Stroke Care Committee Meeting
Tuesday, May 16, 2023, 1:00 PM –2:30 PM
9616 Micron Ave. Suite 900, Sacramento, CA. 95827
Conference Room 1

Facilitators: Kevin Mackey, M.D. EMS Agency Medical Director
Minutes: Sydney Freer, EMS Specialist

ITEM	Details (Key facts, Questions, Concerns)	Action Items/Decision
Welcome and Introductions	Meeting start time 1:00 pm	None
Approval of Minutes – August 16, 2022 February 21, 2023	**August 16, 2022:** Motion: Jeremy Veldstra Second: Amelia Hart **February 21, 2023:** Motion: Jeremy Veldstra Second: Adam Blitz	
Old Business	**Discussion**	**Action Items/Decision**
None	None	None

New Business	Discussion	Action Items/Decision
-Change the Date of the November Meeting -Contract Responsibility -Policies to Review: PD# 6002: Stroke Critical Care System: General Provisions	None	• November meeting date moved to 11/14/23. • Hospitals to send Sydney updated contact information for required positions.
Data Review and Analysis	**Discussion**	**Action Items/Decision**
-EMS Stoke Data -Executive Session	-Review of data: • SCEMSA will have EMS vs POV data for the next meeting. -Dr. Mackey: We do not have the data we wanted to look at in an executive session. There is a massive gap that we are missing and that is connecting the EMS data to the outcome of our patients through hospital data. What we have discovered is that all of us measure different things in different ways. If we are going to talk about system improvement, we have to talk about the same things. -Dr. Mittal: How does the outcome data help the EMS Agency? What is the purpose? -Brain Morr: EMS overcalls stroke. We call probably 100-120 stroke alerts a month and probably 1 is an LVO and 10% are strokes and the rest are weird stuff. So, we want to know where we can improve.	

	-Dr. Mackey: We are showing an example of an email that Brian sends. This is why outcomes are important. Hospital feedback is either a positive or a negative feedback loop for our paramedics. -Dr. Mittal: I think that is great. But the concern would be using this data to compare hospital to hospital, creating some sort of policy that outlines high performing hospitals. -Dr. Mackey: I can tell you that I don't think comparison is a bad thing because we would never write a policy that is geared toward a hospital's individual performance. While it would be beneficial for collaboration, sharing the data is a risk, which is why we would do it in executive session. That would protect the information from being shared outside of this room. -Speaker: I think the challenge is we upload four times. -Sydney Freer: We are trying to make it so that we are not asking you to do this over and over again. We have been working with Mark at the state and we believe we have solved the GWTG – ImageTrend connection issue. AHA Stroke – New is the export that should be used, and it needs to be done as a CSV, not excel. Once this data reporting process works, the goal with my position is for me to not have to ask for data from you. I will have access to it, and I can pull the reports and bring accurate data to the meetings. Kimberly Brink: The hard part is having to upload then match them all. It is a lot of work. Irina Rebello: I think the reason we feel disconnected from that is because we already put the run number on all our EMS patients in GWTG. This is a huge effort when you	

	already have access to the information, and it could be done automatically. Sydney Freer: I did not know that that was part of the process. I will reach out to them. -Speaker: It seems like it would be easier to just get rid of GWTG. -Sydney Freer: We have current access to GWTG, but the state still needs the data. So, since the data has to go into ImageTrend anyways, we are hoping to use that instead of paying for GWTG. -David Magnino: The state dictates what platform CEMSIS is going to be in, we don't have a choice. -Irina Rebello: This could just be a software issue. -Sydney Freer: Yes, and I will ask about that. -Dorthy Rodriguez: The problem is that ImageTrend Elite, which houses EMS data, and ImageTrend Patient Registry, which houses hospital data, do not talk to each other. -Irina Rebello: Yes, but we are matching the records to the PCRs in Elite, so they do talk at some point. -Pat Zrelak: Is it possible to have a two-way data exchange so that we can also get some of the EMS data and merge it with our data at the hospital level? -Dorthy Rodriguez: If there was specific data you wanted for your hospital, you could place a special request for service through our webpage. -Speaker: ImageTrend is being used statewide? Could you reach out to other counties and see if they are dealing with these same issues regarding matching? -Sydney Freer: I can see what their processes look like.	• Sydney to follow up with the state and other counties regarding the data matching process.

