



October 11, 2019 Meeting Minutes

Topic	Discussion
Call to order	<i>Tarakad Ramachandran - Meeting called to order 10:20 (initial videoconferencing technical difficulties)</i>
Approval of meeting minutes	<i>June meeting minutes approved</i>
Chairman Update	<p><i>Dr. Tarakad Ramachandran, co-chairman for RSTAC, presided the meeting in Gene Latorres excused absence.</i></p> <p><i>Dr. Ramachandran discussed the process of triaging the stroke patient, including thinking empathetically and listening to the exact complaint of the patient. This includes obtaining the last known well time and specific symptoms from EMS or the patient. Ramachandran also discussed the “4 P’s” when considering stroke. They include: Parenchyma (how big is the stroke), Pipes (what blood vessels are blocked or compromised), Perfusion (cerebral blood volume and flow), and Penumbra (how much brain tissue is salvageable).</i></p> <p><i>Ramachandran went on to discuss how artificial intelligence is beginning to play a large part in stroke diagnosis and treatment. RAPID CT processing software aids in stroke diagnosis and treatment options, potentially extending Alteplase (tPA) and thrombectomy treatment times in many patients.</i></p> <p><i>Ramachandran discussed non-contrast CT imaging remaining the first image required in stroke treatment, as Alteplase decision is solely based on this scan. MRA/I (with perfusion) area also useful test in the diagnosis of stroke but are limited to scanner availability, length of scan, and safety requirements prior to scan. The dosing of Alteplase (tPA) in the extended time window (6-24 hours) requires the use of additional perfusion imaging and AI calculations. Offering Alteplase in this extended treatment window still remains in trial phases with only journal articles showing potential support of this usage. Ramachandran reminds the group that journal articles are opinion and research based, not necessarily representing the views of larger groups such as AHA, AAN, etc. In order for extended Alteplase dosing to be made into practice, Ramachandran notes that these larger groups should approve and introduce into stroke care guidelines. Crouse has not offered Alteplase to any patients beyond the standard 4.5 hour limit, Upsate has dosed three patients up to 9 hours after last known well. A consent form was utilized for this “off-label” dose.</i></p>
Old Business	<i>FAST-ED/stroke severity tool conversation deferred to new business.</i>
New Business	<i>The use of the FAST-ED as a stroke severity scale remained a topic of discussion. At the most recent CNY REMAC meeting, differing opinions were brought up on the Stroke Pilot Study, which was</i>

intended to test/validate the use of a stroke severity tool, mainly FAST-ED. As a reminder to the group, Susie and Dr. Brenner brought up the fact that the FAST-ED scale was initially discussed at RSTAC meetings, approved by this regional group and then brought to the four REMAC's for discussion and approval. North Country REMAC, CNY REMAC and Susquehanna REMAC all approved the use of the FAST-ED stroke severity tool. At this time, no stroke severity tools are to be utilized in the CNY region until further discussion at the REMAC level. Josh, Bernie and Oksana are preparing a short presentation to be brought to the November CNY REMAC meeting to show the group how a stroke severity tool can positively impact patient care and outcomes. Josh added that he wishes the REMAC to acknowledge the need for a stroke severity tool, expanding on the utility of the CPSS that is already in place. Dr. Jorolemon discussed the stroke severity tool that Rochester tested. He discussed the study design and outcome (the specific tool tested for that region did not prove superior to other stroke severity tools). Dr. Brenner suggested designing an IRB approved stroke severity tool pilot and then present that to the REMAC as well. More discussion to come on this topic.

Josh discussed newer AHA Target Stroke Phase III guidelines looking at door to device times (DTD) as an indicator of a hospital performance measure. Josh described the new metric: for patients arriving to a Thrombectomy Capable or Comprehensive Center eligible for thrombectomy, ED arriving patient should be triaged, scanned, brought to IR, skin puncture AND device at the thrombus in under 90 minutes from arrival. For those patients directly admitted to these centers, the same needs to be done in under 60 minutes. Josh and several other discussed safety concerns of performing these procedures so quickly. The group will continue to express their concerns to the AHA regionally and locally. The group will be updated if any changes to these metrics are made.

