



Virginia Stroke Systems Task Force Meeting

Meeting Location: Tidewater Emergency Medical Services,
723 Woodlake Drive Chesapeake, Virginia 23320

July 21, 2023 | 10am – 3:00pm

Meeting Minutes

Attendance: 34 in person, 65 virtual, total: 99 attendance

<p>Agenda Item</p>	<p>10:00 am – 10:30 am VSSTF Business</p> <ul style="list-style-type: none"> • Welcome and Introductions • Approval of Meeting Minutes • Work Groups (Reinstitution, Feedback and General Comments) • May Day—Dr. Melanie Winningham, MD, Sentara Healthcare • Future meeting schedule
<p>Minutes:</p>	<ul style="list-style-type: none"> • Dr. Melanie Winningham (VSSTF Co-Chair) opened the meeting. Kristie Burnette (VHHA) motioned to approve the minutes, Chad Aldridge seconded. Minutes were approved as submitted. • Melanie congratulated David Long as the new VSSTF Co-Chair and thanked Chad Aldridge for his time serving as co-chair. • Introductions were made in person for those present and via chat for those attending online. • VSSTF Work Groups were reintroduced and each member to participate in one with a master list to be posted on Google Docs. • Melanie gave a presentation of May Day to coincide with stroke awareness month – would like to establish a work group to develop this idea. • Kathryn and Patrick Wiggins (VDH via online) presented the future two day meeting schedule with the new Virginia Heart Disease and Stroke Learning Collaborative to be held on the Thursday prior to the Friday Virginia Stroke meetings. The next meetings will take place in Richmond on Oct 19-20. <p>10:40-11:00 am Stroke Smart City Initiatives: Stacie Stevens and Dr. Ramana Feeser, (VCU Health)</p>



Minutes:	<ul style="list-style-type: none"> • Stacie and Ramana presented the background and timeline of the Stroke Smart City Richmond initiative which was announced in January 2023. A collaboration with VCU Health, City of Richmond, VDH, and other area partners to spread awareness and education about signs of stroke and taking quick action. VCU Health is uniquely suited to partner with Richmond City to help lead this initiative as the first certified Comprehensive Stroke Center in VA. • VDH website has more information on Stroke Smart VA for marketing and hand-out materials. The next steps following proclamation include stroke education and partnerships in schools, social services, FQHCs, faith-based locations, and pharmacies.
Agenda Item	11:00-11:30 am EMS –Data Collection, Validity, and Benchmarking, David Long (TEMS)
Minutes:	<ul style="list-style-type: none"> • David discussed the recent mailing of EMS survey for accurate data collection to assist in developing stroke standards for EMS providers: Establishing a standard workflow for assessment, screening and severity score, labs, if in protocol, rapid transport, and proper use of “Stroke Alert” to receiving hospital. • Q and A on lab draws by EMS and reducing time to CT? per David, Yes. Pre-hospital labs, BG checks, accurate stroke screen and severity score can significantly reduce time to ‘result’ of stroke and best course of treatment. • Q and A regarding “How competent are EMS providers in Stroke screening tools? David – we must adopt a single screening and severity tool and provide frequent education and mock codes.
Agenda Item	11:30-12:00 pm Lunch sponsored by RapidAI
Minutes:	<ul style="list-style-type: none"> • Thank you to our sponsor today, RapidAI, for sponsoring today’s meeting and providing lunch.
Agenda Item	12:00-12:30 pm Vendor Talk Anthony Ribeiro, Enterprise Account Executive, RapidAI.
Minutes:	<ul style="list-style-type: none"> • Kari Cotton with RapidAI gave a remote presentation and demonstration of the mobile app.
Agenda Item	12:30-1:30 pm Aneurysmal Subarachnoid Hemorrhage Guidelines Dr. John Baker, MD, PHD, Chesapeake Regional Healthcare



<p>Minutes:</p>	<ul style="list-style-type: none"> • Dr. Baker reviewed guidelines established by the AHA and ASA for the management of patients with Aneurysmal Subarachnoid Hemorrhage; the care continuum does not conclude when patient is discharged from hospital, follow-up must continue during post-acute phase, rehab, and discharge from rehab. • Q and A What is considered a good measure of recovery following an aSAH? Dr. Baker, "I used to think it was the ability to return to work, but now I believe the best measure of recovery is the ability to drive." • Reviewed top ten take-home messages; manage patient in appropriate stroke center, with prompt diagnosis and treatment, with a specialist in endovascular and surgical skills, adequately treat medical complications, screen for and treat seizures, monitor for and treat delayed cerebral ischemia, early nimodipine, maintain euvolemia and BP, continue imaging and treatment as needed, rehab with a multidisciplinary team.
<p>Agenda Item</p>	<p>1:30-2:00 pm Aneurysmal Subarachnoid Hemorrhage Patient Vignettes, Dr. Pankajavalli Ramakrishnan, MD Riverside Healthcare.</p>
<p>Minutes:</p>	<ul style="list-style-type: none"> • Dr. Ramakrishnan reviewed three case studies, all presenting with different symptoms. • Discussed treatment options, coil versus clip, to prevent re-rupture. • Monitor for and treat cerebral vasospasm and delayed ischemic neurologic deficit. • Treat hydrocephalus, fever, and hyperglycemia • Avoid hyponatremia, hypotension, hypovolemia
<p>Agenda Item</p>	<p>2:00-3:00 pm Virginia Stroke Coordinators Consortium Meeting - Large Core Infarcts Dr. John Gaughen, MD, Blue Ridge Area Interventional Neuroradiology.</p>
	<p style="text-align: center;">Special thanks to RapidAI for sponsoring today's meeting!</p> <p style="text-align: center;">In the spirit of Collegiality and Professionalism, please be mindful of any information obtained and shared in this meeting that could be sensitive to an individual or an institution.</p>