



Peninsulas Emergency Medical Services Council, Inc.

PO Box 1297, 6898 Main Street

Gloucester, VA 23061

Office (804) 693-6234 - Fax (804) 693-6277

STROKE TASK FORCE MEETING MINUTES

A SUB COMMITTEE OF THE BOARD OF DIRECTORS

Regular Meeting

Meeting Date: 4-4-18

Meeting Location: PEMS-Dunston Room

Chaired By: S. Beam

Begin Time: 1:02 p.m.

End Time: 3:02 p.m.

Minutes Submitted By: D. Thomas

Draft **Approved Date:**

Members Present:	Members Absent:	Staff:	Others:
S. Beam (Chair)	D. Baylous	A. Ashe (TC)	
J. Febrarro (TC)	A. Bryant	S. Craig	
S. Fibish	M. Harmon	M. Player	
O. Gossage (Co-Chair)	K. Harper	D. Thomas	
V. Hogge	C. Mitchell		
P. Lane	G. Samuels		
S. Messina	T. Skinner		
L. Messina	S. Stevens		
P. Ramakrishnan	B. Wilmore		
B. Runk			
T. Tomlin	W. Berry (OEMS)		
K. Warren	T. Perkins (OEMS)		

Item	Discussion	Action Required	By Whom/When
Call to Order	By S. Beam at 1:02 p.m.		
Introductions	Introductions made online and in room as recorded above.		
Approval of Minutes	Minutes corrected to add T. Tomlin to the attendance via TC		
Membership Changes	Remove Skip Hall for Nightengale & replace with Denise Baylous Remove Wolfgang Leesch and replace with Pankajavalli Ramakrishnan as Interventional Neurologist Add Patricia Lane for BSHSI as temporary replacement for Lauren Hogge from BS-RGH.		

<p>Staff Report</p>	<p>D. Thomas reporting:</p> <ul style="list-style-type: none"> • No data submitted from hospitals. O. Gossage states she never received the request form. D. Thomas did not send the blank forms this time because she thought everyone realized they could be saved with a different file name after completion and reused each quarter. Since this was not clear, she will send them out after the meeting and report at the July, 2018 meeting. • 2018 Protocols rolled out March 1, 2018 – There is a FREE protocol app available to everyone on both iOS and Android platforms. Sponsored by the Gloucester Rotary Club. • The nomination period for the PEMS Regional Awards is still open. Encourages everyone to go to website to view the categories and download nomination forms. Deadline is April 20, 2018. • The PEMS Performance Improvement Project for the 3rd Quarter of FY2018 is Stroke. We will be gathering Stroke Task Force data and reviewing EMS performance. She encourages everyone to let the her know about any opportunities for improvement in EMS management of stroke patients. 		
<p>Old Business</p>	<p>D. Thomas asks that each hospital/agency provide her with any EMS education/outreach provided directly related to Stroke for the previous quarter. This is a requirement of our OEMS contract. She will send a reminder out with the data form.</p> <p>S. Beam and O. Gossage ask for everyone’s participation and help in completing the stroke data forms and turning them in prior to each meeting. D. Thomas can access EMS data but not hospital data. She is trying to attend most hospital Stroke committee meetings, but it is harder to extract the needed information from 5-6 different monthly reports and reporting formats; especially since STEMI committees/data from each hospital would have to be collected in the same manner.</p>		
<p>New Business</p>	<p>Pankajavalli Ramakrishnan, MD - Presentation</p> <ul style="list-style-type: none"> • Dr. Ramikrishnan presented research data collected from March 2017 – October 2017 at Riverside Regional Medical Center related to our use of the RACE evaluation tool in the PEMS region – She also presented the same report at the International Stroke Conference this year. • When data was compared with the <i>previous</i> 8 months in which we were <i>not</i> using the tool, they found that: <ul style="list-style-type: none"> ○ 1) Bypassing PSCs if patients had a RACE score above 5 didn’t prevent anyone from getting TPA within the time window. ○ 2) Their times for patients getting TPA was improved. ○ 3) The patient’s time to CT was faster. 		