	-Dr. Mackey: What do we want to see for outcome measures? I am open to any data that would be relevant to making system wide decisions. There are mature systems that probably have a lot of this figured out, so we are going to reach out and see what they look at. -Dr. Keenan: Even with GWTG there is some wiggle with the definitions. A bunch of thought leaders in the field wrote a manuscript in 2021 saying this is a mess, why don't we use these terms. We can see which of those fit with GWTG and what needs clarification and then we will all have a playbook that is written down. -Sydney Freer: That has been my biggest issue, even when getting the data directly from you guys. I was getting responses about medians vs means, if medians are easier and better for you guys, we can absolutely do that. The other big one was when I said "Door to CT" I was under the impression that was one thing. I had some hospitals sending Door to CT Result, Door to CT Initiation, Ordered to Performed, or Door to Turn Around Time. So, I want to make sure that going forward when I am pulling this data, it all means the same thing. -Irina Rebello: There is not much wiggle room in GWTG. The measure logic and what they are asking us for is very clear. -Pat Zrelak: If there are measures that aren't clear, we should go back to the measurements committee with AHA and have them changed because they do look at that. -Dr. Mittal: Can I suggest a data work group? -Dr. Mackey: Yes, we are going to do that. Sydney will reach out. We would like a representative from each system to work through this stuff.	• Sydney to set up a data work group including a representative from each hospital.

Directors Report	Discussion	Action Items/Decisions
-Neurologist Response regarding LVO Scale -Feedback to the Field	None	None
Case Presentations	**Discussion**	**Action Items/Decisions**
• Mercy General Hospital • Sutter Medical Center Sacramento	-MGH presented at the previous meeting -Dr. Mittal presented for SMCS	None
Round Table	**Discussion**	**Action Items/ Decisions**
Closing and recap of any action items	None	None
Adjournment	Adjourned at 2:30 pm	**Next meeting: August 15, 2023**

SACRAMENTO COUNTY

Department of Health Services Emergency Medical Services Agency
Stroke Care Committee
2023 Case Presentation Rotation

Date:	2/21/2023	5/16/2023	8/15/2023	11/14/2023
KHN	X			
KHR			X	
KHS				X
MGH		X		
MHF	X			
MHS			X	
MSJ				X
SMCS		X		
SRMC			X	
UCD	X			

Stroke Liaisons										
Contacts	KHN	KHR	KHS	MGH	MHF	MHS	MSJ	SMCS	SRMC	UCD
Primary	Jason Murray	Michelle Arroyo	Sherry Whitcomb, JD, MSN, RN CPHQ	Richard Otley, RN	Octavian Pintea, RN	Max Naximko, MSN, RN, SCRN	Irina Rebello	Kandis Dowd	Jennifer Bingham	Kimberly Brink
Secondary	Jonathan Hartman MD					Anu Locricchio	Raveca Pintea	Chase Childress	Patty McNamara	Jeremy Veldstra

SCENE Calls (911-Response) – 2023- 1Quarter	Incident Count	Percentages	Notes
Total ePCRs received	79,128	0	All records
Responses (911-Response)	57,198	72.28%	of total responses
Treated and Transported (of 911-Response)	**31,833**	**55.65%**	of 911 responses transported to the ED
Primary Impressions of Treated and Transported -911-Response (Scene)	**Incident Count**	**Percentages**	
ALOC - (Not Hypoglycemia or Seizure) (R41.82)	1,174	4%	
Stroke / CVA / TIA (I63.9)	932	3%	
Sepsis (A41.9)	749	2%	
Private Vehicle			
Total Patient Count (Private + EMS)			

Stroke Dashboard - EMS Data

Stroke	System Total 2022-2Q	System Total 2022-3Q	System Total 2022- 4Q	System Total 2023-1Q
Total transported patients with Primary impression of Stroke	866	857	978	932
Number of patients with documented Stroke Screen	847	854	939	930
% of patients with documented Stroke Screen	97.81%	99.64%	96.01%	99.78%
Documented Glucose	865	835	947	898
% of documented Glucose	99.88%	97.43%	96.83%	96.35%
Patients with a Stroke pre-arrival notification	771	756	864	821
% of Stroke pre-arrival notification	89.03%	88.21%	88.75%	88.09%

Stroke Primary Impression for Treated and Transported Patients - EMS Data

Hospital Name	2022-2Q	2022-3Q	2022-4Q	2023-1Q
Kaiser Antioch	0	0	1	0
KHR	41	34	52	40
KHN	162	152	173	179
KHS	150	149	172	145
Lodi	0	0	1	0
MGH	38	52	43	48
MHF	45	46	84	72
MSJ	184	178	190	173
MHS	84	61	70	85
VAMC	0	0	0	4
SMCS	74	98	89	84
SRMC	29	28	36	38
UCD	59	59	67	64
Total	**866**	**857**	**978**	**932**