Peninsulas Emergency Medical Services Council, Inc.
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STROKE TASK FORCE MEETING MINUTES

A SUB COMMITTEE OF THE BOARD OF DIRECTORS

Special Meeting

Meeting Date: **05-26-16** **Meeting Location:** **PEMS-Dunston Room** **Chaired By:** S. Beam

Begin Time: **08:00 a.m.** **End Time**: **10:00 a.m.** **Minutes Submitted By:** **D. Thomas** **Draft_____ Approved Date: 07-14-16**

Members Present:	Members Absent:	Staff:	Others:
S. Beam (Chair)	J. Burnette	D. Thomas	Alexander Grunsfeld, MD (Sentara-TC)
A. Bryant	S. Cole	R. Blymeyer	Dr. Livingstone (RRMC-TC)
V. Cordaro	M. Doak	M. Player	Dr. John Baker (BSHSI)
S. Fibish	C. Foster		Dr. Ramikrishnan (RRMC –TC)
O. Gossage	S. Hall		David L. Justis, MD (RMG/PEMS)
K. Harper	M. Harmon		Patricia Lane (BSHSI Neuro Richmond)
L. Hogge	J. Jones		
V. Hogge	M. Paxton		
S. Karam	T. Skinner		
W. Leesch	S. Stevens		
T. McGregor	B. Wilmore		
L. Messina			
S. Messina			
C. Mitchell (TC)			
T. Mitchell			
B. Runk (TC)			
T. Tomlin			
K. Warren			

Item	Discussion	Action Required	By Whom/When
Call to Order	By S. Beam at 1:00 p.m.		

Introductions	Introductions made online and in room. Statement of meeting purpose by M. Player-advises to keep in mind our top priority is to do what is in the best interest of the patients we serve.		
Approval of Minutes	Not applicable for this special meeting.		
Membership Changes	None.		
Staff Report	None.		
Old Business	O. Gossage and S. Beam proposed changes to our current protocols and checklists for the 2017 protocol update at the meeting on April 14, 2016. It was determined that there were many and varied interpretations of when neuro-interventional management at a Comprehensive Stroke Center is desirable. The meeting today was called by the chair (S. Beam) in order to hear all sides of the issue from healthcare experts across the region, as a change in protocol/triage/transport decisions will impact all of the agencies to some extent. The original suggestions from the April, 2016 meeting: 1) Use the BEFAST model of assessment/examination in order to catch posterior strokes. (K. Warren) 2) Expand the stroke window on our checklist to 0-4 hours and have providers transport any patients meeting acute stroke to a Comprehensive Stroke Center if it wouldn't extend transport time by more than 15 minutes. Presentation: O. Gossage gave a presentation outlining current science/research to support the increased use of neuro-interventional treatments for stroke which can only occur at a Comprehensive Stroke Center. She also presented an improved assessment tool R. A. C. E. that is extremely reliable in detecting large vessel occlusions that are most likely to benefit from neurointervention. Discussion: The discussion surrounding the data, the time parameters and potential for improved patient outcomes was definitely robust. All recognized that new scientific studies have shown improved patient outcomes for patients with a LVO (Large Vessel Occlusion), but there were differences of opinion with regard to time frames and percentage of patients who might be triaged to CSC vs PSC and not end up with treatment modalities different from what could have been provided by PSC. Studies out of South Carolina showed the RACE evaluation tool is highly effective at detecting LVO in the prehospital setting. It uses components of the NIHSS without having EMS providers do the entire NIHSS. After much discussion, all agreed to the following protocol changes for presentation to the PPP and MAC: 1. The Stroke Checklist will be discontinued.		

	2. FAST will no longer be the evaluation tool. 3. EMS providers will use the RACE evaluation tool to identify potential large vessel occlusions which might benefit from neurointervention at a Comprehensive Stroke Center. 4. If the onset of stroke is < 6 hours ***and*** the patient has a **RACE score of 5 or greater** the EMS provider will initiate transport to a Comprehensive Stroke Center ***if*** it does not extend the total transport time by more than 15 minutes. 5. **RACE scores of 4 or less** will be transported to the nearest Primary Stroke Center. 6. If stroke onset is between 6-12 hours, contact medical control for a destination decision, bearing in mind that oftentimes stroke can be treated successfully even after 12 hours. 7. All Comprehensive Stroke Centers will provide data to the Stroke Task Force for any patients meeting the protocol criteria that are either bypassed or transferred from a Primary Stroke Center: 1) Number of patients that received neurointervention or other treatment modalities that could not have been provided at a Primary Stroke Center. 2) Functional outcomes of those patients.		
New Business	None.		
Good of the Order	None.		
Next Meeting	July 14, 2016 – Regular meeting at PEMS. 1:00 p.m.		
Adjournment	Meeting adjourned at 10:00 a.m.		