

Minutes of the REMS Stroke Committee Meeting (Modified to include Attendees)

The meeting was called to order on September 23, 2013, at 2:10 pm at the REMS Council Office. There were 5 attendees:

- Emmett Price, Chair
- Linda Harris, Recorder
- Jake Marshall, SMRC
- Tina Skinner, MWH (via phone)
- Lori Knowles, Stafford County FRD

The following was discussed:

1. Regional Stroke Plan and its effectiveness. Some statistical measures of evaluating the plan were discussed. MWH will provide some statistics they collect at the next meeting to see if they are of value to the committee.
2. Spotsylvania Regional Medical Center has submitted a letter of intent to become a Stroke Center.
3. Medevac Representation on the Committee. Those present determined it would be beneficial to add a medevac representative to the Committee. The Chair will send an invitation to the region medevac units.
4. Public Education on Stroke Signs and Symptoms. There are some excellent PR resources on the AHA web page for Stroke awareness. The Chair will explore some methods of additional, free public exposure on Stroke awareness using the free AHA items. Some examples that were discussed included:
 - Fredericksburg.com webpage
 - Freelance Star
 - Electronic billboards
 - County Web Pages
5. Changing the Committee Scope and name to: Heart & Stroke Committee. REMS does not have a heart oriented committee. Because of similar cardiovascular root causes, and the synergy of combing the two topics, the Chair proposed that the Committee charter expand to include Heart and Stroke and be renamed as such. The meeting would be divided into two parts – a stroke section and a Heart section – each lasting 30 minutes. Attendees need only attend the portion they are interested in, but welcome to attend both. The REMS Board President and REMS Executive Director have concurred with the concept. If appropriate, a motion will be made at the Board meeting to formalize the change.
6. Heartsafe Community. EMS Division Chief Lori Knowles of Stafford County presented a proposal on Heartsafe Community. A Heartsafe Community designation is given to communities that promote the Chain of Survival for out-of-hospital cardiac arrests. Examples of such promotion include aggressive CPR instruction and identifying publically available AED locations. An example of the

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latter – which is being implemented within Stafford County – is identifying all business acquired AEDs within the County and inputting that data into the CAD for bystander use. When an arrest is dispatched, that fact and the location of the nearest AED is sent to users who sign up for these alerts on their cell phone. There are other aspects to this program which can be found at the following link: <http://heartsafe-community.org/>. Additional information on the Stafford County program as it is developed will be provided at the next meeting, for use by other jurisdictions as appropriate.

7. Setting a Regular Meeting Date. The group selected the first Wednesday of the third month of each quarter (March, June, September, December) at 3pm as the regular meeting day. The meeting will take place at the REMS Council Office, with attendees also able to attend via video and/or audio conference using Adobe Connect. The meeting format will be Stroke discussions from 3:00 to 3:30 pm and Heart discussions 3:30 to 4:00 pm. Those only interested in one of the two sessions need only attend that portion of the meeting.
8. The meeting adjourned at 2:45 pm.

Respectfully Submitted – Emmett Price, Chair



Minutes of the REMSC Heart & Stroke Committee

The meeting was called to order on December 4, 2013, at 3 pm at the REMS Council Office. There were 5 members present:

- Emmett Price, Chair
- Linda Harris, Recorder
- Jake Marshall, SMRC (via phone)
- Tina Skinner, MWH
- Lori Knowles, Stafford County FRD

The following general topics were discussed:

1. The meeting dates were set for 2014. The Stroke Session will run from 3:00-3:30, and the Heart Session will run from 3:30-4:00.
 - March 5, 2014
 - June 4, 2014
 - September 3, 2014
 - December 3, 2014
2. We still need individuals who are interested in the Heart side of the Heart and Stroke Committee. We need to canvas the hospitals and agencies for anyone who might be interested.

The Stroke Session began and the following was discussed:

3. We continued to look at what statistics were already available for us to measure the effectiveness of the Regional Stroke Plan. Tina Skinner pulled some statistics from the "Get with the Guidelines" database for the committee to review to see if they were representative of what we are looking for. Some of the data included age, diagnosis, discharge, disposition, and last known well time. We looked at how to capture data to indicate if EMS crew called a Code Neuro, including applicable data we could capture from the Stroke Checklist.
4. Tina Skinner relayed how much the stroke physicians use the checklist contained in the Regional Stroke Triage Plan, and not all units bringing in stroke patients use it. Physicians use it to make intervention decisions and it becomes a part of the patient's chart. The Chair will ask the region for increased use of the checklist.
5. We discussed getting feedback from the Stroke Instructors that were trained. The program seems to have become stagnant. The following will take place:
 - The Chair will prepare a letter from REMS to the instructors to reenergize the program.
 - We will also try to schedule some Stroke classes for 2014.
 - We will look at having another instructor class in 2014.
 - We will consider holding an instructor conference, with SME presenting topics.

