Fairfax County Fire Dept	beth.adams@fairfaxcounty.gov
Brian Orndoff	City of Fairfax Fire Department	brian.orndoff@fairfaxva.gov
Charity James	Inova	charity.james@inova.org
Craig French	Inova	craig.french@inova.org
Crystal Gielarowski	AHA	crystal.gielarowski@heart.org
Dan Avstreich	Fairfax County Fire Dept	dan.avstreich@fairfaxcounty.gov
Danielle Nielsen	Inova	danielle.nielsen@inova.org
Dawnielle Feucht	Inova	dawnielle.feucht@inova.org
Eric Simenson	MMT Ambulance	eric.simenson@mmtamb.com
Estee Warring	Northern VAEMS Council	estee@vaems.org
James Maneval	Prince Wm Co Fire Dept	jmaneval@pwcgov.org
Joseph Marfori	Alexandria Fire Department	joseph.marfori@alexandriava.gov
Justin Porter	Reston Hospital	justin.porter@hcahealthcare.com
Kate Kramer	Arlington County FD	kkramer@arlingtonva.us
Kate Passow	PTS/AMR	kate.passow@gmr.net
Laith Altaweel	Inova	laith.altaweel@inova.org
Laura Vandegrift	Northern VAEMS Council	laura@vaems.org
Leddyanne Dell	Alexandria Fire Department	leddyanne.dell@alexandriava.gov
Melissa Gray	VHC	meligray@vhchealth.org
Michelle Ludeman	Northern VAEMS Council	michelle@vaems.org
Rita Muldoon-Laccone	Inova	rita.muldoon-laccone@inova.org
Sean Madden	Inova	sean.madden@inova.org
Shelby Magyar	UVAPW/Haymarket	vzp8kb@uvahealth.org
Tracy Lane	Loudoun County Fire	tracy.lane@loudoun.gov
Vivek Satyasi	UVAPW/Haymarket	vsatyasi@gmail.com

The meeting was started at 10:02 am 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 July 23, 2024, meeting were sent via email before the meeting for review and approval

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

AHA UPDATE

Crystal Gielarowski provided an AHA update.

- A copy of her update is at the end of these minutes.
- Amanda Pyle is in labor and unable to do the GWTG/CAD overview for this call.

STROKE SMART UPDATE – Estee Warring

- Plenty of community events or fall festivals, working to attend/have a table and share info as much as possible.
- Inova Loudoun Hospital had a table at the Leesburg air show, and she attended with them. There were thousands of attendees, and she almost ran out of materials!
- Happy to attend any upcoming events that you may have.
- Recently taught one class with a 55+ community and working with Loudoun's Medical Reserve Corp to get on their training schedule soon.

QUARTERLY DATA REVIEW

Second Quarter 2024 Regional Stroke Data

Data was requested from 10 stroke coordinators overseeing 14 facilities: Alexandria/Springfield

Data was requested from 10 stroke coordinators overseeing 15 facilities: Alexandria/Springfield Healthplex, Ashburn/Cornwall/Loudoun, Fairfax, Fair Oaks, Mt. Vernon, Reston/Tysons, Sentara, StoneSprings, UVA Prince William/Haymarket, VHC.

1) Median Door to tPA/TNK: 52 minutes (102 cases)

The values are comprised of data reported from 9 stroke coordinators from 13 facilities: Alexandria/Springfield, Ashburn/Cornwall/Loudoun, Fair Oaks, Fairfax, Mount Vernon, Prince William/Haymarket, Reston, Sentara, and VHC.

2) Median Door to Puncture: 80 minutes (58 cases)

The values are comprised of data reported from 4 stroke coordinators from Alexandria, Fairfax, Fair Oaks, and VHC.

3) Median DIDO time for Transfers: 124 minutes (29 cases)

The values are comprised of data reported from 4 stroke coordinators from 7 facilities: Ashburn/Cornwall/Loudoun, Fair Oaks, Prince William/Haymarket, and Sentara.

