

**Rappahannock EMS Council
Stroke Triage Committee
Minutes**

January 5, 2011
REMS Training & Simulation Center, Classroom A

Call to Order: Meeting called to order by the Chair, Dawn MacAllister at 8:00 am

Roll Call: Present were Chair, Dawn MacAllister, Eleanor Redman, Mary Washington Healthcare; Dr. Allatar, Mary Washington Healthcare, Meg Pemberton, Mary Washington Healthcare, Liz Smith, Spotsylvania Regional Medical Center; Tina Skinner, REMS and Linda Harris, REMS Council

The Chair welcomed the members of the newly formed regional committee. Reviewed the committee membership, as appointed by the Council President and outlined in the council's contract with the Office of EMS. The goals of the committee for the year were discussed to include developing a draft Regional Stroke Triage Plan to present to the REMS Board of Directors for approval and implementation.

Several documents were provided to the membership for review and discussion to include the VDH OEMS Prehospital and Interhospital State Stroke Triage Plan which shall be used as the template for our regional plan. The committee also reviewed the current REMS Protocols for stroke treatment, an EMS Stroke Alert Checklist which has been previously shared with the region's EMS agencies from Mary Washington Hospital, and discussion on neighboring council region's stroke plans.

Bullets from the meeting:

- Per Eleanor who serves on the Virginia Task Force Stroke Committee, no region is greater than 30 minutes away from a Designated Stroke Center.
- The State Plan is being updated to reflect that there are 28 Designated Stroke Centers.
- Eleanor believes that it needs to be written into the REMS regional plan that air medical is used to transport to a designated Stroke Center.
- This plan when written will be guidance for EMS providers, modeled after the State Stroke Plan as required in Code. Once approved for the region training and implementation of the plan will be important and there was some discussion on potential liability. If a county Operational Medical Director (OMD) chooses to override the plan and not direct their EMS agencies to transport to the closest Designated Stroke Center.
- If a hospital enters into the certification process with the Joint Commission that does mean that the hospital has the required components in place for stroke care, but does not have the certification that they are approved. Discussion on whether to include hospitals in the designation process as previously considered by the REMS Medical Direction Committee. The Stroke Committee recommends following the State Plan which indicates transport to only "Designated" Stroke Centers.
- The State plan encourages BLS providers to contact online medical control for transport decisions. Discussed as it relates to current REMS protocols.
- There was a discussion on transporting to the closest hospital versus a designated stroke center. It was agreed there needs to be education in place for not only EMS providers but for Emergency Department physicians.

- It was agreed that there needs to be consistency in triaging patients in the field.
- Providers should contact medical control of the nearest designated stroke center as opposed to medical control of the closest facility when asking for transport advice both for specific questions such as if onset time is greater than three hours and in cases where air medical cannot be used.

Committee assignments were made to adapt various parts of the state plan for the REMS Council Regional Stroke Plan in preparation for the next meeting:

REMS Stroke Protocol: Dawn MacAllister, Eleanor Redman & Linda Harris
Executive Summary: Tina Skinner
Guidance Documents: Will utilize Cincinnati Pre-Hospital Stroke Scale and Stroke Checklist (sample provided by MWHC)
InterHospital Triage: Liz Smith, Dr. Allatar, and an ER Physician from SRMC

There was some discussion about quality monitoring. Tina stated that there is a regional QI system in place which could incorporate stroke indicators targeted. Tina and Eleanor will look at the current regional form to see if it covers stroke indicators. Dr. Allatar noted she will bring up at the next Virginia Task Force meeting on January 19, 2011 to add stroke criteria to the QI list.

For the Good of the Order: Meeting adjourned at 0915

Adjournment: The next meeting is scheduled for **January 20, 2011** at 8:00 am at the REMS Training & Simulation Center.

**Rappahannock EMS Council
Stroke Triage Committee
Minutes**

January 20, 2011
REMS Training & Simulation Center, Classroom A

Call to Order: Meeting called to order by the Chair, Dawn MacAllister at 8:00 am

Roll Call: Present were Chair, Dawn MacAllister; Eleanor Redman, Mary Washington Healthcare; Kristin Rayman, Mary Washington Healthcare, Fran Norman, Fauquier Hospital, Dr. Alattar, Mary Washington Hospital (by phone); Tina Skinner, REMS Council; and Linda Harris, REMS Council

Minutes from the January 5, 2011 Stroke Committee meeting were approved.

