



## Peninsulas Emergency Medical Services Council, Inc.

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### STROKE TASK FORCE MEETING MINUTES

A SUB COMMITTEE OF THE BOARD OF DIRECTORS

Regular Meeting

**Meeting Date:** 10-13-16

**Meeting Location:** PEMS-Dunston Room

**Chaired By:** S. Beam

**Begin Time:** 1:00 p.m.

**End Time:** 1:43 p.m.

**Minutes Submitted By:** D. Thomas

**Draft**  **Approved Date:**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
S. Beam (Chair)	A. Bryant	D. Thomas	T. Weathers (TC) – MIH
S. Fibish (TC)	S. Cole		M. Jergens (TC) – MIH
O. Gossage	V. Cordaro		
S. Karam (TC)	C. Foster		
B. Runk (TC)	S. Hall		
G. Samuels	M. Harmon		
T. Tomlin	K. Harper		
	L. Hogge		
	V. Hogge		
	J. Jones		
	W. Leesch		
	T. McGregor		
	L. Messina		
	S. Messina		
	C. Mitchell		
	T. Mitchell		
	T. Skinner		
	S. Stevens		
	K. Warren		
	B. Wilmore		

Stroke Task Force Meeting Minutes, 07/09/15

Item	Discussion	Action Required	By Whom/When
Call to Order	By S. Beam at 1:03 p.m.		
Introductions	Introductions made online and in room as recorded above.		
Approval of Minutes	The minutes for 7-14-16 were approved as written.		
Membership Changes	None		
Staff Report	D. Thomas reports that she is taking on the Performance Improvement Committee in addition to the 3 task forces and will be requesting/collecting data from each in order to feed PI data directly from the task forces to the PI Committee. Asks that all stroke coordinators be willing to provide requested data from their information as needed.		
Old Business	<ul style="list-style-type: none"> <li>• S. Beam reports that she did another Joint Task Force outreach this month at Abingdon Volunteer Fire &amp; Rescue. Since the MAC has approved our proposed changes to the stroke protocol, she states she provided a bit of “heads up” information about the upcoming RACE scale and transport consideration changes. States it was well received. Need more volunteers to help take this information out.</li> <li>• O. Gossage states that in accordance with our original task force agreement for any CSCs who receive patients from within the PEMS region, she has drawn up a QI Tool that will be distributed to all members of the group for review. This will give us the data we need to determine whether our new protocol is working and valid. D. Thomas believes this was sent to the group previously-will resend.</li> </ul>	QI Tool to STF members	Next week: O.Gossage/D.Thomas
New Business	<ul style="list-style-type: none"> <li>• The proposed stroke protocol changes were approved by the MAC Committee.</li> <li>• Education on <b>all</b> protocol changes will begin in January 2017 for full implementation by March, 2017. The PPP committee is in the process of securing a vendor for a You Tube video production to facilitate a roll-out of the changes to all area EMS providers. S. Beam states that actors/actresses are needed to demonstrate the changes. Stroke will need two-a patient and a provider.</li> <li>• Discussed the need to create a teaching document for all hospital coordinators in order to take that same information into the EDs for doctors &amp; nurses so that they understand the RACE scale and the decision-making processes for patient transport &amp; disposition. – O. Gossage will produce the draft document and submit to D. Thomas for distribution to this group. There will be a timeframe for suggestions/edits/input from all representatives and then we will release the final document for approval.</li> </ul>	ED Staff Teaching Document	November, 2017 by O. Gossage
Good of the Order	<ul style="list-style-type: none"> <li>• S. Karam-coordinator from Sentara Careplex shared that it has often been challenging for SCH to meet the under 45 minute Door-to-Needle time, but they</li> </ul>		

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	<p>have been 3/3 this month. She shared a case study of a 63 y o male with history of HTN and uncontrolled DM. He took his wife’s Cymbalta earlier in the day and developed a complaint of severe right leg pain &amp; called 911. There were no neurological deficiencies noted in the EMS assessment, but upon arrival SCH, the charge nurse noticed acute/progressive right side weakness of his extremities; conducted a rapid BEFAST exam, noting vision disturbance and progressive aphasia. She activated a stroke alert and patient was sent immediately to CT (negative) with exam by neurology onsite who determined the NIHSS=11. Patient was a candidate for tPA which was started within 28 minutes of the patient’s arrival. Patient’s symptoms gradually improved and he was discharged to rehab. Sandi reports this as being a huge morale booster to SCH-ED staff. Kudos!</p> <ul style="list-style-type: none"> <li>• S. Beam asks S. Fibish to provide the case study for next meeting.</li> </ul> <p><b><u>Important Dates:</u></b></p> <ul style="list-style-type: none"> <li>○ <b><u>DINNER with a DOC</u></b>  <b>October 25th – 6:30 p.m.</b>  <i>Dr. Pankaja Ramakrishnan, MD</i>  <b>Neurovascular Cases: Mechanical Thrombectomy for Ischemic Stroke &amp; Coil</b>                      Olivia's Restaurant, 6597 Main Street, Gloucester VA</li> <li>○ <b><u>Rural EMS Expo - March 11 &amp; 12, 2017</u></b>                      Rappahannock Community College, Glens Campus</li> </ul>	<p>Case study presentation</p>	<p>S. Fibish (MIH) Next meeting</p>
<p>Next Meeting</p>	<p>January 12, 2017</p>		
<p>Adjournment</p>	<p>Attendance was verified. Motions made &amp; seconded; meeting was adjourned at 1:43 p.m.</p>		