



## Peninsulas Emergency Medical Services Council, Inc.

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### PEMS Stroke Triage Committee Meeting Minutes

A PEMS Council Standing Committee

**Meeting Date:** 10-13-22

**Meeting Location:** PEMS & MS Teams

**Chaired By:** Dana Gibler

**Begin Time:** 1:04 p.m.

**End Time:** 1:49 p.m.

**Minutes Submitted By:** Debbie Thomas

**Draft: Approved X Date:** 1-12-23

Members Present:	Members Absent:	Staff:	Others:
Davenport, John	Baker, Tara	Pincus, Stephen	
Doak, Melissa	Baylous, Denise	Thomas, Debbie	
Duck, Nicole	Bonniville, Francis		
Gibler, Dana	Brown, Heather		
Jensen, Matthew	Duryea, Kristie		
Neiman, Greg	Fibish, Sue		
Samuels, Gary	Gossage, O'Brien		
Smith, Matt	Houde, Paul		
Snow, Katie	Jenkins, Kacey		
	McClain, Scott		
	Middaugh, Bradley		
	Mitchell, Cathryn		
	Packett, Lauren		
	Prata, Jr. Anthony		
	Quinerly, Nikosha		
	Ramakrishnan, Pankajavalli		
	Singalewitch, Susan		
	Stevens, Stacie		
	Szvetecz, Tiffany		
	Tomlin, Tommy		
	Warren, Kim		
	Williams, Shannon		

Item	Discussion	Action Required	By Whom/When
Call to Order	The meeting was called to order at 1:04 p.m. by D. Gibler.		
Introductions	Attendance recorded and introductions made by all attendees.		
Approval of Minutes	M. Doak makes motion to approve the minutes from July. Seconded by N. Duck. Motion passes.		
Membership Changes	None		
PEMS Staff Report	<p>D. Thomas states that the quarterly deliverables from PEMS to the Office of EMS were submitted for the 1QFY23.</p> <p>D. Thomas informs group that she will be attending a class on Quality Improvement Program development via the National Fire Academy. Class will be in Chesapeake, VA. She and Michael Player will attend to represent PEMS and other agency leaders had opportunity to fill 7 other spots in the class for no tuition. Class is sponsored by the TEMS regional council.</p> <p>D. Thomas reported EMS Data available for the following Stroke measures:</p> <ul style="list-style-type: none"> <li>• Performance of RACE assessment on Stroke patients</li> <li>• Providing Stroke Alerts to Hospital for potential Stroke patients.</li> <li>• Performance of Blood Glucose Level checks on all potential Stroke patients.</li> <li>• Average scene times for Stroke calls.</li> </ul> <p>The PowerPoint file is attached as an addendum to these minutes.</p> <p>Discussion: Group discussed need to develop benchmarks and goals for these measures so that we know where we want to be vs. where we really are. M. Doak suggests D. Thomas reach out to the other regional councils for data on how and what they are pulling and how the files are set up so that we are measuring ourselves against the other regions in the state. She also suggests that we partner with those offering up symposiums/training opportunities so that agencies whose staff might be struggling with this are offered free or reduced cost education opportunities versus simply telling them they need to improve. Everyone thinks this is great idea. D. Gibler mentions that RRMC now has a simulation lab that is open to providers and has the ability to create specific realistic patient scenarios. She states anyone who is interested in this should contact her and she will work to get something set up.</p>		
Roundtable	<p>The following agencies/hospitals had reports:</p> <p><b>LifeEvac</b> – M. Jensen states he is working with VCU on getting the flight data for patients from this area, so we will know how many stroke patients are being flown out. Being held up by “permissions” clearance, etc. but hopes to have this for us soon.</p> <p><b>Riverside Regional</b> – D. Gibler reports that the Virginia State Stroke Task Force meeting will be held tomorrow at the Riverside College of Health Careers. Everyone is encouraged to attend – will be a great networking event, good stroke information, etc. RRMC has also been working in Smithfield a lot as they will be opening a new hospital over there in 2025. They have done a health fair over there, etc.</p> <p><b>Sentara Careplex</b> – K. Snow reports they did a community event along with Hampton Fire Department at the Fall Festival. States it was lots of fun and well done.</p> <p><b>Middle Peninsula</b> – J. Davenport reports that he has secured a part-time job with Mathews Vol. Rescue Squad so he is looking forward to using the Rembrandt telestroke protocols and will be happy to report back here.</p> <p><b>Peninsula</b> – M. Doak reports that YCFLS will be attending the Riverside Doctors’ Hospital DNV Survey this</p>		

