

Northern Virginia Emergency Medical Services Council

Regional Stroke Committee
Tuesday, July 23, 2024
10:00 am



Location:
Virtual —Zoom

AGENDA

Please update your meeting name in Zoom with the agency or hospital you are affiliated with.

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

Chairpersons: EMS Representative James Maneval, Prince William Fire and Rescue
Dr. Laith Altaweel, Neurointensivist, Inova

- **Call to order**
- **Approval of April 23, 2024, meeting minutes**
- **Case Presentation:**
 - Leddyanne Dell, Alexandria Fire Department
 - Trial from International Stroke Conference, the Zodiac Trial
- **AHA Update – Crystal Gielarowski**
- **Stroke Smart Update – Estee Warring**
- **EMS Data Workgroup Update – Estee Warring**
- **Regional Data Update**
- **Virginia Stroke Systems Task Force and Virginia Stroke Coordinators Consortium Update**
- **Discussion**
 - **Northern Virginia Regional Stroke Triage Plan Update**
- **Roundtable**
 - Topic for the next meeting?
 - Who would like to present a case study?
 - Next meeting October 22, 2024
- **Adjournment**



Northern Virginia Emergency Medical Services Council

Regional Stroke Committee Meeting
Tuesday, July 23, 2024
10:00 am

Held via Zoom

Those present were:

| Name | User Email |
|----------------------|---------------------------------|
| Andrea Helmbach | alyochem@sentara.com |
| Austin Reynolds | austin.reynolds@inova.org |
| Beth Adams | beth.adams@fairfaxcounty.gov |
| Brian Orndoff | brian.orndoff@fairfaxva.gov |
| Charity James | charity.james@inova.org |
| Craig French | craig.french@inova.org |
| Danielle Nielsen | danielle.nielsen@inova.org |
| Danielle Pesce, DO | dpesce@manassasva.gov |
| Dawnielle Feucht | dawnielle.feucht@inova.org |
| Estee Warring | estee@vaems.org |
| Gary Hubble | gary.hubble@mwaa.com |
| Jackie Leutbecker | jacqueline.leutbecker@inova.org |
| James Maneval | jmaneval@pwcgov.org |
| Kate Kramer | kkramer@arlingtonva.us |
| Kate Passow | kate.passow@gmr.net |
| Laith Altaweel | laith.altaweel@inova.org |
| Laura Vandegrift | laura@vaems.org |
| Melissa Gray | meligray@vhchealth.org |
| Michael Bagaporo | wcc8gs@uvahealth.org |
| Michelle Ludeman | michelle@vaems.org |
| Ramiro Gálvez | ramiro.galvez@alexandriava.gov |
| Rita Muldoon-Laccone | rita.muldoon-laccone@inova.org |
| Shelby Magyar | vzp8kb@uvahealth.org |
| Steve Kling | steven.kling@inova.org |

The meeting was started at 10:03 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 April 23, 2024, meeting were sent via email before the meeting for review and approval

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

CASE PRESENTATION

Leddyanne Dell from Alexandria Fire Department presented a recent case. A copy of the presentation is at the end of these minutes.

AHA UPDATE

Crystal Gielarowski submitted a presentation that Michelle Ludeman shared on her behalf.

- A copy of her presentation is at the end of these minutes.

STROKE SMART UPDATE – Estee Warring

- May was Stroke Awareness Month.
 - Thank you to Inova for inviting her to share the Stroke Smart message at several hospitals and local airport awareness events.
 - If you want her to join you at an event, she is happy to do so. You can reach her via email at Estee@vaems.org.
- Estee and Alan Stillman have created new Stroke Smart materials, and she is happy to send those to anyone who can utilize them.
- In July 2023, the Council received a \$6300 Sentara Cares Grant to share the Stroke Smart education and training videos with the Spanish-speaking community.
 - The goal was to reach five Community Centers, five Federally Qualified Health Centers, and five Faith-based Organizations in the Spanish-speaking community.
 - From Estee's start with NVEMSC in March until June 30, 2024, she connected with 20 FQHCs, 12 Community Centers, and 16 Faith-based Organizations who agreed to share and show our Stroke Smart videos!
 - Initially, there was quite a bit of resistance to a 23-minute video, but Margaret Probst edited those down to 3- and 6-minute videos.
 - Magnets and wallet cards were created with a QR code directing citizens to the video on YouTube in Spanish.
 - Food pantries and food banks are willing to give those cards out with each bag of groceries to draw people to that video and share the information.

