MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

STROKE SYSTEM EXECUTIVE COMMITTEE

February 4, 2009 – 9:00 A.M.

MEMBERS PRESENT

David Slattery, MD, Chairman
Bobbette Bond, Health Services Coalition
Chad Henry, EMT-P, MWA
Jason Belland, American Heart Assoc. (Alt.)
Allen Marino, MD, MAB Chairman
Derek Cox, EMT-P, LVF&R
Scott Selco, MD, Sunrise Hospital
William Wagnon, MountainView Hospital

MEMBERS ABSENT

Christopher Roller, American Heart Assoc.
Anna Smith, RN, Valley Hospital
Rory Chetelat, EMSTS Manager

SNHD STAFF PRESENT

Mary Ellen Britt, Regional Trauma Coordinator
Lan Lam, Recording Secretary
Trish Beckwith, EMS Field Rep.
Judy Tabat, Administrative Assistant

PUBLIC ATTENDANCE

Davette Shea, Desert Springs Hospital
James Holtz, RN, Valley Hospital
Kady Dabash, MWA
Larry Johnson, MWA
Carol Butler, Centennial Hills Hospital
Chief Scott Vivier, HFD
John McNeil, American Stroke Assoc.
Carol McLeod, Spring Valley Hospital
Bob Byrd, AMR
Brian Rogers, EMT-P, HFD
Amy Bochenek, Centennial Hills Hospital
Ginny Rosini, UMC
Eric Anderson, MD, FES
Murray Flaster, MD, UMC
Greg Boyer, Valley Hospital
Jackie Levy, University Medical Center
Kathy Silver, UMC
Eric Dievendorf, AMR
Kim Voss, UMC
Don Hales, MWA
Sandy Young, LVF&R
Amelia Hoban, Sunrise Hospital
Joe Molina, Stroke Survivor
Sam Kaufman, Desert Springs Hospital
Billie Meador, Desert Springs Hospital
Jennifer Jefferson, GE Healthcare
Kathy Banusevich, MountainView Hospital
Wade Sears, MD, FES
E.P. Homansky, MD, AMR

I. CONSENT AGENDA

The Stroke System Executive Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, February 4, 2009. Chairman Slattery called the meeting to order at 9:07 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Slattery noted that a quorum was present.

Minutes Stroke System Executive Committee Meeting November 5, 2008.

Dr. Slattery asked for a motion to approve the minutes of the November 5, 2008 Stroke System Executive Committee meeting. A motion to accept the minutes was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Dr. Slattery opened the meeting by asking all members in attendance to introduce themselves and disclose any conflicts of interest.

- David Slattery, M.D. – Emergency Physician, UMC; Medical Director for Las Vegas Fire & Rescue; Speaker for Sanofi Aventis
- Allen Marino, M.D. – Medical Director, MedicWest Ambulance; Emergency Physician, UMC; Affiliated with a group that staffs St. Rose
- Chad Henry – Operations Manager, American Medical Response
- Bobbette Bond – Representative for the Health Services Coalition and Executive Director for Nevada Health Care Policy Group
- Jason Belland – Executive Director, American Heart and Stroke Association
- Will Wagnon – CEO, MountainView Hospital
- Derek Cox – EMS Training Officer, Las Vegas Fire & Rescue

Dr. Slattery introduced Mr. Molina as a stroke survivor recommended to the Committee by the American Stroke Association. He thanked Mr. Molina for attending the meeting.

Dr. Slattery asked each Taskforce to update the Committee on their objectives and what they were able to accomplish:

A. Progress Report from EMS Quality Assurance/Performance Taskforce – Chad Henry/Anna Smith

Objective 2A: Determine the quality measures and measurement tool that will be used for assessing initial and continuous EMS receiving hospital designation

Chad Henry reported the measurement tool to be used for assessing initial and continuous EMS receiving hospital designation would be the Joint Commission (JC) standards.

Objective 2B: Determine performance and quality measures and measurement tool that will be used to assess prehospital stroke care, decision-making, and protocol compliance

Mr. Henry stated that since the EMS Committee has a draft protocol, they will begin to work with the data criteria within the protocol. They currently have 13 data elements to be reviewed at the prehospital and hospital level. These will be sent out for review when they become available.

Objective 2C: Determine the process and triggers for performing peer review for EMS providers

This item was not discussed.