Item	Discussion	Action Required	By Whom/When
	month as EMS representation. D. Thomas reports that DNV certification is going on for RRMC as well. PEMS will be represented there as well as other EMS agencies. They will also be doing certification surveys for Sentara Careplex and Sentara Williamsburg Regional next week. PEMS is doing everything we can to support the hospitals with these reviews.		
Old Business	D. Gibler states that the Rembrandt project for telestroke on the Middle Peninsula has not yet enrolled a single patient. Most are occurring during the daytime hours when telestroke is not available. Another issue that's been identified is that activating Rembrandt when proximity to RWR is pretty close, could actually increase the times to definitive treatment...so they realize now that potential patients would need to be significant transport distance from the hospital to benefit. They plan to eventually expand Rembrandt to 24/7 which should help with the problem of likely candidates falling outside the window of availability.		
New Business	<p>Revised RACE Score posters for every EMS agency. D. Thomas reports that they have revised the current RACE assessment sheet to be bigger/easier to read. PEMS worked on the sheet and RRMC was instrumental in securing a vendor to print and laminate all the posters. Once we receive the posters, they will be distributed to every agency with one for every ambulance...we will also have some for hospital EDs should they desire. PEMS can also send your hospital a copy of the digital file.</p> <p>Stroke Survey – D. Thomas reports that she sent out the Stroke Survey but had not been notified of any results. Will double check on that and report at next meeting. Will resend the survey to agencies and request they share with their departments and encourage staff to participate.</p>		
Good of the Order	<p>Virginia EMS Symposium November 9-13, 2022 – Norfolk Virginia</p> <p>S. Pincus reminds everyone that if they have anything they want us to advertise with regard to community events, training opportunities, etc. just send him the document/information and he will include on our website and social media page.</p>		
Next Meeting	Thursday, January 12, 2023 at 1:00 p.m. MS Teams calendar invitation will be sent out prior to the meeting.		
Adjournment	Having no further business to conduct, J. Davenport moves that we adjourn the meeting. Seconded by G. Neiman. Motion passes – meeting adjourned at 1:49 p.m.		

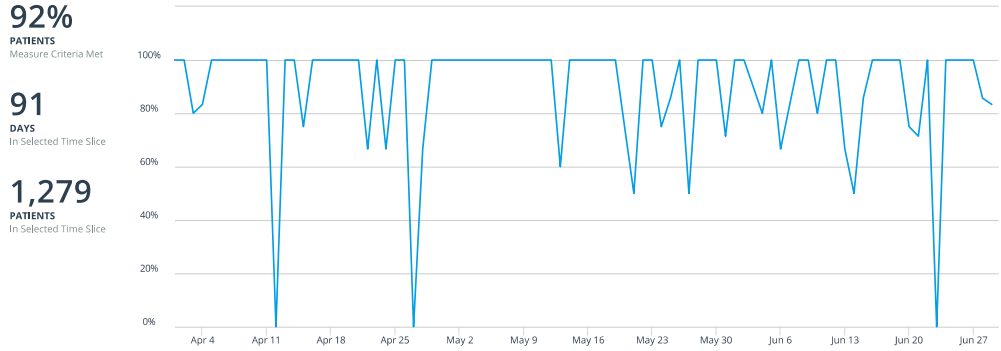
# EMS Data – Stroke Committee

For Period:

April 1, 2022 – June 30, 2022

# Performance of Prehospital RACE

Custom Apr 1, 2022 - Jun 30, 2022



Counts % Rows % Columns % All

	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	Apr '23	Total
Measure Criteria Met	82	95	99											276
Measure Criteria Not Met	9	9	17											35
Total	91	104	116											311

# RACE Element in ESO Report

The screenshot displays the ESO Insights interface. On the left is a navigation sidebar with 'Insights' and 'Analytics' options. The main content area shows a 'Patient Care Report' for a stroke patient. A callout bubble labeled 'ESO Element in Flowchart' points to the 'RACE' section of the report.