4) Number of patients that arrived via EMS: 144

5) Number of patients that walked in to the ED: 38

VSSTF and VIRGINIA STROKE COORDINATORS CONSORTIUM UPDATE

- No update

REGIONAL ROUNDTABLE

- What is the threshold to activate a stroke alert on the hospital's end?
 - Rita Muldoon-Laccone – EMS, depending on what the report is like, they would pre-activate/alert overhead. 5555 is an emergency alert with ETA throughout the hospital; at Fair Oaks Hospital, they conduct a mini huddle when the patient arrives, and the patient is registered; when they arrive, the patient is put on their stretcher to get weighed and then goes directly to CT. Sometimes EMS comes with them, depending on who it is. She'll respond if not in the middle of something else, or the resource nurse and clinical tech will accompany the patient in CT. A dry head CT is standard, then CTA or CT perfusion would be added depending on LKW, and a baseline NIH scale would be for the patient. After CT, the patient returns to the ED and once registered, the secretary calls the neuro with MRN and patient info, and then the transfer department secures the transfer via Secure Chat. If they chat with neuro, they can set up a video to chat.
 - If the patient arrives by POV, registration notifies the nurse and tech; sometimes, they have a provider in triage who can also alert. Take the patient to the triage bay, activate the 5555 stroke alert, then go to imaging, and the process is the same as above.
- Dr. Altaweel shared the Telestroke Workflow changes to improve DTN and DIDO times for everyone to view
- Charity James advised that once they contact tele-neuro, the process goes quickly
- Justin Porter from Reston stated their process is similar to FOH; they can draw labs before CT, and they have inhouse neuro, which they push for, but they can use tele-neuro because it's faster than call-back from neuro
 - Pt gets CTA after dry so they can pause for TNK decision
- Melissa Gray at VHC has a similar process, except they have two neuro groups (PG neuro and Kaiser), which are decided when they arrive.

- VHC is based on the EMS report and the patient's initial presentation. EMS does many pre-alerts, alerting the neuro alert page to have staff available when they arrive. Then, they decide whether to activate code stroke based on the patient's presentation and determine the next pathway.
- Kate Kramer from Arlington County FD said they do a pitstop at the door at VHC, EMS goes to CT with the patient and does the transfer of care at the CT to not hold them up
- At Loudoun Hospital, Danielle Nielsen stated that EMS brings directly to CT if outside of the window if in the window, taken to a weighted stretcher to weigh for meds, then given meds and continue treatment
- Leddyanne Dell from Alexandria FD stated that what works well for them is that they call a code stroke to the hospital and transfer care in CT, whether in the window or not. The patient is automatically taken to CT, registered there so orders can be entered, and then moved to a hospital stretcher.
- Shelby Magyar from UVA PW/Haymarket said their protocol is the same as Reston
- Dawnielle from Mount Vernon stated they will give TNK between CTA & CTP due to location
- Kate Kramer said having a good relationship with your receiving facility is important. At ACFD, they review every single stroke alert with VHC monthly to find out which ones they missed and direct training. They find we are often fooled by metabolic encephalopathy and that we're checking BGL and sepsis criteria. It's a time-sensitive condition, so they tailor their training to stroke. And they can see that the scales they use are working – 85% of the time when they call a stroke, it is. They have frank conversations with each other to improve the team and patient care.
- Should we be multi-disease calling? Stroke/trauma, for example.
 - Justin Porter said they can't combine into one at Reston
 - Danielle Nielsen from Inova Loudoun said they have to call both based on the trauma metrics they have. Falls on Plavix is a modified trauma. They always have to call it. Once trauma has done their assessment, they'll "end" the trauma, and they will then go down the stroke pathway, but they must call both.
 - They will prioritize head CT/CTA first, for example, if it's an obvious LVO with a fall.
 - Sounds like we can share practices across the region