Josh discussed door in and door out (DIDO) procedure and feedback. The group brought in a variety of reasons that could be contributing to prolonged DIDO times. This included radiology read times (including VRAD readings) and EMS dispatched and arrival times. Josh reminded the group that as NYS designated stroke centers, the CT read times needs to remain under 45 minutes. If the group is finding this to be prolonged, they should report this to their hospital quality department with case specifics for review.

Josh notified the group that Upstate has recently completed their NYS CSC survey along with their DNV survey and is now dual certified as Comprehensive Stroke Center from both agencies. Josh informed the group that the new NYS guidelines require CSC's to have a written language in their transfer

	<p>agreements surrounding CTA responsibilities of sending Primary Stroke Centers prior to transfer. Josh indicated that Upstate has created generic language that will be used on all applicable transfer agreements. Crouse indicated that they are in the process of completing a similar addition to their agreements. These updated transfer agreements should begin circulating around to the referring centers in the next month or two.</p> <p>EMS transporting Alteplase was the next topic of discussion. Ann Smith notified the group that Guilfoyle Ambulance, Watertown Ambulance, LifeNet, Gouverneur Ambulance, and Lewis County Search and Rescue are all North Country agencies that are able to transport Alteplase infusions without RN representation. BANGS ambulance is also providing this service. No agencies in the mid-state region are transporting Alteplase. This service is at the discretion of each agency medical director, who provides approval as well as training. Josh indicated that the stroke centers are happy to help with training if needed.</p>
RSTAC Subcommittee Updates	EMS subcommittee discuss as noted in “New Business” section.
New York States Updates	<p>The NYS stroke center survey process was included in the new business discussion.</p> <p>Josh added information about the recent inquiry with NYS regarding Stroke Program Medical Director Requirements- specifically if a Board-Certified Family Practice Provider could represent a hospital in the role of Stroke Program Medical Director (this was not initially included on the list of specialties). NYS replied that they would be open to other specialties as long as the other (listed) requirements and education is met. NYS would be updating their guidance document to include this information with the next edit.</p>
Educational Opportunities	<p>Bernie from St. Joes indicated that Dr. Saada would be presenting a one hour CME session on stroke December 1st. More information will be shared with this group with further details.</p> <p>Josh reminded the group of the upcoming Northeast Cerebrovascular Consortium (NECC) conference that will occur October 23-25th in Boston, MA.</p>
Regional Reports	No further updates.
Adjournment	Meeting adjourned 11:33
Next Meeting:	December 20 th , 2019 ROOM TBD

Meeting Attendance List:

Agency/Hospital	Council Attendee
CNY EMS	Susie Surprenant
Midstate EMS	Dan Broedel
Midstate EMS Clinical Coordinator	Melissa Lockwood
North Country EMS	Ann Smith
Susquehanna EMS	Michael Cox
Crouse Hospital	Tarakad Ramachandran, MD
Crouse Hospital	Oksana Kaskov, RN
Crouse Hospital	Evan Belanger, NP
Crouse Hospital	Michael Jorolemon, DO
Guthrie Cortland	Brigitte Page, RN
Gouverneur Hospital	James Moore, RN
Gouverneur Hospital	Susan Bradley
Lewis County General Hospital	Nick Hanno, RN
MVHS	Angie Roche, RN (phone)
River Hospital	Christy Pharoah, RN
River Hospital	Chris Symenow, PA
Samaritan Medical Center	Debbie Lindemuth, RN (phone)
St. Joseph's Hospital	John Munger, RN
St. Joseph's Hospital	Bernadette Medve, RN
Upstate Community Campus	Jay Brenner, MD
Upstate Downtown Campus	Pat Veinot, RN
Upstate Downtown Campus	Josh Onyan, RN
Upstate Downtown Campus	Liz Keesler, RN
Upstate Downtown Campus	Doug Sandbrook