**Stroke Alert Performance April - June 2022**  
**Total - Measure Criteria Met**

04/02/2022 14:18:00  
 04/03/2022 09:27:38  
 04/03/2022 10:02:03  
 04/03/2022 14:41:25  
 04/04/2022 17:16:00

**EHR**  
[View Patient Care Report](#)  
[View Billing Report](#)  
[View Billing Report without PHI](#)

04/07/2022 15:47:22  
 04/08/2022 11:40:35  
 04/10/2022 10:39:00  
 04/10/2022 13:45:00  
 04/10/2022 15:49:00  
 04/11/2022 17:26:15  
 04/14/2022 08:33:38

**Patient Care Report** [OK]

Export PDF Send to printer

<b>BACK</b>	BACK	No Abnormalities
<b>Pelvis/GU/GI</b>	Pelvis/GU/GI	Pelvis/GU/GI: No Abnormalities
<b>Extremities</b>	Left Arm	<b>Whole Arm and Hand:</b> No Abnormalities
	Right Arm	✓ <b>Whole Arm and Hand:</b> Motor Function Abnormal/Weakness
	Left Leg	✓ <b>Left Leg and Foot:</b> No Abnormalities
	Right Leg	✓ <b>Leg - Lower:</b> Sensation - Absent
<b>Neurological</b>		✓ <b>Leg - Whole Leg:</b> Motor Function Abnormal/Weakness
	Neurological	✓ Arm Drift - Right • Strength Asymmetric • Weakness - Facial Droop - Right

M-31 responded to a residence for a 74 year old female who fell from an upstairs bedroom smoking a cigarette. She was found on her right arm and right leg. She stated that she fell due to the weakness. She was found on the floor and assessed. The patient was secured to the stair chair and a 12 lead was acquired. W access was established and the patient was turned over to ER staff in Critical Care. Upon arrival, found the patient sitting upright in a chair, in the believes she has had a stroke. The patient complained of weakness in her right arm and right leg. She said she attempted to get out of bed at 0600 this morning and symptoms progressed throughout the day according to patient. A RACE assessment was done with a score of 6. Right side face and leg, and numbness from her knee down in her right leg. Vitals were monitored and the patient was secured to the stretcher and loaded onto M-31. Vitals were monitored to Riverside Regional. HEAR report was given enroute without change in patient status.

**Specialty Patient - Rapid Arterial Occlusion Evaluation**

<b>Time Performed</b>	04/07/2022 15:58:41	<b>Stroke Symptoms Resolved</b>	
<b>Total Score</b>	6	<b>Onset of signs and symptoms time</b>	04/06/2022 20:00:00
<b>Facial Palsy</b>	Mild	<b>Last Known Well</b>	04/06/2022 18:00:00
<b>Arm Motor Function</b>	Severe	<b>Head &amp; Gaze Deviation</b>	Absent
<b>Leg Motor Function</b>	Severe	<b>Aphasia</b>	Moderate
		<b>Agnesia</b>	

