



**Peninsulas Emergency Medical Services Council, Inc.**

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**STROKE COMMITTEE MEETING MINUTES**

**A SUB COMMITTEE OF THE BOARD OF DIRECTORS**

Regular Meeting

**Meeting Date:** 7-09-20

**Meeting Location:** ~~PEMS Dunston Room~~/Teleconference

**Chaired By:** S. Watkins

**Begin Time:** 1:03 p.m.

**End Time:** 2:04 p.m.

**Minutes Submitted By:** J. Bendit

**Draft** \_\_

**Approved Date:** 10-8-20

Members Present:	Members Absent:	Staff:	Others:
Doak, M (TC)	Baylous, D	Bendit, Jeffrey (TC)	Quinerly, Nikosha (TC)
Mitchell, C (TC)	Dr. Warren, K.	Craig, Seth (TC)	Louka, Amir (TC)
Samuels, G (TC)	Fibish, S		Rowe, Brenda (TC)
Stevens, S (TC)	Hogge, V		
Watkins, S (Chair)	Holladay, Katelyn		
Bonniville, Fran (TC)	Maricle, J		
Brown, Heather (TC)	McClain, S		
Gossage, O (TC)	Prata, T		
Klink, S. (TC)	Valcourt, Jodi		
Dr. Ramakrishnan, P (TC)	Skinner, T		
Smith, M (VC) (TC)	Tomlin, T		
	Wilmore, B		

Item	Discussion	Action Required	By Whom/When
Call to Order	By M. Doak at 1:03 p.m. Motioned by M. Doak and 2 <sup>nd</sup> by O. Gossage.		
Introductions	Introductions made online recorded above. Due to COVID-19, there was no in-person meeting option. Dr. Louka introduced as the New PEMS Regional OMD by J. Bendit. He replaces C. Lawson as she has served for many years prior and has asked to step down.		
Approval of Minutes	Approval of Minutes from 04-09-20. J. Bendit stated F. Bonniville verbally gave hospital Stroke numbers in the April 2020 Stroke meeting. She emailed those numbers and J. Bendit updated reports below.	Update Minutes	S. Craig/ 4/9/20

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	S. Klink made motion to approve with stated changes for RWRH; M. Doak second. Unanimous approval. Minutes approved with changes written.		
Membership Changes	Motion was made and approved to add the following to the Stroke Committee: Add: Qunierly, N. SCPH REMOVE: Fabrarro, J. SCPH. Retired. Remove RGH V. Hogge. Retired. Add: Songaldwitch, Suzan SCPH Alternate.	Update Roster	S. Pincus/ 8/1/2020
Staff Report	<b>J. Bendit reporting:</b> <ul style="list-style-type: none"> <li>No 1<sup>st</sup> Quarter due out for the PEMS Stroke Committee.</li> <li>VSSTF Meeting in March 2020 cancelled due to COVID-19. Next meetin is scheduled for July 17 at 1000 virtually. J. Bendit asked if S. Watkins received invite. Anyone interested, please contact J. Bendit or S. Watkins.</li> </ul>	Attend VSSTF	J. Bendit/S. Watkins/Dr. Ramikrishnan/ 7/17/2020
Hospital Report	<ul style="list-style-type: none"> <li>Stroke Data from Jan 1-March 31, 2020- Individual Reports RRMC reported 177 Stroke alerts, 120 came in by EMS Ground, 2 by HEMS. 69 had a RACE score. 54 came by POV/ walk-in.</li> <li>Sentara Williamsburg No Report.</li> <li>Riverside Walter Reed Hospital- Reported 1<sup>st</sup> Quarter and April/May numbers. 1<sup>st</sup> QTR: 24 Total Stroke alerts, 16 EMS Ground, 8 walk-in, 0 HEMS, 6 with RACE score, 2 with RACE &gt; 5, 2 patients brought in by EMS, no run sheet found. 9 brought in by EMS had no RACE score.</li> <li>Riverside Doctor's Hospital 23 Stroke alerts, 11 came in by EMS Ground, 12 walk-in, 0 by HEMS. 0 had a RACE score . AVG time Door in- Door out-74</li> <li>BSHSI Mary Immaculate Hospital Due to the furloughs, numbers unable to be obtained.</li> <li>BSHSI Rappahannock General Hospital- Due to furloughs, numbers unable to be obtained.</li> <li>Sentara Careplex Hospital- 47 total stroke alerts, 26 EMS ground transports, 19 walk-in, 0 HEMS 74 minutes door in and door out.</li> <li>Riverside Tappahannock Hospital- No report.</li> </ul>	Report stroke data to PEMS prior to meetings.	All Hospitals/ April 2020
Old Business	Riverside Telestroke trial has been postponed from June 2020 until after COVID-19. S. Watkins stated she is organizing meeting for next week with PEMS and telestroke trial group in order to resume the initiation of the telestroke trial.		
New Business	Dr. Louka added thoughts about the addition of BEFAST before RACE. He stated that he was learning about PEMS, RACE was shown to determine a Large Vessel Occlusion when score is greater than 5, but there is no way to determine stroke positive or stroke negative. He would like to add the regular stroke scale BEFAST before RACE in order to determine stroke positive and help the determination for emergency rooms to determine a stroke alert. He has watched, as James City County Operational		

