



Peninsulas Emergency Medical Services Council, Inc.

PO Box 1297, 6876 Main Street

Gloucester, VA 23061

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

PEMS Stroke Triage Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: 7-8-2021

Meeting Location:

PEMS – Teleconference/Big Blue Button

Chaired By: Sara Watkins

Begin Time: 1:03 pm

End Time: 2:00 pm

Minutes Submitted By: D. Thomas

Draft: Approved Date: 10-14-21

Members Present:	Members Absent:	Staff:	Others:
Ackerson, Teri	Baylous, Denise	Craig, Seth	Gibler, Dana (New member)
Baker, Tara	Bonniville, Francis	Pincus, Stephen	Johnson, Molly (for S. Williams)
Davenport, John	Doak, Melissa	Thomas, Debbie (Facilitator)	
Duryea, Kristie	Fibish, Sue		
Gossage, O'Brien	McClain, Scott		
Houde, Paul	Mitchell, Cathryn		
Ramakrishnan, Pankajavali	Neiman, Greg		
Samuels, Gary	Packett, Lauren		
Watkins, Sara (C)	Prata, Jr., Anthony		
	Quinnerly, Nikosha		
	Rowe, Brenda		
	Smith, Matthew		
	Smithers, Tabitha		
	Stevens, Stacie		
	Trueman, David		
	Tomlin, Tommy		
	Warren, Kim		
	Williams, Shannon (represented by proxy)		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order by S. Watkins at 1:03 p.m.		
Introductions	All members/guests introduced online.		

Item	Discussion	Action Required	By Whom/When
Approval of Minutes	Motion to approve the minutes from 4-8-21 by M. Johnson for S. Williams, second by P. Ramakrishnan. Motion approved.		
Membership Changes	<p>Membership changes are as noted below:</p> <p>REMOVE: David Trueman – Life Evac Sara Watkins – RRMCM (Chair)</p> <p>ADD: Dana Gibler – RRMCM Benjamin “Cody” Main – Life Evac Greg Neiman – VCU Health Tabitha Smithers – Life Evac</p> <p>Motion to accept the Removals by J. Davenport, Second by P. Ramakrishnan, Motion Approved. Motion to accept the Additions by P. Ramakrishnan, Second by J. Davenport, Motion Approved.</p> <p>D. Thomas notes that since our current chairperson, Sara Watkins, is leaving, we need to select a new Chair for the committee...asks for nominations.</p> <p>S. Watkins nominated D. Gibler (RRMCM’s new Stroke Coordinator). Nomination seconded by T. Ackerson. Discussion-D. Thomas asks D. Gibler if she is willing to assume the chair position and she responds that she is. D. Thomas asks if there are any other nominations or volunteers. Hearing none, calls for the vote. D. Gibler is elected as chairperson by unanimous consent.</p>		
Staff Report	<p>D. Thomas reports:</p> <p>PEMS has completed and submitted our FY2021 4th Quarter Deliverables to VAOEMS. PEMS Regional EMS Awards winners reported to the group. The VA OEMS transition to ESO began on July 1, 2021 and is scheduled to be completed by July 15, 2021.</p>		
Hospital Reports	<p>D. Thomas states she did not receive any hospital data/reports for CY21 - 2nd Quarter reports. Education reporting by hospitals are as follows:</p> <p>RRMCM – S. Watkins reports they held a Stroke Symposium in June, 2021. Dr. Ramakrishnan reports she did a recorded Zoom lecture during Stroke Awareness month its available online; also did 757 Living piece and recently did another Patient Survivor series on a survivor of subarachnoid hemorrhage. D. Gibler notes that G. Harris, NP from Neuro did a Facebook Live event on Stroke Awareness to a network of over14,000 followers. S. Pincus asks that RRMCM forward any recorded links to these trainings to PEMS for inclusion on our website.</p> <p>Sentara Careplex – T. Ackerson reports that she completed Stroke updates and training to the entire Hampton Fire Department (all three shifts) at the end of March, 2021 and they also completed an in-person community Stroke Awareness event in May, 2021.</p> <p>VCU Tappahannock – T. Baker reports that effective July 1 they have made changes to their stroke alerting process to be more closely aligned with VCU Health main campus. Greatly expanded their stroke alert window. They will be calling stroke alerts on all patients with a last known well less than 24 hours, all wake-up strokes and all unknown last known well patients.</p>	Forward links to stroke training	D. Gibler – ASAP

