



June 17th, 2022 Meeting Minutes

Topic	Discussion
Call to order	Gene Latorre called the meeting to order 1002
Meeting Minutes Approval	Previous meeting minutes approved
Chairman Update	<p>Gene Latorre provided two stroke care guideline updates and one new statement. A summary of the information presented in his slides can be found below:</p> <p>2022 Guidelines for the Management of Patent Foramen Ovale- Developed by SCAI (Society for Cardiovascular Angiography and Intervention) - Representation from Interventional Cardiology group/American Academy of Neurology - Published May 19th, 2022 (Kavinsky CJ et al. https://doi.org/10.1016/j.iscai.2022.100039)</p> <p>What you should do : PFO closure is indicated: px 18-60 years with PFO-associated stroke What you may do: PFO closure for 60-65 y/o (or older if no other cause for stroke is identified) PFO closure if with recurrent DVT/PE (also need lifelong anticoagulation) What you should not do: No PFO closure if already on anticoagulation for AF</p> <p>2022 Guideline on Stroke Prevention in Symptomatic Intracranial Stenosis (sICAD) - Developed by American Academy of Neurology - Published March 22, 2022 (Turan TN et al. Neurology 2022;98:486-498)</p> <p>What you should do: Dual antiplatelet (ASA 325mg plus Clopidogrel 75mg daily x 90 days) High intensity statin (Atorvastatin 80/Rosuvastatin 40) to achieve LDL < 70mg/dL Hypertension control with long term target BP < 140/90 mmHg Moderate physical activity (20-60 min, 3-5x/week) Control of other modifiable risk factors (excessive alcohol, smoking, diabetes) What you may do: Cilostazol (alternative to Clopidogrel in patients of Asian descent) What you should not do: No anticoagulation No Stenting/Angioplasty, bypass (direct or indirect) surgery</p>

Attendees: G. Latorre, J. Onyan, J. Moore, M. Cox, O. Kaskov, R. Turrin, R. Zhovklaya, A. Smith, B. Casscles, V. Ouimette, M. Jorolemon, C. Pharoah, J. Dlugolecki, H. Perry, A. Hudson, D. Sandbrook, B. Medve, S. Surprenant, M. Vallelunga, H. Sherrill
 Excused: J. Brenner, M. Gray

	<p>2022 AAN Position Statement regarding Consent issues in Acute stroke mgt: Discusses various considerations regarding thrombolysis, thrombectomy, craniectomy, and pediatric strokes Covers issues regarding acute and time-sensitive interventions such as intravenous alteplase/Tenecteplase for ischemic stroke. Challenges: The patient may not have the capacity to make a medical decision due to stroke. Position statement: Implied consent is appropriate (similar to doing CPR). TPA/TNK may be given in appropriately selected px in the absence of a surrogate decision-maker. Mechanical thrombectomy may be performed in appropriately selected px as well.</p>
<p>Old Business</p>	<p>none</p>
<p>New Business</p>	<p>New Officer Announcements: Gene Latorre announced the results from the annual officer election. Dr. Gene Latorre was the single nominee for Chairman of the committee, he was elected by the group into this position. Dr. Michael Jorolemon was the single nominee for Vice-chair, and he was elected into the position. Josh Onyan was the single nominee for the secretary position, and he was nominated for this position. Thank you to all who voted!</p> <p>Regional TNK Updates- the group was polled by Dr. Latorre on TNK usage at each facility, or the plan to introduce this medication into the stroke treatment formulary. Dr. Latorre reported that Upstate has been administering the medication for over one year so far and the staff (nursing and residents) appreciate the safety of administration. Oksana Kaskov reported that Crouse hospital went live in May, and Ava Hudson reported that Canton-Potsdam Hospital went live in June. No other centers identified using the drug as of yet. Josh brought to the groups attention that a hospital in Buffalo reported several cases of angioedema post-TNK, but this may have been isolated as he has not seen this at Upstate.</p> <p>FAST-ED Training Updates: Ann reported that the FAST-ED series 2 video has had 1144 views and 395 EMS providers have passed the post-test. 120 feedback surveys were returned validating the fact that EMS appreciates alternate forms of education, such as informative videos. Dr. Latorre mentioned that the information contained in the EMS prenotification call (containing FAST-ED information) was useful for determining if CTA was warranted, specifically during the ongoing contrast shortage. Bernie Medve from St. Joes indicated that she has been providing LVO tool feedback, including posterior stroke feedback, to EMS CQI contacts. She encouraged the contacts to view the cases and share the information. Ava Hudson reported that CPH is using the BE-FAST tool, as they are part of Rochester Regional Health.</p>

