



## June 21<sup>st</sup> 2019 Meeting Minutes

Topic	Discussion
<b>Call to order</b>	<i>Gene Latorre- Meeting called to order 10:05</i>
<b>Approval of meeting minutes</b>	<i>December meeting minutes approved</i>
<b>Chairman Update</b>	<p><i>Gene Latorre discussed the trials (WAKE UP and EXTEND) that show positive results for the use of alteplase up to 9 hours from last know well. Both trials are based on advanced imaging and can only be referenced if the patient does not have a large vessel stroke (where thrombectomy would be standard of care). Less than 3% of patients would be eligible for these protocols and they should only be used as adjunct imaging/protocols to the standard of care. MRI is necessary as part of WAKE UP. At times when MRI safety checklist is unavailable, consideration could be given to prior scans/checklists that exist in HealthConnections.</i></p> <p><i>CT imaging discussed as next point. Non-contrast CT should remain as first image with CT Angiogram occurring after (at spoke sites) if large vessel stroke is suspected or focal neurological deficit is present. CT perfusion will be completed at the TSC or CSC on arrival.</i></p> <p><i>Third point was the discussion of the use to Tenecteplase (bolus dose 0.25mg/kg with a max dose of 25mg IV push). Giving as a bolus could help “drip and ship” model, however post monitoring remains the same (VS frequency, neuro checks, and strict BP management). More to come on the use of this medication for treatment of acute ischemic stroke.</i></p>
<b>Old Business</b>	<i>FAST-ED/stroke severity tool conversation deferred to new business.</i>
<b>New Business</b>	<p><i>The use of the FAST-ED was brought up by Ann Smith and Susie Surprenant through the upcoming REMAC stroke study. The REMAC study will be split between two phases. Phase one will introduce the FAST-ED training to Oswego County Ambulance through a standardized online CME training. The FAST-ED scale will be incorporated into a pre-hospital “telerig” video connection with a stroke physician. Treatment times at the receiving hospital will be evaluated pre and post implementation. Phase two will be to validate the use of the FAST-ED scale as a stroke severity tool in our regions. This phase will require cooperation from the major receiving stroke centers. Pre-hospital assessment (FAST-ED assessment) will be compared to final diagnosis and treatment.</i></p> <p><i>The REMAC Study outline is currently being reviewed by the three REMAC’s involved (North Country, Central, and Susquehanna). Guilfoyle, AMR, and Supreme ambulance companies are the</i></p>

	<p><i>largest volume agencies in the three REMAC area and will be utilized for this study. The study details will be shared with the group from Ann after all REMAC's have viewed and approved.</i></p> <p><i>Mid-state REMAC has not chosen to use FAST-ED and therefore will not be participating in this study at this time.</i></p>
<b>RSTAC Subcommittee Updates</b>	<i>EMS subcommittee discuss as noted in "New Business" section.</i>
<b>New York States Updates</b>	<i>Josh updated the group on the DOH's decision to move forward with allowing accrediting bodies to designate all New York Stroke Centers (as PSC, TCSC, or CSC). Oksana from Crouse hospital discussed her recent experience with the DNV and DOH "joint" survey process. She was able to share with the group some areas of focus during the survey process. Other hospital representation were able to ask Oksana and Josh about this process.</i>
<b>Educational Opportunities</b>	<i>Doug suggested that some stroke education be focused on the TRANSPORT of the acute stroke patient (airway, BP management, infusing alteplase). Dr. Brenner brought up the idea of introducing language such as code/stat, emergent, urgent, or routine into transportation request.</i>
<b>Regional Reports</b>	<p><i>Susie reported the CDC Coverdell grant has allowed several area hospital stroke program access to "Hospital Hub". This program allows the hospital users to access PCR's as well as have real-time information of inbound patients. The "hospital hub" information has been shared with the CNY area hospital by DOH EMS representation. More information to come on this program.</i></p> <p><i>Ann mentioned Hospital Hub and its use in our areas. The hub is receiving PCR's and hospitals continue to examine ways of extracting them back into their EMR's.</i></p>
<b>Adjournment</b>	<i>Meeting adjourned 11:29</i>
<b>Next Meeting:</b>	<i>September 20<sup>th</sup>, 2019 10:00 Room TBD</i>

<b>Agency/Hospital</b>	<b>Council Attendee</b>
<b>CNY EMS</b>	<b>Susie Surprenant</b>
<b>Midstate EMS</b>	<b>Dan Broedel (phone)</b>
<b>North Country EMS</b>	<b>Ann Smith</b>
<b>Susquehanna EMS</b>	<b>Michael Cox</b>
<b>Crouse Hospital</b>	<b>Tarakad Ramachandran, MD (Phone)</b>
<b>Crouse Hospital</b>	<b>Oksana Kaskov, RN</b>
<b>Crouse Hospital</b>	<b>David Padalino, MD</b>
<b>Crouse Hospital</b>	<b>Elena Henderson, RN</b>
<b>Gouverneur Hospital</b>	<b>James Moore, RN</b>
<b>Guthrie Cortland</b>	<b>Brigitte Page, RN</b>
<b>LifeNet</b>	<b>Luke Gasowski</b>
<b>Lewis County General Hospital</b>	<b>Mark Parshall, MD</b>
<b>MVHS</b>	<b>Angie Roche, RN (phone)</b>
<b>MVHS</b>	<b>Christy Rice, RN</b>
<b>MVHS</b>	<b>Jennifer Hurd, RN</b>
<b>River Hospital</b>	<b>Christy Pharoah, RN</b>
<b>Samaritan Medical Center/LifeNet</b>	<b>Maja Gray, MD (phone)</b>
<b>Samaritan Medical Center</b>	<b>Michelle Mann, RN</b>
<b>Samaritan Medical Center</b>	<b>Debbie Lindemuth, RN</b>
<b>Samaritan Medical Center</b>	<b>Hannah Sherrill, RN</b>
<b>St. Joseph's</b>	<b>John Munger, RN</b>

<b>Upstate Community Campus</b>	<b>Jay Brenner, MD</b>
<b>Upstate Downtown Campus</b>	<b>Pat Veinot, RN</b>
<b>Upstate Downtown Campus</b>	<b>Gene Latorre, MD</b>
<b>Upstate Downtown Campus</b>	<b>Josh Onyan, RN</b>
<b>Upstate Downtown Campus</b>	<b>Liz Keesler, RN</b>
<b>Upstate Downtown Campus</b>	<b>Doug Sandbrook</b>