6. We discussed the Advanced Stroke Life Support (ASLS) Class. It's a stroke-oriented course developed by the University of Miami Center for Medical Research. It is slowly becoming popular across the US. The class and requirements to become a ASLS training center can be found here:

<http://www.gcrme.med.miami.edu/emst/courses.aspx?id=165&cl=8>

We will continue to research this class to see if we could use it within our region.

7. Jake Marshall announced that SRMC named their stroke program: SPARK (what the acronym stands for escapes me – my apologies Jake).

The Heart Session began and the following was discussed:

8. At the next meeting we need to begin developing a Regional STEMI Triage Plan, similar to the Regional Stroke Triage Plan. There are several fine examples out on the internet we can clone.
9. We briefly discussed the 2013 AHA changes and the need to sensitize EMS agencies of the changes. Some of the changes include:
 - The Door-to-Balloon PCI time is now First-Medical-Contact (FMC)-to-Balloon time; meaning the 90 minute clock now starts when EMS makes contact with the patient. STEMI centers will probably be adopting this standard in the near future.
 - There are now AHA adopted guidelines to interpret a STEMI in the presence of a LBBB. Previously it was difficult to determine if a STEMI was in progress with a new LBBB, and therefore a new LBBB was indicative of a STEMI. This is no longer true under the new AHA guidelines.
10. Heartsafe Community. EMS Division Chief Lori Knowles of Stafford County presented the Stafford County Heartsafe Community program. This was outlined in the last meeting minutes, and the general program web page can be found here: <http://heartsafe-community.org/>. Applications consist of a point system to become a HeartSafe Community. Points are acquired by documenting the number of public CPR classes offered, identifying the public AEDs located in the community, having an enhanced 911 system, having EMD trained dispatchers, etc. This will be a new program within Virginia with no central clearinghouse to approve local programs, so the proposal is the REMS Council – or more specifically, the Heart and Stroke Committee – will take on the work of reviewing and approving applications within the state. A presentation will be made to the REMS Board at the next meeting. Additional details, including the Stafford County program document, will be posted soon to the REMS web page. County Administrators and City Managers can also use this certification as a tool to attract residents and businesses; much like the Certified Business Community program for businesses.

The meeting adjourned at 4:05 pm.

Respectfully Submitted – Emmett Price, Chair, eprice@rems.vaems.org.



**Minutes of the REMSC Heart & Stroke Committee
March 5, 2014**

The meeting was called to order on March 5, 2014 at 2pm (yes, I announced an incorrect start time!) at the REMS Council Office. There were 7 members present:

- Emmett Price, Chair (initially via phone, then attending in person)
- Linda Harris, Recorder
- Jake Marshall, SMRC
- Eleanor Redman, MWH
- Tina Skinner, MWH
- Lori Knowles, Stafford County FRD
- Amy Cantwell, Aircare

The following general topics were discussed:

1. Some corrections were made to the membership roster:
 - Jake Marshall reported the following should be removed: Dr. Loufti and Lindsay Gamble are no longer at or are leaving SRMC.
 - The following will be added: Amy Cantwell from Aircare and Lindsay Grainger from SRMC.
2. A motion was made by Jake to accept the minutes of the previous meeting, seconded by Lori. Motion passed.
3. We still need individuals who are interested in the Heart side of the Heart and Stroke Committee. We need to canvas the hospitals and agencies for anyone who might be interested.

The Stroke Session of the meeting began and the following was discussed:

4. Eleanor presented some stroke data from MWH encompassing all of 2013 that we can use to evaluate the Regional Stroke Triage Plan. Two interesting points were:
 - “Last known well times” are not always being gathered, especially from nursing home staff. In order to better gather this time, it was recommended we re-energize the Stroke Instructors that were briefed last year to visit nursing homes in their respective response jurisdictions to ensure they understand the importance of obtaining a “last well known” time. We also discussed modifying the EMS Stroke Alert Checklist (Appendix B to the Regional Stroke Triage Plan) to include a tear-off at the bottom of the form with the MWH ER telephone number so when the nursing home staff determined the “last well known” time they could call it in; versus EMS waiting on scene for a determination.
 - For the most part EMS is notifying the hospital of inbound stroke patients. The EMS-to-MWH Stroke notification percentage of patients possibly having a stroke is 83.3%.

While that seems somewhat low given the ease a Cincinnati Pre-Stroke Test can be performed, the national average is 53.4%. We can still do better.