QUARTERLY DATA REVIEW

First Quarter 2024 Regional Stroke Data

Data was requested from 10 stroke coordinators overseeing 14 facilities: Alexandria/Springfield Healthplex, Ashburn/Cornwall/Loudoun, Fairfax, Fair Oaks, Mt. Vernon, Reston/Tysons, Sentara, StoneSprings, UVA Prince William, VHC.

1) Median Door to tPA/TNK: 46 minutes (75 cases)

The values are comprised of data reported from 7 stroke coordinators from 10 facilities: Alexandria/Springfield, Ashburn/Cornwall/Loudoun, Fair Oaks, Fairfax, Mount Vernon, Sentara, and VHC.

2) Median Door to Puncture: 77 minutes (59 cases)

The values are comprised of data reported from 3 stroke coordinators from 3 facilities: Alexandria, Fairfax, and VHC.

3) Median DIDO time for Transfers: 89 minutes (16 cases)

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

*There were several outliers in the data sets due to difficulty determining eligibility or initial patient refusal.

4) Number of patients that arrived via EMS: 184

5) Number of patients that *walked into the ED*: 196

*Not every patient had their means of arrival noted, so the total number of cases does not equal the combined total of how patients arrived.

EMS DATA WORKGROUP UPDATE

- Since the last Regional Stroke meeting, the Data Collection workgroup has met twice, with representation from Prince William, Arlington, Alexandria, and Loudoun fire departments, as well as INOVA, VHC, and Reston hospitals.
 - At the initial meeting, the group established several questions regarding how prehospital agencies screen for strokes and pre-alert the receiving facility.
 - At the next meeting, the group reviewed the responses and established that the region's prehospital agencies had quality measures in place to appropriately screen and identify patients possibly having a stroke. However, the group noted that there was room for improvement in hospital documentation and pre-alerting.
 - Discussions ensued on the reasons for the perceived deficiencies, and the group concluded that drawing data from ESO had limitations.
 - The bulk of the region uses ImageTrend, which can result in incomplete report transmission to ESO.
 - The group also acknowledged that providers could be deficient in entering complete assessment findings or documenting their pre-alert to the arriving facility.
 - Ultimately, without being able to pull complete data sets that include Last Known Well and whether providers pre-alerted the hospital, it is difficult to provide a comprehensive image of

how the region is performing in meeting the Get With The Guidelines-Stroke Achievement Measures.

- The group agreed that an AHA Get with the Guidelines super user subscription may prove beneficial in closing the information gap between prehospital and hospital providers and providing a comprehensive view of regional performance that's not currently available through ESO.

VSSTF and VIRGINIA STROKE COORDINATORS CONSORTIUM UPDATE

- Estee attended the VSSTF and thought it was a productive meeting. There was a good case presentation at the conference as well.
- The next VSSTF will be at the Inova Center for Personalized Health in October. A new Save the Date will be sent out from a new email address.
- Kathryn Funk's last day with VDH was yesterday, July 22, 2024, but there was no notice or other information provided by VDH.
- The Coordinator Consortium Update was good, according to Danielle Nielsen. She had an opportunity to write an abstract and then present it to the group. She submitted an abstract and presented it to the Consortium on DIDO times in partnering with Tele-Neuro.

DISCUSSION

- Northern Virginia Regional Stroke Triage Plan
 - The Stroke Plan was sent via email for review before the meeting. There have been no comments, changes, suggestions, etc.
 - Brian Orndoff made a motion to approve the Stroke Triage Plan as written
 - Beth Adams seconded the motion
 - ***The Stroke Triage Plan was approved***

REGIONAL ROUNDTABLE

- Topics for the next meeting?
 - If the Zodiac Trial is published, we can review that
 - Hospital transfer times
 - What is the threshold for them to activate a stroke alert on the hospital's end?
 - AHA GWTG and funding options
- Case Study Presentation
 - Wake-up stroke case from Fairfax

UPCOMING MEETING DATES:

- October 22nd, 2024

The meeting was adjourned at 11:19 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 July 23, 2024. The minutes were officially approved on October 22, 2024.

