



## Oregon Stroke Care Committee Quarterly Meeting Minutes

2023 Quarter 4 | October 11, 2023

Chair Barri Stiber | Vice Chair Ritu Sahni

### Appointed Committee Attendance

|         |                              |   |
|---------|------------------------------|---|
| Excused | Theodore (Ted) Lowenkopf, MD | Neurology physician specializing in stroke care                 |
| Present | Elaine Skalabrin, MD         | Neurology physician specializing in stroke care                 |
| Present | Ritu Sahni, MD               | EMS Medical Director  |
| Absent  | Christian Smith, MD          | Physician specializing in emergency medicine                    |
| Present | Erika Schouten, RN           | Hospital Administrator (or delegate)                            |
| Present | Barri Stiber, MSPT, MBA      | Hospital Administrator (or delegate)                            |
| Absent  | Dallas Holladay, DO          | Hospital Administrator (or delegate)                            |
| Present | Abigail Finetti, BSN, RN     | Nurse with experience treating stroke                           |
| Present | Jeff Mathia, P               | EMS provider who works for a licensed ambulance service         |
| Present | Viviane Ugalde, MD           | Practitioner who specializes in rehabilitative medicine         |
| Present | Anne Tillinghast             | Advocate for stroke patients who is not a health care provider  |
| Present | Ted Farr                     | Rural Healthcare provider who provides emergency care of stroke |

### Oregon Health Authority Attendance

Dana Selover, MD; Stella Rausch-Scott, EMT; Peter Geissert, MS, MPH; Amani Atallah, P; Madeleine Parmley, RN; Julie Miller

Public Attendance

Carol Wilson; Frank Ehrmantraut; Sarah Jamieson; Alicia Bond, MD

Meeting was called to order.

Membership Review / Annual Training – Stella Rausch-Scott

Committee membership:

- Ted Farr will be appointed to as the Rural Healthcare provider who provides emergency care of stroke.

Two vacant positions starting in January:

- Neurology physician specializing in stroke care
- Practitioner who specializes in rehabilitative medicine

Appointed committee members are required to complete annual state committee training. This is due December 31, 2023.

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| Action Items | Annual training due December 31, 2023. |
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2023 Quarter 3 Minutes – Barri Stiber

2023 Quarter 3 meeting minutes were reviewed. No corrections were requested. Erika Schouten made a motion to approve the minutes and Ritu Sahni seconded the motion. Motion passed.

EMS Committee Workgroup: OR-EMSIS Stroke data – Dr. Alicia Bond

The Oregon EMS Committee has created a workgroup to review OR-EMSIS data submitted. The committee identified a gap regarding stroke care and documentation of stroke scale in the field. The Quality measure is to document a stroke scale that will continue the support of prehospital stroke care. With the current data collected the types of stroke scales is broad and the data is not clean. The State EMS Committee has requested the Stroke Care Committee to support and consider feedback in communication and education that will go out to agencies.

The current Stroke Scale types in the OR-EMSIS:

**How Stroke Assessment is documented in the NEMSIS standard**

The Stroke Scale result is documented in eVitals.29 Stroke Scale Score. Options for completion of this data element are (Not Values and Pertinent Negatives in grey):

- 3329001 Negative
- 3329003 Non-Conclusive
- 3329005 Positive
- 7701001 Not Applicable
- 7701003 Not Recorded
- 8801019 Refused
- 8801023 Unable to Complete

The Stroke Scale Type is documented in eVitals.30 Stroke Scale Type. Options for completion of this data element are (Not Values and Pertinent Negatives in grey):

- 3330001 Cincinnati Prehospital Stroke Scale (CPSS)
- 3330004 Los Angeles Prehospital Stroke Screen (LAPSS)
- 3330005 Massachusetts Stroke Scale (MSS)
- 3330007 Miami Emergency Neurologic Deficit Exam (MEND)
- 3330009 NIH Stroke Scale (NIHSS)
- 3330011 Other Stroke Scale Type
- 3330013 FAST-ED
- 3330015 Boston Stroke Scale (BOSS)
- 3330017 Ontario Prehospital Stroke Scale (OPSS)
- 3330019 Melbourne Ambulance Stroke Screen (MASS)
- 3330021 Rapid Arterial occlusion Evaluation (RACE)
- 3330023 Los Angeles Motor Score (LAMS)
- 7701001 Not Applicable
- 7701003 Not Recorded

**How Stroke assessment is defined in the NEMSQA Performance measure:**

**NEMSQA Stroke-01:** Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.

**Initial Population:** The population for this metric is all EMS responses originating from a 911 request (eResponse.05 = Primary Response Area, Intercept or Mutual Aid) for patients in Oregon.

**Denominator:** All EMS responses in the initial population with a primary or secondary impression eSituation.11-12) of stroke. Includes impressions of:

- I60 Nontraumatic subarachnoid hemorrhage...
- I61 Nontraumatic intracerebral hemorrhage...
- I63 Cerebral infarction
- G45 Transient cerebral ischemic attacks...
- G46 Vascular syndromes of brain in cerebrovascular diseases...

**Exclusions:** Patients are excluded from the metric if their vitals indicate that they are not responsive indicating the stroke scale will be impossible to administer.