TOPICS FOR NEXT MEETING –

- Discuss multi-disease alerts.
 - What is the data behind that to see if we need to call multiple (Kate Kramer)
 - Justin Porter suggested also seeing what the flow sheet looks like to be sure we're hitting our benchmarks and educating our doctors and with changes in staffing
 - Dr. Altaweel asked whether we can think of this in other domains like sepsis, STEMI
 - Dr. Altaweel and Charity James had a patient with suspected sepsis, which turned out to be a basilar brain stem stroke recently
- Where are trends going for thrombectomy? Who are we/not doing them on?
 - Updates from hospitals would be helpful for EMS.
 - What should EMS look at for destination determination, etc.?

- Kate Kramer said they see a lot of young men with extreme HTN in their 40s. Is that common in Northern Virginia? Are other agencies or hospitals seeing that, and how do we tailor community education?
- Also, what about repeat stroke alerts (TIA, etc.)? How is that being addressed? Should they be more aggressively seen in the clinic for re-eval to mitigate those repeat visits for minimal stroke symptoms but put you at risk for a bigger issue later?
- Symposium at Inova – work on getting a stroke presentation in that symposium.

UPCOMING MEETING DATES:

- January 28, 2025

The meeting was adjourned at 11:33 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 October 22, 2024. The minutes were officially approved on January 28, 2025.

Laura Vandegrift
Interim Executive Director

Date



AHA Updates

**Northern VA Regional Stroke Committee Meeting
October 22, 2024**



**American
Heart
Association®**

Stroke Quality Forum

SAVE THE DATE:

November 26, 2024, 12:00-1:00pm EST

[Register Here](#)

Our quarterly Stroke Quality Forums give us the opportunity to inform, educate and interact with you! We review recent platform updates, highlight program features, and answer frequently asked questions live.

We Need You!

Have you utilized your hospital's Get With The Guidelines-Stroke data to facilitate a quality improvement process? We would love to feature your hospital model share during an upcoming Quality Forum! Examples could include door to needle, EMS prenotification, intensive statin medication, and more.



GWTG-Stroke IRP Updates

SAVE THE DATE:

October 25, 2024, 1:00pm EST

[Register here to join us!](#)

Please join the American Heart Association's Get With The Guidelines[®]-Stroke (GWTG-Stroke) team as we review upcoming Fall 2024 enhancements to the platform. We will also review the three formats available to run Operational Reports: Measures Report with Case List, Patient Records Report, and the recently added Tabular Report.



Scientific Sessions 2024

Join us in Chicago, on November 16 – 18, 2024 for #AHA2024 and our 100-year anniversary!

At Scientific Sessions 2024, you can:

- focus on your specialty, engage with experts, network with colleagues, and earn CE and MOC credits.
- Expand your knowledge through discussions, resources, and interaction at the biggest gathering of cardiovascular science and medicine leaders.

For more information about **#AHA2024** Scientific Sessions, Pre-Sessions Symposia, Registration, & Early Career Day, **please visit the website** at [Scientific Sessions Registration - Professional Heart Daily | American Heart Association](#)



International Stroke Conference (ISC)

Save The Date! International Stroke Conference 2025!

- ❖ Pre-Conference Nursing Symposium: February 4, 2025
- ❖ ISC Sessions: February 5-7, 2025
- ❖ Los Angeles Convention Center, Los Angeles, California

Get With The Guidelines (GWTG) Quality Showcase: This event gives hospitals an opportunity to present a model share and network with other Get With The Guidelines-Stroke leaders. Interested? Please reach out to your AHA Program Consultant today.



2025 GWTG Award Recognition

- **Deadline for Jan-Dec 2024 cases to be entered into GWTG is March 31, 2025**
- **The recognition criteria along with resources for running award reports are available in the GWTG-Stroke Resource Library**

It's never too early to review your 2024 Get With The Guidelines[®] data for progress to 2025 Get With The Guidelines[®] recognition.

Reach out if you would like to schedule an individualized virtual check-in.





Thank you!



