

Northern Virginia Emergency Medical Services Council

Stroke Committee Meeting
Monday December 4, 2017
10:00am



City of Fairfax Fire Station 403
4081 University Drive
Fairfax, Virginia 22030

Those present were:

Kacie Barton, RN, StoneSprings Hospital, Kacie.peterson@hcahealthcare.com
Jessica Campillay, Inova Fairfax, Jessica.campillay@inova.org
Stephanie Corbin, Loudoun County Fire & Rescue, Stephanie.corbin@loudoun.gov
Nicole Dlesk, Inova Loudoun Hospital, Nicole.dlesk@inova.org
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Tiffany Fischer, Novant/UVA Prince William Medical Center, tdfischer@novanthealth.org
Stephanie Fitch, Inova Fair Oaks Emergency Dept, Stephanie.fitch@inova.org
Susan Hartmus, Virginia Hospital Center, shartmus@virginiahospitalcenter.com
Michael Homeyer, MD, Inova Mount Vernon/Lorton, Michael.homeyer@inova.org
Kim Houser, Sentara Northern Virginia Medical Center, krhouser@sentara.com
Brian Hricik, Alexandria Fire Department, brian.hricik@alexandria.gov
Kate Kramer, Arlington County Fire Department, kkramer@arlingtonva.us
John Lawrence, Inova Mt. Vernon Hospital, john.lawrence@inova.org
Michelle Ludeman, Northern Virginia EMS Council, michelle@vaems.org
John Morgan, MD, Loudoun County Fire & Rescue, john.morgan@loudoun.gov
Ed Puccio, MD, Inova Loudoun Hospital, Edward.puccio@inova.org
Erik Rhodes, Physicians Transport Service, erhodes@ptsems.com
Jean Snyder, Inova Fair Oaks Hospital, regina.snyder@inova.org
Venu Vadlamudi, MD, Inova Alexandria/Mt. Vernon/Sentara, venuvadlamudi@gmail.com
Scott Weir, MD, Fairfax County Fire & Rescue, scott.weir@fairfaxcounty.gov
Jaime Wolfen, StoneSprings Hospital, Jaime.wolfen@hcahealthcare.com
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org

The meeting was started at 10:05 am by Craig Evans.

DISCUSSION:

Review of Regional Stroke Plan

Craig Evans posed the question to the group to whether everyone feels the scope of the current Regional Stroke Plan is sufficient, requires changes, requires updates, etc., and asked for participant feedback. Kate Kramer stated that she felt the plan, as is, is sufficient at this time. The document allows agencies to adopt it and adapt it to their needs but overall it is sufficient. Jaime Wolfen from StoneSprings agreed. The participants are in agreement that the scope of the document is sufficient as written. The group then reviewed the "Field Stroke Triage Decision Scheme". The portion in the algorithm which states "Early notification to Medical

Control and/or the Certified Stroke Center of patient with an Acute Stroke” was recommended by Nicole Dlesk to be changed to remove the word certified. The group discussed the differentiation between certified and designated and stroke-ready centers, what they all mean and who decides those designations. Dr. Scott Weir pointed out that we need to determine what defining body is used by this specialty to determine these designations since there are several and they each have different definitions per defining body. Additionally, it was discussed that the group can define, in this document, what Northern Virginia as a region defines as a certified stroke center for the purposes of the regional plan. Dr. Weir also brought to the attention of the group that the timeframe for onset of symptoms and last known well both point back to the same treatment, therefore the algorithm need not be split if both times elicit the same response/treatment. After much discussion, it was decided that the time metric be replaced with “document time last known well” and there needs to be a concentration on education with field providers for what time intervals constitute what level of facility they should transport to. This will remain the responsibility of the individual agencies as stated in the algorithm “Rapidly initiate transport closest appropriate facility according to local protocols”.

The list of Acute Stroke Ready, Primary, and Comprehensive Stroke Centers was updated and a column added for 24/7 thrombectomy capable centers.

It was suggested by Dr. Weir that QI agencies can meet to discuss and information share with stroke outcomes.

Craig asked if everyone was interested in having a group similar to VHAC but for strokes. Dr. Weir suggested that once it gets more refined with data and outcomes, it would be a good idea. Dr. Vadlamudi stated that the use of real-world data for the region would be helpful in reducing numbers in the region. Dr. Weir also suggested that this meeting be held annually with the Performance Improvement meeting. It was also recommended that there be workgroups set up for QA/QI and education. The consensus was to hold quarterly meetings.

The next meeting will be held at the middle to end April so agencies can have quarterly data to share. An invitation and reminder will be sent to all.

The meeting was adjourned at 12:00 pm.

CERTIFICATION OF THE REGIONAL OPERATIONAL MEDICAL DIRECTION COMMITTEE MEETING

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

I, Craig Evans, 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 December 4, 2017. The minutes were officially approved on

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Craig A. Evans

Date