	<p>Medical Director for the past year or so. RACE has been used as the stroke tool which is for Large Vessel Occlusion determination and comprehensive stroke center determination.</p> <p>Dr. Ramikrishnan stated that the RACE tool focus is on the threshold as a continuum. This meets level II use a triage for stroke center determination.</p> <p>Dr. Louka stated that BEFAST is the “at the door” screening for a stroke. Then RACE is used to determine LVO.</p> <p>M. Doak Q1- out of patient contacts how many missing PPCRs with missing RACE scores. Q2-Does Imagetrend support the addition of BEFAST? Data pull is not 100% because data is found in narrative and other places, but unable to pull narrative at this point. Hospitals only able to find in narrative with their version of Imagetrend.</p> <p>Dr. Louka stated that Neurology groups add to protocol BEFAST before RACE? He wants to present to the PEMS Stroke Committee and see if agreement by the committee.</p> <p>Dr. Ramikrishnan says that moving to add components can help, but RACE is a step tool. RACE CAP study randomize triage then transfer paradigm. RACE under 5 does not exclude stroke. RACE streamlined and education addressed. Some components of BEFAST and some components of RACE are the same. The way RACE is being used may not be alerted by ED staff. NIH components are in RACE and BEFAST.</p> <p>Focusing on one tool helps to ensure expert use of one tool and consistency/accuracy of the results. This is better than using multiple tools that get numbers mixed up from tool to tool. Bottom line: the more stroke scales used, the more inconsistent the results and inaccurate results given to the ED.</p> <p>Dr. Louka stated that maybe the addition of a RACE score of 1,2,3 or 4 would activate ED Stroke Alert. J. Bendit stated that the PEMS Protocols do not give ED direction crossing hospital systems. Recommend: Amend RACE 1 step scale with RACE greater than 1, 2, 3, or 4to be transmitted as a prehospital stroke alert.</p> <p>S. Watkins stated that TPA given and interventions has been given to RACE greater than 1.</p> <p>S. Craig and O. Gossage recommends Dr. Louca send to the group his recommendation. J. Bendit and S. Craig send to the group with the PEMS Stroke Plan. The group needs to reply NLT July 23 (2 weeks) with their approval or discussion.</p> <p>Dr. Louka also would like to discuss the extension of time from greater than 15minutes to 30,45 or 60 minutes from a comprehensive stroke center when patient is RACE greater than 5. This would allow for better patient outcomes when they go directly to the comprehensive stroke center. Dr. Louka will send this recommendation to the group as well for an answer NLT July 23.</p> <p>Dr. Ramikrishnan stated that 15 minutes was chosen as a starting point for this destination determination. Rhode Island showed studies where statewide, 90 minutes</p>		
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	<p>to consider directly to comprehensive. For PEMS region, 45, or 60 minutes can be reasonable and we can scale back if needed in the future. Dr. Ramikrishnan motioned for the review by this committee to be sent to the group with an answer via email NLT 23 July 2020. M. Doak 2<sup>nd</sup>, O. Gossage and the group unanimously approved for this review via email.</p> <p>M. Doak asked about how the awards would be given. J. Bendit stated that PEMS is working on a delivery process individually with video and to put out a final product. More to follow.</p> <p>O. Gossage brought to the STEMI Committee, PPP, and MAC the change which she recommends for strokes as well and though that she would bring to the PEMS Stroke Committee. This change is in the communication from the ambulance crews of patient information including name, DOB, in the Core report only because the HEAR is an outdated system that is not HIPAA compliant. S. Craig is working on the phone numbers for all hospitals including those outside PEMS that routinely receive transports of these types. The Stroke Committee agreed that this is a good idea and had no objections.</p>		
<p>Good of the Order</p>	<p><b><u>Important Dates:</u></b>  Riverside Neuro Interventional Case Reviews 1<sup>st</sup> Wednesday each month- postponed until after COVID-19 pandemic.  Annual Hampton Roads Trauma Symposium April 17, 2020. Cancelled.  CHKD Trauma cancelled.  PEMS Regional Awards Ceremony at Busch Gardens cancelled, but PEMS will be working on process to give awards and put video together to post for everyone to see.  Riverside Stroke Symposium June 26, 2020 Cancelled.</p> <p><b><u>When Things Go Right-</u></b> None this quarter.</p>		
<p>Next Meeting</p>	<p><b>Thursday, October 8th, 2020 at 1:00 p.m.</b></p>		
<p>Adjournment</p>	<p>Attendance verified and meeting motioned to adjourn by M. Doak second by S. Watkins. Meeting adjourned at 2:04 p.m.</p>		