5. Linda will draft a memo to the Regional Stroke Instructors, per the above comments and as discussed in previous meetings, for the Chair to approve and sign.
6. The Chair will also follow through on a previous recommendation to send a letter to the Regional EMS Officers to cover the following topics:
 - Remind EMS providers to utilize the EMS Stroke Alert Checklist (Appendix B to the Regional Stroke Triage Plan. That checklist is used by MWH physicians to make treatment decisions and becomes part of the patient's chart;
 - Remind EMS providers to alert area Stroke centers of potential inbound stroke patients;
 - Remind them air transport is an option for stroke patients if the air transport time is significantly shorter than the ground transport time;
 - Inform them there is an EMSAT lecture on stroke that involved MWH Stroke training; and,
 - Inform them there are two web sites that provide great stroke information for EMS: ems4stroke.com and the AHA Stroke web site.
7. The Regional Stroke Triage Plan will be reviewed at the next meeting (see comment about tear off for follow-on information once EMS has left the scene).
8. The committee discussed the possibility of attending the Advanced Stroke Life Support course developed by Florida hospitals & EMS. The class costs \$30,000 to bring it up from Florida. The Norfolk area is hosting a class and there was some discussions about having someone from our region attending to become instructors (train the trainer). [Subsequent emails basically ruled this out, as slots are being held for Norfolk area providers.]
9. Jake Marshall reported SRMC is proceeding forward with their Stroke Center designation. Their neurologist left SRMC pushing the start date to this fall.

The Heart Session of the meeting began and the following was discussed:

10. Emmett will check to see if there is a state STEMI Triage Plan, similar to the Regional Stroke Triage Plan. He will then draft a regional plan for us to work on at the next meeting. Several names – Tim Perkins and Dr. Fines to name two – were discussed as good resources for a regional plan.
11. We discussed the new AHA 2013 STEMI Update, which modifies the door-to-balloon time. Its still 90 minutes but it's now "First Medical Contact" to balloon time, meaning the clock starts when EMS makes patient contact. That effectively shortens the available time STEMI centers have to perform PCI within the 90 minute time frame.

12. We also discussed whether the Regional STEMI protocol can suffice as the STEMI Triage Plan. [Given the above 2013 update and the fact different jurisdictions within the planning region do not use the Regional Protocols, a Regional Plan may still be prudent.]
13. The Virginia HEARTSafe Community Award was discussed. Gary Brown at OEMS has approved the initiation of the program within Virginia and for REMS to lead the effort for the state. Lori has arranged for the first road-side signs to be made for free. She is also working on having a certificate printed; possible using a high school print shop as a class project. As other Virginia jurisdictions decide to apply for this designation, the committee will review the applications (i.e., Lori as the HEARTSafe Community subject matter expert) and then forwarded to the REMS Board for approval.
14. Stafford County finished their HEARTSafe Community Award Application. It will be forwarded to the committee for final review and recommended approval, then brought to the REMS Board for approval at the next meeting (April 2014). Once approved we will work with the Free Lance Star to cover the presentation by the REMS Board President to Stafford County.

The Heart & Stroke Committee 2014 meetings are as follows (Stroke Session will run from **3:00-3:30**, and the Heart Session will run from **3:30-4:00**):

- March 5, 2014 – Completed
- June 4, 2014
- September 3, 2014
- December 3, 2014

Members can attend in person or via phone/video conference.

The meeting adjourned at 3:30 pm.

Respectfully Submitted – Emmett Price, Chair, eprice@vaems.org.



**Minutes of the REMSC Heart & Stroke Committee
June 25, 2014**

The meeting was called to order on June 25, 2014 at 3:05 pm at the REMS Council Office via the conference bridge. There were 3 members present:

- Emmett Price, Chair
- Eleanor Redman, MWH
- Kate Gardella, Recorder

The following general topics were discussed:

1. The previous minutes were accepted without objection.

The Stroke Session of the meeting began and the following was discussed:

2. We discussed whether or not the national stroke database can track individual county statistics regarding notification and last well know times – it does not. We discussed how we can provide feedback to local jurisdictions on LKWT and hospital notifications.
3. We discussed continuing stroke education: whether the particulars of the regional plan incorporated into regional EMT classes; making stroke lectures available for area training programs; offering a stroke lecture at the State EMS Symposium in 2015.
4. [The following was not discussed, but is here as FYI] Emmett represented the Committee at a MWHC Stroke Wellness Seminar for the community on May 23. He discussed the EMS response to a stroke and then answered questions.

The Heart Session of the meeting began and the following was discussed:

5. Emmett did some research on the State web page and discovered the OEMS long range plan calls for the development of regional STEMI trauma plans, just as we do for Stroke. Therefore we should go ahead and begin work on one. Emmett will forward some links for STEMI plans from other regions, then draft for us to work on.
6. Stafford County received an award from the International Association of Fire Chiefs for their work toward the HEARTSafe Community Award Application. Well done.

The Heart & Stroke Committee 2014 meetings are as follows (Stroke Session will run from **3:00-3:30**, and the Heart Session will run from **3:30-4:00**):

- March 5, 2014 – Completed
- June 25, 2014 – Completed
- September 3, 2014
- December 3, 2014

Members can attend in person or via phone/video conference.

The meeting adjourned at 3:25 pm.

Respectfully Submitted – Emmett Price, Chair, eprice@vaems.org.