**Specialty Patient - Outbreak Screening**

**Outbreak Screened** COVID-19

**Onset of Signs/Symptoms**

**Symptoms Reported** None

**Has the patient traveled outside the community in the past 30 days?**  
 No

**Travel Start Date** **Travel End Date**

**Travel Locations**

**Has the patient traveled outside the United States in the past 30 days?**  
 No

**Travel Start Date** **Travel End Date**

**Travel Locations**

**Has the patient had household or close contact w/ someone with above symptoms and travel history?** No

**Has the patient had household or close contact w/ someone with confirmed diagnosis of illness being screened?** No

**Comments**

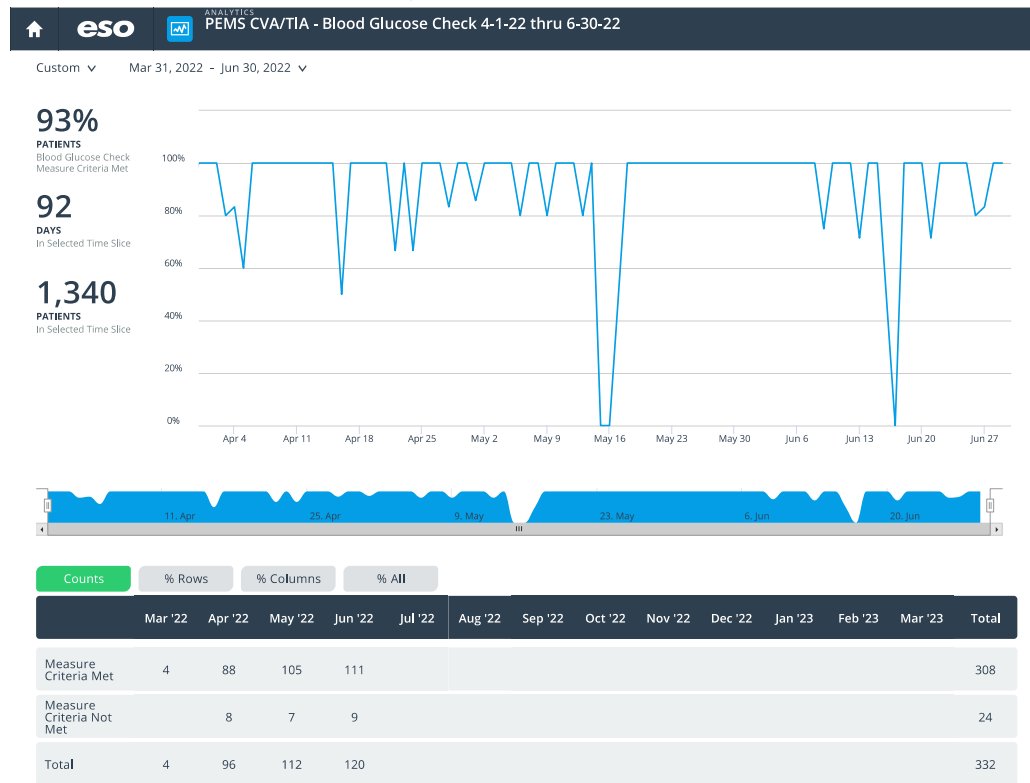
Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition	Transported Lights/Siren	PSAP Call	
Location		Transport Mode Descriptors		Dispatch Notified	15:45:07

