

**TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
EMS STROKE PERFORMANCE IMPROVEMENT COMMITTEE MINUTES**

**Meeting Date:** April 8, 2021      **Meeting Location:** Virtual      **Chaired By:** Dr. Joel Michael      **Begin Time:** 2:30 PM      **End Time:** 3:30 PM

**Minutes By:** Valerie Vagts      **Members Present:** Michael W, John Baker, Alek Collins, Sheila DeYoung, Stacey Faircloth, Steve Henson, Greg DeYoung, Kai Funk, Joel Michael, Pat Edwards, Amy Ward, Sabrina Werner, Scott McClain, Robin McAlpin

<b>Item (Project)</b>	<b>Discussion (Status)</b>	<b>Action Required</b>	<b>Barriers</b>	<b>By Whom/When</b>
Intro / Approval of Minutes	Δ Approved last meetings' minutes	N/A	N/A	N/A
Review Feb/Mar Data reports	<p>Δ Stroke alert going to receiving centers:</p> <ul style="list-style-type: none"> <li>○ 2021: Acute 3%, Primary 65.5%, Comp 31%, none 0.5%</li> <li>○ 2020: Acute 6%, Primary 57%, Comp 30%, none 7% (mostly DePaul, certified until Oct 26, 2020)</li> </ul> <p>*Updated numbers based on ask for review of Dr. Michael</p> <p>Δ LKW documentation: 2021 77%; w/o transport 86% 2020 73%; w/o transport 87%</p> <p>Δ Stroke with glucose reading: 2021 90%; w/o transport 94% 2020 87%; w/o transport 91%</p> <p>Δ Stroke on-scene time: 2021 19:35; w/o transport 16:40 2020 19:07; w/o transport 14:51</p> <p>*Hope transition from ImageTrend to ESO will transfer our data points and will give additional consistency to regional reporting.</p>	N/A	N/A	N/A
Medical Incident Review  Topics touched: posterior stroke, associated with trauma and syncope	<p>Δ Stacey Faircloth, SNGH: Fractures unnoticed by EMS due to no reaction from patient during trauma assessment. Fractures don't normally cause that much bleeding from a fall from standing. Dr. Michael and Baker agree with all steps performed – the system worked. Pt fell into the small percentage of negative outcome of thrombolytics. In ED waiting for bed, waited for 6 hours – labs drawn early, could have changed by the time treatment started. Important for EMS to identify stroke, rapid assessment, glucose, lkw, and prehospital notification</p> <p>Δ Steve Henson to present in June</p>	N/A	N/A	N/A
BEFAST	Δ RACE scale – Dr. Michael talking to Dr. Agola and wants to involve Dr. Bruce Lo, Dr. Baker and Dr. Salomonsky to focus on risks and advantages of prehospital destination of comprehensive care	N/A	N/A	N/A
New Business	<p>Δ EMS to drive topic that would meet their needs. Facilities can pick a patient that fit that need of discussion. Talk about components of stroke care that are new/important or not well understood.</p> <p>Δ Take lessons learned and get them out to field providers</p> <p>Δ Valerie to look for stroke cases from previous meetings, maybe establish an archive process</p>	Review stroke protocol	N/A	Stroke Committee/ next meeting

Item (Project)	Discussion (Status)	Action Required	Barriers	By Whom/When
	<ul style="list-style-type: none"> <li>Δ Valerie sending stroke protocol review with minutes, need feedback by next meeting. E&amp;T will discuss June 16<sup>th</sup></li> </ul>			
Roundtable	<ul style="list-style-type: none"> <li>Δ TEMS setting up Quarterly CE's what would you like to educate the field on?               <ul style="list-style-type: none"> <li>○ Nailing down quick assessments, record keeping, asking family pertinent questions and lkw (NOT "onset time"), glucose on record, prehospital notification BEFAST/ RACE scores</li> </ul> </li> <li>Δ Virtual International Stroke Conference: Keynote emphasis on prehospital identification of large vessel occlusions, emphasis on thrombectomy vs alteplase, new EMS guidelines looking at urban, suburban and rural communities</li> </ul>	Yes	N/A	Stroke Committee/ next meeting
Next Meeting	The EMS PI Committee meeting will be in-person on June 10, 2021 at 2:30 PM	N/A	N/A	N/A