Objective 2D: Determine the process and triggers for performing peer review for stroke receiving hospitals

This item was not discussed.

Objective 2E: Working with the Southern Nevada Health District's Office of EMS & Trauma System to provide a proposed budget to the Executive Committee for stroke system data collection, clerical and statistical support, and quality assurance and oversight activities

Mr. Henry stated this objective will require the assistance of SNHD.

B. Progress Report from Stroke System Hospital Taskforce – Will Wagnon

Objective 3A: Invite all hospitals in Southern Nevada to participate in the assessment process

Mr. Wagnon reported that several meetings have taken place to review Objectives 3B, 3C and 3D:

Objective 3B: Assess each of the hospitals in Southern Nevada regarding their readiness for stroke care management

Amy Hoban will email the hospital assessment data to SNHD to be distributed to the members for review.

Objective 3C: Make recommendations to the Executive Committee regarding criteria of the above listed hospital resources, facility commitment, and any additional requirements determined by the Taskforce to be eligible for designation as a Stroke Receiving Hospital for the EMS System in Southern Nevada

Mr. Wagnon reported a consensus for the use of (JC) certification as minimum eligibility to be a stroke receiving facility but didn't feel his Taskforce was ready to make a recommendation. He felt it was important for the facilities to meet again prior to making a recommendation.

Objective 3D: Design process for keeping information obtained from 3B current for continuous system decision-making

Dr. Slattery questioned whether the Facilities Taskforce contacted the EMS Taskforce regarding the quality assurance portion of the objective in terms of reviewing data in a protected fashion. Ms. Hoban reported that brief discussions took place with regard to the QA Committee being responsible for collecting the JC certification documentation as a primary stroke center, although it was not definitive whether the submission of data points will be on a quarterly or bi-annual basis. Mr. Wagnon pointed out that JC requires certain data elements to be collected and this Taskforce is trying to avoid redundancy in the data that will be submitted to SNHD. Dr. Slattery asked that a list of the data elements required by the JC be given to SNHD so that it could be disseminated to the members for review. Ms. Hoban agreed to provide the Committee with the information.

Mr. Wagnon noted that the Facilities Taskforce should oversee the eligibility requirements for becoming a stroke receiving facility. He felt the QA Taskforce would be better suited with monitoring the effectiveness of the implementations. Dr. Slattery agreed with Mr. Wagnon but stated that he would like for both groups to communicate.

Dr. Selco questioned whether the data submitted to SNHD could be reviewed. Mary Ellen Britt advised that the Trauma System has a Trauma Medical Advisory Committee (TMAC) meeting which is a closed meeting for the sole purpose of reviewing the data submitted to SNHD. She stated that Mr. Chetelat has made a commitment to do the same for the Stroke System.

Dr. Marino asked for clarification on the process to become certified with the JC. Ms. Hoban stated that JC requires data to be abstracted; it could be 100% chart audit or random sampling for 4 months on the 10 data elements. In addition, JC requires several administrative processes such as the implementation of stroke policies and procedures, implementing stroke order sets, stroke care pathways, fine tuning code 100 processes for emergency department patients as well as in-house patients and then monitoring that data. There isn't a benchmark or guideline set at the time. If there isn't a noticeable improvement through time, the JC certification will be revoked. There is no patient minimum requirement. Ms. Hoban stated that she felt JC has set a low bar so there shouldn't be any reason why a hospital couldn't become JC certified. It could be 2 patients or 2000 patients as long as order sets are in place.

C. Progress Report from Stroke System EMS Protocol and Education Development Taskforce – Derek Cox

Mr. Cox reported that they reviewed the objectives and decided to split into two separate workgroups. One workgroup assessed the dispatch portion of the objectives and the other assessed the objectives for educational needs and stroke treatment protocols. Mr. Cox stated that his group was ready to make its final recommendations.

Objective 1A: Assess current dispatch center(s) management of stroke

- *Current protocol* – Mr. Cox stated the current dispatchers' protocol has an EMS response of "No lights and sirens." This response is referred to as an "alpha" response. The recommendation to the Committee is to strike alpha responses from the dispatchers' protocols.
- *Educational deficiencies* – Mr. Cox stated that dispatchers are required to obtain certification prior to obtaining a position as a dispatcher. They are also required to complete 24 hours of continuing

medical education every two years to recertify. The current requirement does not require classes specific to the issue of stroke. Their recommendation would be to require two hours of education on stroke, stroke identification, and common signs and symptoms.