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	<p>BSHSI - Rappahannock General – K. Duryea reports that she and G. Samuels have several upcoming community awareness events with some of the volunteer rescue squads in their area. Looking forward to doing more in-person outreach events now that Covid has waned a bit.</p>		
Old Business	<p>D. Thomas recalls there was a great deal of discussion at the last meeting with regard to the new AHA changes surrounding stroke transport decisions. The Virginia Medical Advisors Committee was meeting on the same day/time and it was reported by A. Louka that there was a lot of discussion/angst surrounding the supportive data and what these changes meant for agencies and hospitals. It is unknown what the VMAC actually decided, if anything. P. Ramakrishnan emphasizes that she feels 30 minutes is a great place to be and that they are only “guidelines” but we should be trying to capture this data to see where we are in 6-12 months.</p> <p>The PEMS region and this committee had already voted to approve a protocol change which expanded the extension of time to transport to CSC from 15 minutes to 30 minutes and the changes went into effect on April 1, 2021 and the committee voted on 4-8-21 to affirm the changes to PEMS protocols to 30 minutes as being in the patient’s best interests.</p> <p>D. Thomas states that someone at the last meeting asked if we had any supporting data for our decision to use the RACE score to determine potential LVOs. It was noted that there are many easier tools to use. D. Thomas let’s everyone know that she emailed everyone on the committee, the poster P. Ramakrishnan used for the presentation of the stroke data PEMS collected after we began using RACE to identify candidates for transport to a CSC vs. a PSC. It shows that there were measurable improvements in outcomes. P. Ramakrishnan reminds everyone that when we started this, we were among the first regions in the country to start using stroke scales to identify an LVO. There wasn’t a lot of data with regard to how well any scale worked in the field and most didn’t even exist when this committee unanimously chose RACE. We felt, at that time, RACE had the best supporting data and we would then collect our own research into how well it worked, if at all. P. Ramakrishnan thoroughly discussed our thinking behind the process and states it is still the most validated of prehospital stroke scales. Our real-time data with regard to RACE mirrored studies in controlled settings which is a powerful indication that it works and works well.</p> <p>S. Pincus mentioned that at last meeting A. Louka had mentioned he wanted to track thrombolytic administration for patients that are transported. D. Thomas updated the hospital data form adding a required field to track this information. P. Ramakrishnan asks if we have determined how to interpret the data we are getting. For example – An EMS Stroke patient coming into the hospital beyond 4 ½ hours LKW, would not be eligible for IV tPA.</p> <p>S. Watkins states they already calculate their tPA data based on LKW less than 4 ½ hours, suggests that it be more of an eligibility question versus just how many got it. D. Thomas questions the 4 ½ hour timeframe. P. Ramakrishnan clarifies that FDA usage for tPA is approved for 3 hours LKW but agency guidelines allow for administration up to 4 ½ hours in a select group of patients who have extra exclusion criteria.</p> <p>S. Watkins asks if group wants to report individual tPA rates like we are doing with regard endovascular rates. G. Samuels states that we already have issues getting data in a timely manner whether in hospital and that we</p>		

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	<p>should just report the rates of tPA administration. D. Thomas will talk to A. Louka to see exactly what he wanted and why – disregard the current form until she gets clarification.</p> <p>S. Watkins states that the data PEMS is requesting (most recent quarter) is often not available to every hospital that quickly. Suggests that we push back a quarter so that the hospitals will have all of the data we are requesting. D. Thomas indicates she will do that.</p> <p>Greeted G. Harris, NP from RRMC who popped into the meeting with P. Ramakrishnan and was introduced as the person who did the huge FB Live event.</p> <p>Attendance Verified as shown above.</p>	<p>Ask A. Louka about the data he wants/why and revise data form.</p>	<p>D. Thomas by 7/23/21</p>
<p>New Business</p>	<p>CY2021 2nd Quarter EMS Data for Stroke – D. Thomas reports that she has been unable to gather accurate data for the PEMS region until the transition to ESO for all agencies on-boarding is completed. Need to find out which agencies we need to filter out, as she was getting agencies from all over the state but they weren't including some of the agencies that are going to continue using ImageTrend. Since the entire process is not supposed to be completed until July 15, 2021 it was felt that the current data was probably not accurate and that she shouldn't report on it this meeting. D. Thomas reports that she will report on 2nd & 3rd quarters next meeting.</p>		
<p>Good of the Order</p>	<p>Virginia EMS Symposium will be held in-person – November 3-7, 2021.</p> <p>S. Watkins reports they will have their DNV Survey in September.</p> <p>G. Samuels reports that Mary Immaculate will have their Joint Commission review for Primary Stroke Center next week.</p> <p>S. Pincus lets the committee know that anything they want to share with the entire region, particularly educational offerings can be sent to him for inclusion on the PEMS website and Facebook page.</p>		
<p>Next Meeting</p>	<p>Thursday, October 14th 2021 at 1:00 p.m.</p>		
<p>Adjournment</p>	<p>Meeting was adjourned at 2:00 p.m.</p>		