Laura Vandegrift

Laura Vandegrift
Interim Executive Director

10/22/2024

Date

CITY OF ALEXANDRIA FIRE DEPARTMENT
STROKE PRESENTATION
7/23/2024



DISPATCH INFORMATION

- 12:44:17 [2] RESPOND TO THE LOBBY OF AMC
- 12:45:05 [3] 37 YOA FEM AWAKE/ BREAHTING ..HAVING TROUBLE SPEAKING.. DROOLING
- 12:45:20 [4] FEM IS NORMALLY VERBAL BUT NOT ANSWERING ANY QUESTIONS
- 12:45:47 [5] FEM HAS HX OF SEIZURES
- 12:47:12 [6] FEM IS TRYING TO TALK BUT UNABLE TO

| Incident Date Nov 04, 2023 | | Set Times |
|-------------------------------|----------|---|
| PSAP Call | 12:43:55 | Response Time 11 min 46 sec |
| Dispatch Notified | 12:43:55 | |
| Call Received | 12:43:55 | |
| Dispatched | 12:45:07 | |
| En Route | 12:46:26 | |
| Staged | -- | |
| Initial Responder on Scene | 12:53:28 | |
| On Scene | 12:55:41 | |
| At Patient | 12:56:52 | |
| Depart Scene | 13:02:00 | |
| Arrival at Landing Area | -- | |
| At Destination | 13:10:56 | |
| Transfer of Patient | 13:12:00 | |
| Call Closed | 14:49:28 | |
| | | Chute 1 min 19 sec |
| | | On Scene 6 min 19 sec |
| | | Transport 8 min 56 sec |
| | | Turnaround 98 min 32 sec |
| | | View Definitions |
| | | Total Call Time 125 min 33 sec |

ASSESSMENT/TREATMENT

- Initial responder on scene at 1253
- Transport unit at patient 1256
- Cinn stroke/LAMS – performed at 12:58
- Stroke Alert – 12:59

- History:
 - Seizures
 - MS
 - Normally verbal at baseline according to family

- Prehospital – IV/12-lead

- **IAH:**
 - **Initial NIH score - 16**
 - Arrival at IAH: 1315
 - Door to CT – 1325 (10 minutes)
 - Door to TNK – 1405 (50 minutes)
 - Door to NIR team acc – 1426 (71 minutes)
 - Arrival to IR suite – 159 (124 minutes)
 - Door to GP – 1540 (145 minutes)
 - GP to recann – 1557 (17 minutes)

SUMMARY OF TREATMENT AT IAH

- pt arrived to IAH_ED via EMS Alex #206 with Vallabheneni, MD_ED
- -LKW 11/4/2023 @1230. Pt has noted PMHx of seizures and MS
- -@1336 NIHSS 16: AMS (answers 0 of 2 questions), facial droop, RUE weakness, BLE weakness (R weaker than L), aphasia, dysarthria.
- -@1405 tenecteplase administered
- -@1415 NIHSS 19: answers 0 of 2 questions, follows 0 of 2 commands, facial droop, BUE weakness (R weaker than L), BLE weakness (R weaker than L), aphasia, dysarthria
- -@1426 NIR team activated with Zimmerman, MD_IR
- -@1430 NIHSS 18: answers 0 of 2 questions, follows 1 of 2 commands, facial droop, BUE weakness (R weaker than L), BLE weakness (R weaker than L), aphasia, dysarthria
- -@1445 NIHSS 19: answers 0 of 2 questions, follows 1 of 2 commands, facial droop, BUE weakness (R worsened) (R weaker than L), BLE weakness (R weaker than L) (LLE worsened), aphasia improved, dysarthria
- -@1500 NIHSS 17: RLE improved, dysarthria improved
- -@1519 pt arrived to IR
- -@1520 NIHSS 16: able to follow 2 of 2 commands, new decreased sensation, improved aphasia
- -@1540 arterial access and first pass ICA @1557.
- -aspiration thrombectomy of proximal ICA-thrombus removed.
- -L Internal Carotid Artery ultimately became completely occluded
- Chandela, MD IFH consulted during procedure as ICA re-occluded during procedure- L MCA thrombectomy could not be performed as team was unable to advance device. IFH unable to offer additional therapeutic options
- -r/t significant concern for extension of the ICA dissection flap and pt unable to control secretions- procedure was aborted
- -@1730 NIHSS 13: able to answer 0 of 2 questions, BUE weakness (R weaker than L; L improved), BLE weakness (R weaker than L; L improved), decreased sensation, aphasia, dysarthria
- Chandela, MD IFH consulted during procedure as ICA re-occluded during procedure- L MCA thrombectomy could not be performed as team was unable to advance device. IFH unable to offer additional therapeutic options
- -@1730 NIHSS 13: able to answer 0 of 2 questions, BUE weakness (R weaker than L; L improved), BLE weakness (R weaker than L; L improved), decreased sensation, aphasia, dysarthria
- -@1750 NIHSS 20: decreased LOC, able to answer 0 of 2 questions, facial droop, RUE weakness, BLE weakness (R weaker than L; L worsened), incorrectly scored ataxia, decreased sensation, worsened aphasia and worsened dysarthria.
- -@1805 NIHSS 20: LOC resolved, LUE weakness returns, RUE weakness improved
- -@1820 NIHSS 20: decreased LOC returns, LUE weakness resolved, LLE weakness worsens, (ataxia continues to be erroneously scored)
- -@1920 NIHSS 21: LUE weakness returns;-@1930 NIHSS 20: LUE weakness resolved
- -@1945 NIHSS 18: LOC resolved, able to answer 1 of 2 questions; @2000 NIHSS 17: RUE weakness improved
- -@2030 NIHSS 15: facial droop improved, LUE ataxia resolved; -@2300 NIHSS 14: able to answer 2 of 2 questions
- -11/5/23@ 0300 NIHSS 13: LLE weakness improved
- -@0400 NIHSS 12: RLE weakness improved; -@0500 NIHSS 12: RLE weakness worsens, decreased sensation resolved
- -@0700 NIHSS 13: able to answer 1 of 2 questions; -@0735 NIHSS 12: RLE weakness improved
- -@1200 NIHSS 7: facial droop, RUE weakness, RLE weakness, improved aphasia, improved dysarthria
- -@1400 NIHSS 4: answers 1 of 2 questions, facial droop, aphasia, dysarthria
- -@1900 NIHSS 5: worsened aphasia
- -11/6/2023@ 0720 NIHSS 3: RUE weakness, aphasia, dysarthria
- -@2000 NIHSS 2: aphasia, dysarthria