- *Pre-arrival instructions* –There are no specific pre-arrival instructions for stroke so there are no recommendations at this time.
- *Outcome measurements* – Mr. Cox recommended that the Stroke QA Committee include the EMD QA Committee in their monthly review process. They will review the number of confirmed strokes and look at call times; the period of time it takes from 911 call to dispatch. This process will lead to the identification of a benchmark. Dispatchers will be responsible for pulling the chart and investigating the times to report to the Stroke QA Committee. Mr. Cox advised that a flow chart will be created to clarify this process.

Objective 1B: Develop recommendations (based on that assessment) for improving the management of potential stroke victims during the time period from 911 call to EMS arrival.

Mr. Cox stated in the previous meeting that no recommendations will be made for improving management of potential stroke victims during the time period from the 911 call to EMS arrival. Therefore, the post dispatch instructions will remain the same.

Objective 1C: Determine educational needs of EMS providers in Southern Nevada in terms of:

- *Identification of acute stroke*
- *Performance of appropriate history, exam, diagnostic tests and documentation as it is related to prehospital stroke care*

The recommendation from the task force was to develop a 30-45 minute video that identifies stroke, performance of appropriate history, exam, diagnostic tests and documentation as it relates to prehospital stroke care. The video will be tailored to meet the system's needs as well as provide the appropriate education to EMS providers. Brian Rogers added that stroke destination, timing and required CME hours will also be addressed. Dr. Slattery noted that the video will be brought back to the Executive Committee for approval prior to going to the MAB.

A motion was made to develop a video to appropriately educate Clark County EMS providers on prehospital stroke care. The video will be tailored to meet the system's needs and address issues related to identification of stroke, performance of appropriate history exam, diagnostic tests and documentation. The motion was seconded and passed unanimously.

Objective 1D: Determine which stroke scale will be used by all EMS providers in Southern Nevada

The recommendation from the task force was to use the Cincinnati Stroke Scale. Mr. Cox advised the task force will draft an operational protocol.

Dr. Selco related that the Los Angeles Stroke Scale is favorable in its sensitivity and specificity for the diagnosis of stroke as it leads to less burdening of the system with false positives; but he is in favor of doing what the medics believe they can do well. He suggested they start with the Cincinnati Stroke Scale, re-evaluate the system at a later time, and switch to another stroke scale if necessary. Dr. Flaster stated that he spent 10 years working on stroke care in Phoenix. In his experience, it's best to start the system off with high sensitivity, low selectivity and fine tune where the need is identified. Also, the more exclusive you are in defining stroke the more apt you are to leave people out.

A motion was made for EMS Providers to use the Cincinnati Stroke Scale and re-evaluate the system at a later date. The motion was seconded and passed unanimously.

Objective 1E: Draft prehospital stroke care management protocol (to exclude destination criteria)

Mr. Cox reported that the task force needs to make a few modifications to the draft protocol before submitting it for approval at the next meeting.

D. Discussion of Access of Care

Bobbette Bond expressed concern with the overburdening of the system and the impact on the participants. She feels oversight of the system is necessary and any issues regarding overburdening should be discussed by a committee rather than a subcommittee. Ms. Bond stated the solution regarding access of care is to address concerns such as overburdening of the system, access to care in terms of cost, and raising the bar for hospitals in terms of JC certification. The bar needs to be raised in all areas through this Committee as opposed to having destination protocols drive the agenda.

E. Discussion of Timelines for Accomplishments of Objectives

Dr. Slattery stated that the timelines will be sent out to the members.

F. Request to Receive Committee Agenda/Minutes by Electronic Mail

Dr. Slattery asked that the members fill out the request to receive electronic mail.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Flaster stated that when dealing with stroke care, you want to make sure to meet the minimum requirements and build a system with room to evolve. The solution doesn't always have to be a stroke certified hospital. If a hospital is capable of getting a CT scan and the patient's history they should be able to contact somebody to help decide on how to proceed.

Dr. Selco stated that he would like the American Heart Association (AHA) and the National Stroke Association to partner up with SNHD to provide public education as the system evolves. Jason Belland stated the AHA would be happy to take on that responsibility.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Dr. Slattery called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 10:03 a.m.