Bullets from the meeting to include a review of assignments as follows:

- The Administrative Section will look very similar to the State Stroke Plan. The REMS Office will set up the document template.
- The REMS Stroke Protocol was worked on by Dawn, Eleanor and Linda and copies were handed out. Discussion followed and some minor changes will be made to include but not limited to adding TIA education and the need to transport to hospital so patient can be admitted for assessment.
- Discussed the proposed list of Designated Stroke Centers. While Mary Washington Hospital is currently the only designated center in the REMS region, there are many other designated hospitals in our catchment areas which EMS may transport to as the closest facility. Will establish two charts in the regional plan to show in-region Designated Stroke Centers and others which agencies may transport to outside of the REMS designated council region.
- The REMS Stroke Guideline was presented by Eleanor and Kristin. Discussion followed and Kristin will delete some of the dispatch information from the guideline since we currently cannot regulate dispatch centers. Tina noted that the council is working on some Emergency Medical Dispatch (EMD) projects as all localities have EMD but not all Dispatchers are trained and using it. Such protocols are currently approved by each center and may vary region-wide. The committee looked at a sample of the Stafford Dispatch Center guidance for stroke patients as shared by Kristin. The REMS Stroke Guideline document will be included in the plan as Appendix A.
- The EMS Stroke Alert checklist was reviewed and will be added to the plan as an appendix. As a regional document for the plan, will delete the MWHC references.
- When the Regional Stroke Plan is approved, the committee discussed briefly their role in working with the REMS Office to conduct rollouts of the new plan. Recommended that each county in the REMS region designate a "Stroke Champion" that will enroll in the roll out class and then take the training back to their county/agency members.
- Will plan to conduct a Train-The-Trainer (TTT) for Stroke Awareness and Recognition sometime near the end of February to the end of March, 2011. Eleanor and Linda will schedule.

- Once the draft version of the Regional Stroke Plan is complete to include those changes/additions discussed in the meeting, the Council will send to all committee members for final electronic review. It was noted that the REMS Board voted in December to move to bi-monthly meetings which will result in the draft plan needing to be presented at their next Board meeting which is February 16th, 2011. Tina plans to send out the Board Packets with such action items for review a week prior to the meeting. This target date is also in line with the council's contract requirements regarding development of the plan in our OEMS contract.
- Fran Norman from Fauquier Hospital reported that they are working through the process to become a Designated Stroke Center and have submitted their application. She shared several documents on the hospital's Stroke Services. They are waiting for the Joint Commission Team to visit for inspection, and hope to receive designation in the coming months.

The next meeting date was not scheduled as the committee agreed to communicate thru e-mail with regards to reviewing the final version of the draft plan for submission to the REMS Board of Directors at their February 2011 meeting.

For the Good of the Order: Meeting adjourned at 10:00 a.m.

Adjournment: The next meeting is TBD

**Rappahannock EMS Council
Stroke Triage Committee
Minutes**

April 5th, 2011
REMS Training & Simulation Center, Classroom A

Call to Order: Meeting called to order at 3:00 pm

Roll Call: Present were Chair, Dawn MacAllister (by phone) ; Eleanor Redman, Mary Washington Healthcare; Kristin Rayman, Mary Washington Healthcare, Dr. Alattar, Mary Washington Hospital, Kelly McDonohue, Mary Washington Healthcare and Linda Harris, REMS Council

Meeting was called to review the Stroke Triage Plan revisions that came from Dr Nael Hasan, REMS Regional Medical Director and the Medical Direction Committee.

Bullets from the meeting to include the following changes:

- Page 2 & 3 –Executive Summary - Condense to one page
- Page 5 – Field Stroke Triage Decision Scheme –Under the double asterisk (**) at the bottom of the page should read **“If time from symptoms is more than 3 hours, discuss case with on-line Medical Control as a potential candidate for acute stroke treatment for destination determination (clot removal).”**
- Page 6 – Guidance Materials – shorten the graph and add the pictures from page 7 to the right of the graph.
- Page 8 REMS Patient Care Protocol. Change severe headache to read ‘headache with Neurologic deficit’; Change visual impairment loss of vision or double vision to ‘sudden loss of vision’; Change limb weakness to ‘limb weakness or drift’; change limb uncoordination and/or difficulty walking to ‘sudden onset of ataxia (limb uncoordination and/or difficulty walking; Change Stoke to Stroke and move the at over to available
- Page 9- after ‘intervention up to 24 hours” add (i.e. clot removal)
- Page 10 – delete page as it is repetitious.
- Page 16 – Stroke Alert Checklist – Change “Severe Headache” to ‘Severe Headache with Neuro Deficit’; Change “Visual Impairment” to ‘Visual impairment (i.e. loss of vision/double vision)’ ; change “Limb Weakness” to ‘Limb Weakness or drift’; Delete Limb Uncoordination; Change “Sudden Difficulty Walking” to ‘Sudden onset ataxia (i.e. limb uncoordination/difficulty walking)’ ; Change Time onset less than “5 hours” to ‘3 hours’; Delete “Subarachnoid Hemorrhage”; Delete “Neck Stiffness” ; Change “Arm Drift (close eyes and hold out both arms)” to ‘Arm drift or arm/leg weakness (close eyes and extend arms or leg)’

The next meeting date was not scheduled as the committee agreed to communicate thru e-mail with regards to reviewing the final version of the draft plan for submission to the REMS Board of Directors at their April 2011 meeting.

For the Good of the Order: Meeting adjourned at 4:00 p.m.

Adjournment: The next meeting is TBD