	<p>EMS Protocol Updates: Ann and Susie presented the 2022 NYS collaborative Protocol updates. The summary is as follows:</p> <ul style="list-style-type: none"> • Eptaxis – new protocol • SpO2 changed to 92% in the following protocols: <ul style="list-style-type: none"> o Automatic Transport Ventilator <ul style="list-style-type: none"> o Cardiac Related Problem – Pediatric o Respiratory Arrest / Failure – Pediatric o Oxygen Administration and Airway Management <ul style="list-style-type: none"> Verbiage added to this protocol: “Every supraglottic airway and endotracheal tube placed must have a viral filter attached” • Behavioral Emergencies: Excited Delirium – Adult <ul style="list-style-type: none"> Verbiage added to the protocol: “Waveform capnography should be applied to all patients receiving sedation when safe and feasible” • Nausea and/or Vomiting – Adult <ul style="list-style-type: none"> Addition: Patients may be given an isopropyl alcohol pad for self-administered inhalation • Trauma Associated Shock – Adult <ul style="list-style-type: none"> Tranexamic Acid (TXA) added to the protocol. This is a CNYEMS Regional option with Agency Medical Director approval. • Bradycardia / Heart Blocks – Adult <ul style="list-style-type: none"> Atropine dose changed to 1 mg IV • Advance Directives / DNR / MOLST <ul style="list-style-type: none"> Verbiage added to the protocol: “PHL § 2994-gg: “No person shall be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to this section a nonhospital order not to resuscitate, for disregarding a nonhospital order pursuant to section twenty-nine hundred ninety-four-ee of this article, or for other actions taken reasonably and in good faith pursuant to this section.”
<p>New York States Updates</p>	<p>Josh presented the New York State Updates as follows:</p> <ul style="list-style-type: none"> • Coverdell Updates <ul style="list-style-type: none"> • Strategy areas: Track and monitor clinical measures, Implement a team-based approach, link community resources, and clinical services

	<ul style="list-style-type: none"> • Priority Regions: Tasked from CDC to work in priority regions to improve handoffs and communication with EMS and hospitals, reviewing data on stroke hospitalizations and mortality by county, identifying high burdens of stroke, engaging the partners in identified regions to increase collaborations • Asked by CDC & NYS to focus on “high burden” areas with possible racial, economic or socioeconomic disparities – centers may be asked to look at patient demographics and report more detail/ identify what their catchment area patient population looks like • NYS DOH • Designation deadline extended until March 2023 • Some accrediting bodies may be experiencing accreditation scheduling delays due to staffing • NYS Stroke Guidance document currently in revision • “Door to” benchmarks (85%) from NYS <ul style="list-style-type: none"> • DNV holding hospitals accountable to this benchmark, JCAHO is not if sites can demonstrate a PI plan • Reach out to Josh with any problems or concerns • AHA Get with the Guidelines Awards- released last week
Educational Opportunities	Upstate RUSH Virtual Presentation Wednesday June 22 at noon AANN Stroke Conference August 18-20, virtual and in-person
Regional Reports/Round Table	Nothing to report
Adjournment	Meeting was adjourned at 1047
Next Meeting:	Friday, September 16 th , 2022 10 am Via Zoom https://upstate.zoom.us/j/92979661433