SUMMARY

- Providers, both ALS/BLS could have anchored on the seizure and MS history
- They obtained a good history from family on scene
- Which led them down a possible stroke
- Quick on scene times and pre-alerting the hospital gave the patient best outcome possible

Get With The Guidelines -Stroke Updates

July 23, 2024



American
Heart
Association®

Awards

Congratulations to our 2024 Get With The Guidelines®-Stroke award-winning hospitals and Mission Lifeline EMS award-winning agencies!

As in prior years, the American Heart Association (AHA) will celebrate all award-winning hospitals and EMS agencies nationally.

- Recognized hospitals will be included in our advertisement in *U.S. News & World Report* "Best Hospitals" print and digital editions (award levels Silver and above).
- Recognition of hospitals and EMS agencies at our American Heart Association National conferences, including Scientific Sessions.



Telehealth Stroke Certification

NEW! Certified Professional by the American Heart Association- Telehealth Stroke!

The Certified Professional by the American Heart Association Telehealth Stroke offering is designed to help standardize training, increase skills, and improve stroke outcomes using telehealth.

The certification is open to licensed medical professionals including physicians, advanced practice providers, nurses, paramedics, clinical pharmacists, and other licensed health care professionals engaged in the stroke chain of survival utilizing telehealth, who complete 10 stroke or telehealth CEUs.

To learn more, please visit- [Certified Professional by the American Heart Association - Telehealth Stroke](#)



Stroke Quality Forum

SAVE THE DATE:

Tuesday, September 24, 2024, 12:00-1:00pm EST

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.

****Please make sure to register even if you are unable to attend as the live presentation as a recording will be sent out to all registrants.**

[Register Here](#)



Virtual Stroke Forum

Save The Date! Virtual Stroke Forum 2024- Advancing Practice and Empowering Optimal Outcomes- October 9th, 2024 !

An exciting, multi-session agenda includes stroke cutting edge imaging techniques, interventional therapies, artificial intelligence applications in stroke diagnosis, hemorrhagic care management, best practices, health equity, data leveraging and the evolving landscape of EMS and stroke systems of care.

This will be a national virtual event open to all professionals involved in stroke patient management & stroke systems of care from prehospital through recovery.

Please save the date Wednesday, October 9, 2024, 10:00 AM to 5:30PM CDT.

Additional information and registration will be shared soon. CE credits pending.





Thank you!



