



Stroke PI Committee Membership

Overview

The TEMS Stroke Triage Committee is responsible for the effective identification, analysis and correction of system issues related to stroke triage and inter-hospital transfer within the Tidewater region. The committee will link EMS data and hospital Stroke data for a comprehensive view focused on process improvement and retrospective systemic analysis. This requires an objective review by qualified, appropriate representatives of EMS, stroke and hospital programs within the TEMS Region, protected by a process which ensures patient confidentiality.

Benefits

Members benefit from collaborating with peers, brainstorming and gaining region-wide best practices; resulting in regional consistency. Members are able to network with the region's EMS medical directors, hospital leadership, EMS agency leadership and voice their thoughts and opinions leading to a more holistic approach.

Responsibilities

- Δ To execute the [Regional Stroke PI Plan](#)
- Δ Evaluate the EMS and Stroke system through a broad look at what contributes to community health
- Δ Understand the goal of continuous improvement in this ever-changing industry
- Δ Maintain an objective and open-minded mentality
- Δ Support the regional plan by reviewing metrics and suggesting practical improvements
 - Requests for projects may be directed by the Operational Medical Direction Committee, Stroke Triage Committee, EMS agencies or hospitals
- Δ Evaluate system effectiveness and identify trends in patient care via OEMS provided data
- Δ Establish regional clinical benchmarks to measure the regional systems effectiveness, processes, timeliness of care, treatment provided and patient outcomes
- Δ Use data from hospitals and prehospital agencies to ensure comprehensive care at the right time and right place is ensured and find root cause for identified opportunities
- Δ Provide actionable information to the PI Committee, Operational Medical Direction Committee (OMD) and Medical Operational Committee (MOC)
- Δ Review individual cases brought to the attention of the Stroke Triage Committee

Member Agreement

Each member of this committee agrees to a two-year commitment and must attend a minimum of three meetings per 12-month period, which are held bi-monthly. A yearly schedule of these meetings are posted on the TEMS Council website and distributed to all committee members at the beginning of the year. If attendance cannot be met, please notify Valerie Vagts at vagts@vaems.org and try to provide an alternative representatives' name and contact information for your organization or group.

Reporting Structure

- Δ The Stroke PI Committee reports to the Process Improvement (PI) Committee.



Committee Members

The Stroke committee is a multidisciplinary team, made up of members from all areas of Stroke care as listed below. The preferred membership goal is to have each hospital in the region represented on this committee.

Chair:	Dr. Joel Michael
Vice-Chair:	Amy Ward, PFD
Neurointerventionalist:	Dr. Baker
Internationalist/radiologist:	Dr. Agola, SNGH
Neurosurgeon:	Dr. Daugherty, SNGH
ED Physician and OEMS approved OMD:	Dr. Michael
Stroke Coordinator:	Alek (Robert) Collins, CRMC Kathryn Funk, BS – Maryview Katherine Biagi Rita Frequelin, SLH
Neuroscience Svc Line:	Robin McAlpin, Sentara
Neuroscience Admin Director:	Kim Warren, Bon Secours
Neuro Advanced Providers:	Nicole Rice Michael Whitehurst, CRMC
EMS Admin:	Pat Edwards, Bon Secours
Air Medical Prehospital provider:	Scott McClain, Nightingale
Commercial Transport:	
Prehospital provider FD EMS:	Jason Sarver, CFD Greg DeYoung, Norfolk FD Sheila DeYoung, Northampton FD Steven Henson, IOW FD
Prehospital provider career EMS:	James Reynolds, CFD Matt Owens, VBEMS
Prehospital provider volunteer EMS:	
TEMS Support Staff:	Valerie Vagts