# Performance of BGL in Suspected Strokes

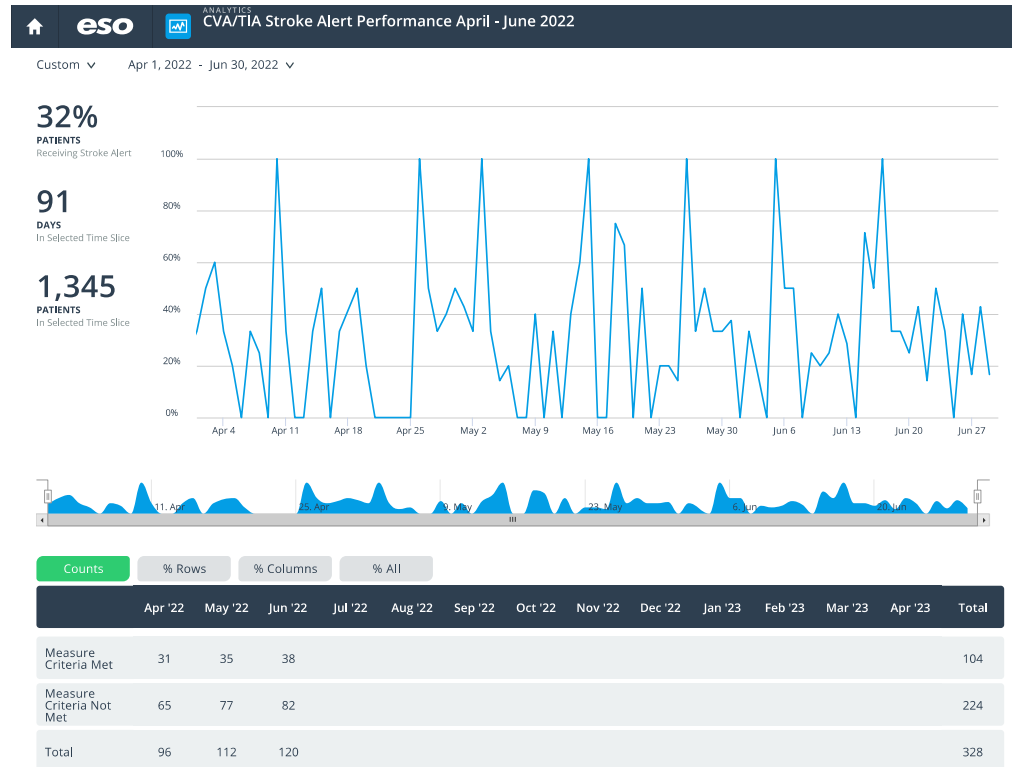
Reviewed all outliers:

- ❖ 19-In narrative
- ❖ 5-Not documented

Actual percentage – 98.4%



# Performance of a Stroke Alert





**eso**

- Insights
- Analytics

EHR

- View Patient
- View Billing
- View Billing

- Settings
- Help
- Apps
- Menu

**Patient Care Report** OK

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<b>Pregnancy</b>	NO
<b>Initial Patient Acuity</b>	Lower Acuity (Green)
<b>Final Patient Acuity</b>	Lower Acuity (Green)
<b>Patient Activity</b>	

Medications/Allergies/History/Immunizations													
<b>Medications</b>	None Reported												
<b>Allergies</b>	No known allergies												
<b>History</b>	Stroke/CVA												
<b>Immunizations</b>													
<b>Last Oral Intake</b>													

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
14:12	Alert	L	Sit	199/90 A	74 R	18 R	96 Rm			102			15=4+5+6 /NFP	12	
14:27	Alert	L	Sit	150/69 A	77 R	17 R	99 Rm					0	12=3+4+5 /NFP	11	

ECG			
Time	Type	Rhythm	Notes
14:12	4-Lead	Sinus Rhythm	
14:27	4-Lead	Sinus Rhythm	

Flow Chart			
Time	Treatment	Notes	Provider
14:00	<b>BLS Assessment</b>	Complication: None; Medical Control: Protocol (Standing Order);	[REDACTED]
14:00	<b>ALS Assessment</b>	Successful; Complication: None; Medical Control: Protocol (Standing Order);	
14:16	<b>3-Lead ECG</b>	Successful; Complication: None; Medical Control: Protocol (Standing Order);	
14:17	<b>12-Lead ECG</b>	Successful; Complication: None; Medical Control: Protocol (Standing Order);	
14:19	<b>IV Therapy</b>	Saline Lock; Total Fluid: 30 ml; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	
14:30	<b>Stroke Alert</b>	Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	

Assessments			
Assessment Time: 04/01/2022 14:04:00			
Category	Comments	Subcategory	
<b>Mental Status</b>		Mental Status	✓ Confused • Oriented - Person • Oriented - Place • Oriented - Time
			✗ Oriented - Event
<b>Skin</b>		Skin	No Abnormalities

**ESO STROKE ALERT in FLOWCHART under Treatment**

# PEMS Average Scene Times April – June 2022