	<ul style="list-style-type: none">○ 4) Patients got to the intervention lab and were vascularized faster.● Essentially, all of the metrics improved for RACE + patients as compared to their previous 8 months of data before RACE went live. <p>Recent AHA/ASA Recommendations extend time window out to 24 hours for endovascular intervention for certain LVO patients:</p> <ul style="list-style-type: none">● S. Beam brings up the new AHA/ASA recommendations and asks the group to discuss whether or not PEMS should make a change to our current protocol/transport guidelines to extend the time to allow transport of any RACE positive (5 or higher scores) directly to a CSC from 6 hours to 24 hours in keeping with that guidance.● Discussion & questions:<ul style="list-style-type: none">○ The 15-minute difference in transport time from PSC to CSC as a decision-making factor would need to remain in place because we have no data at this point to suggest it should be different.○ V. Hogge/T. Tomlin discuss concern for areas that cross jurisdictional boundaries using a different stroke evaluation tool. Consensus is that a positive Stroke score on any tool may be indicative of LVO and hospitals and HEMS should be aware of this.○ T. Tomlin states he feels there is a need for education on the Northern Neck because he feels there is an over-reliance on the use of HEMS. States some providers are calling HEMS as soon as they are dispatched prior to any patient evaluation. S. Beam (Life Evac) states that HEMS would actually encourage this – same principal as with trauma, can turn them away if they aren't needed.○ L. Messina & S. Messina agree that education is still needed regarding use of the RACE tool. She has noticed paid crews contracted to MVRS have been using FAST, not RACE because their protocols are different. M. Player states if they are operating in the PEMS region they are to use PEMS protocol and evaluation tools and wants the task force to make sure we stress that they don't need to perform a FAST exam first and then do the RACE evaluation. Make sure they know it is ONE assessment. He also wants us to evaluate and track transfer times so that we know whether or not the 15-minute extension for transport to a CSC is actually accurate.		
--	--	--	--

	<ul style="list-style-type: none">○ T. Tomlin asks if we should tell outlying/rural squads to ground transport directly to a CSC if HEMS is not available. S. Beam and M. Player state this is <i>not</i> in the best interest of EMS due to extremely limited resources in those areas, that may cause a critical shortage if we start mandating extremely long transport times out of the area and bypassing a PSC to do so.○ O. Gossage states that compliance with RACE use is currently about 60%. Discussed ways for hospitals to encourage it...she started listing RACE compliance by department and squad in the EMS room at RRMCMC and has healthy competition and improvements in use because of that. She also states that in areas, such as Williamsburg, who were never going to bypass because any CSC was more than 15 minutes difference in transport times, were not performing the RACE assessment. She did a CE event with them and stressed why it was so important for the patient...it provides a heads up for the PSC that this patient may need emergent transport to a CSC for an LVO. B. Runk states that nearly all stroke patients coming to SWRMC are pre-alerted with a RACE scores provided.○ Dr. Ramakrishnan informs the group that the states with above 90% compliance with stroke scale usage has legislative guidelines mandating it. We are not to that point in Virginia yet...but it is coming.○ P. Lane states that there is currently legislation that passed which will mandate that the Virginia Department of Health require regional stroke plan and registry in order to monitor stroke care quality and stroke registry. There is also a request for funding to that all agencies can access the stroke registry. She believes the biggest push is going to be for tracking door-in/door out times to ensure that patients are being transferred in a timely manner.○ M. Player suggests we implement and market some type of educational program to address common questions and myths about the use of the RACE tool and increase provider compliance...stressing how and why it works.○ K. Warren makes a motion that we change the current stroke protocol to extend the time frame allowed for transporting directly to a CSC from 6 hours to 24 hours. No further discussion. T. Tomlin seconds the motion.		
--	---	--	--

Stroke Task Force Meeting Minutes, 07/09/15

	No one states any opposition to the motion, and the motion passes.		
Good of the Order	<ul style="list-style-type: none"> • B. Runk reports that Sentara’s 2nd Annual Stroke Symposium was held on March 30, 2018 at the Great Wolf Lodge in Williamsburg VA. It was very successful with over 200 people in attendance. • T. Tomlin states that HB777 Helicopter EMS disclosure bill is back before committee and must be acted on by November 30, 2018. The bill states that before EMS can initiate HEMS, they must obtain consent of patient. EMS is universally opposed to this mandate. He asks that everyone make their delegates aware of how you feel. HB778 HEMS bill for hospitals will impact hospital staff and require that patients are aware of the potential costs associated with that mode of transport and get their consent prior to initiation of HEMS transport. • <u>Important Dates:</u> <ul style="list-style-type: none"> ○ Deadline for Regional EMS Award Nominations – Friday, April 20, 2018 ○ Hampton Roads Trauma Symposium – Friday, April 27, 2018 ○ CHKD Pediatric Trauma Symposium – Friday, May 18, 2018 ○ EMS Day at Busch Gardens – Saturday, May 19, ,2018 		
Next Meeting	Thursday, October 13, 2017 at 1:00 p.m.		
Adjournment	Attendance verified and meeting adjourned at 3:02 p.m.		