- eVitals.23 Total Glasgow Coma Score is less than or equal to 9 OR
- eVitals.26 Level of responsiveness (AVPU) is 3326007 (“Unresponsive”))

**Numerator:** Patients in the denominator who had a stroke assessment performed on scene during the EMS response.

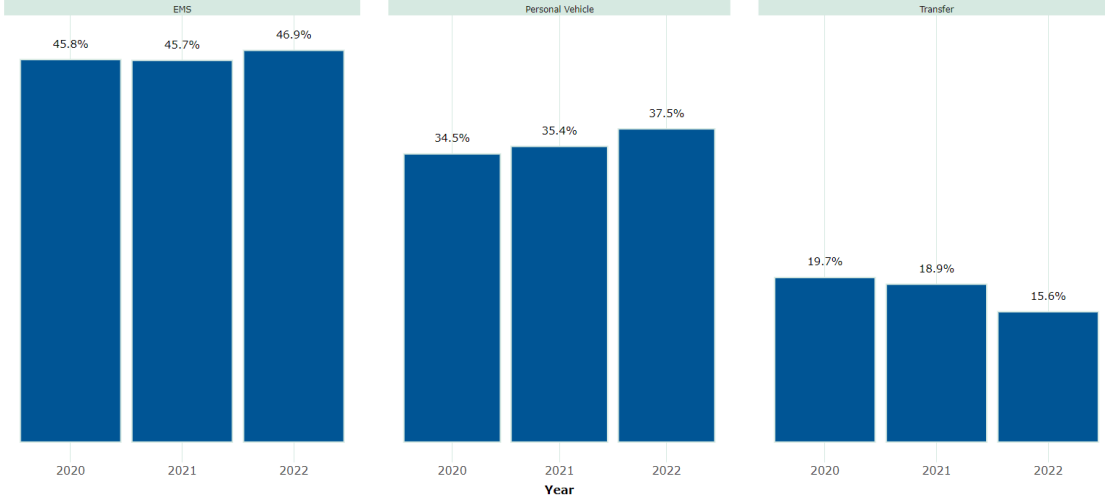
- eVitals.29 Stroke Scale Score is not null OR
- eVitals.30 Stroke Scale Type is not null

**Measure specification:** <https://www.nemsqa.org/measures>

The committee requested that the information going out is education and clarification and that a specific assessment not be prioritized or required.

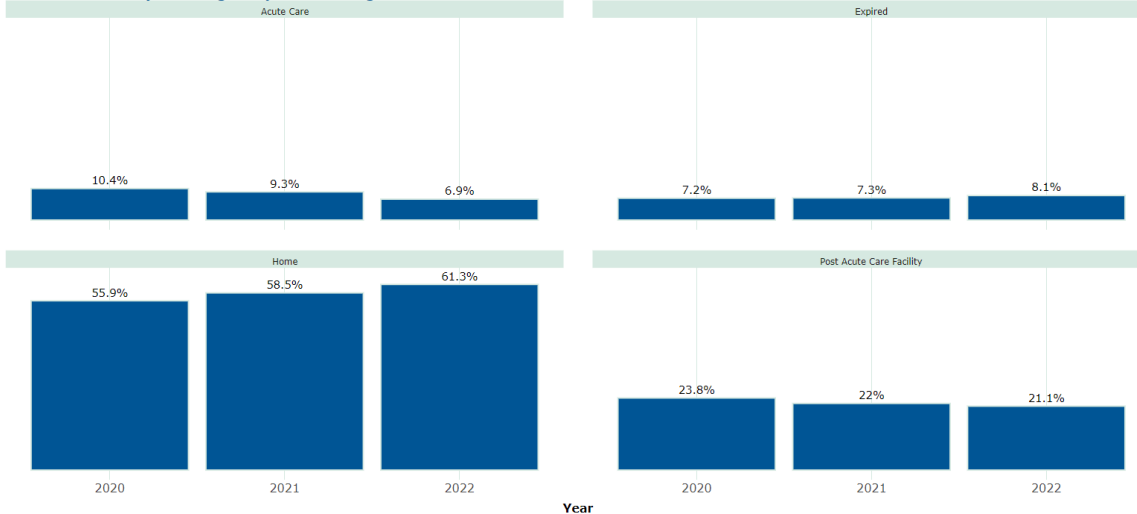
## Oregon Get with the Guidelines – Stroke – Peter Geissert

**Stroke Patients by Arrival Mode: Oregon, 2020-2022**



This chart is based on all stroke records reported to the Get With the Guidelines Stroke Registry in Oregon 2020-2022. The graph shows the percent of patients for each level of arrival mode over the three year period. Year is on the x axis with bar length representing the percentage of EMS patients discharged with that disposition.

**Stroke Patients by Discharge Disposition: Oregon, 2020-2022**



This chart is based on all stroke records reported to the Get With the Guidelines Stroke Registry in Oregon 2020-2022. The graph shows the percent of patients for each level of discharge dispositions over the three year period. Year is on the x axis with bar length representing the percentage of EMS patient discharged with that disposition.

Distribution of time from last known well (LKW) to arrival at the ED for patients with stroke.

**Population:**

Age ≥ 18 AND

Final clinical diagnosis related to stroke = Ischemic Stroke, TIA, Subarachnoid hemorrhage, Intracerebral hemorrhage, or Stroke not otherwise specified

**Denominator:**

Same as initial patient population

**Exclusions:**

Patient location when stroke symptoms discovered = Stroke occurred after hospital arrival (in ED/Obs/inpatient) OR

Arrival OR Last Known Well Date/Times are blank, unknown or not MM/DD/YYYY HH:MM format OR

Arrival Date/Time < Last known well Date/Time OR

During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = Yes OR

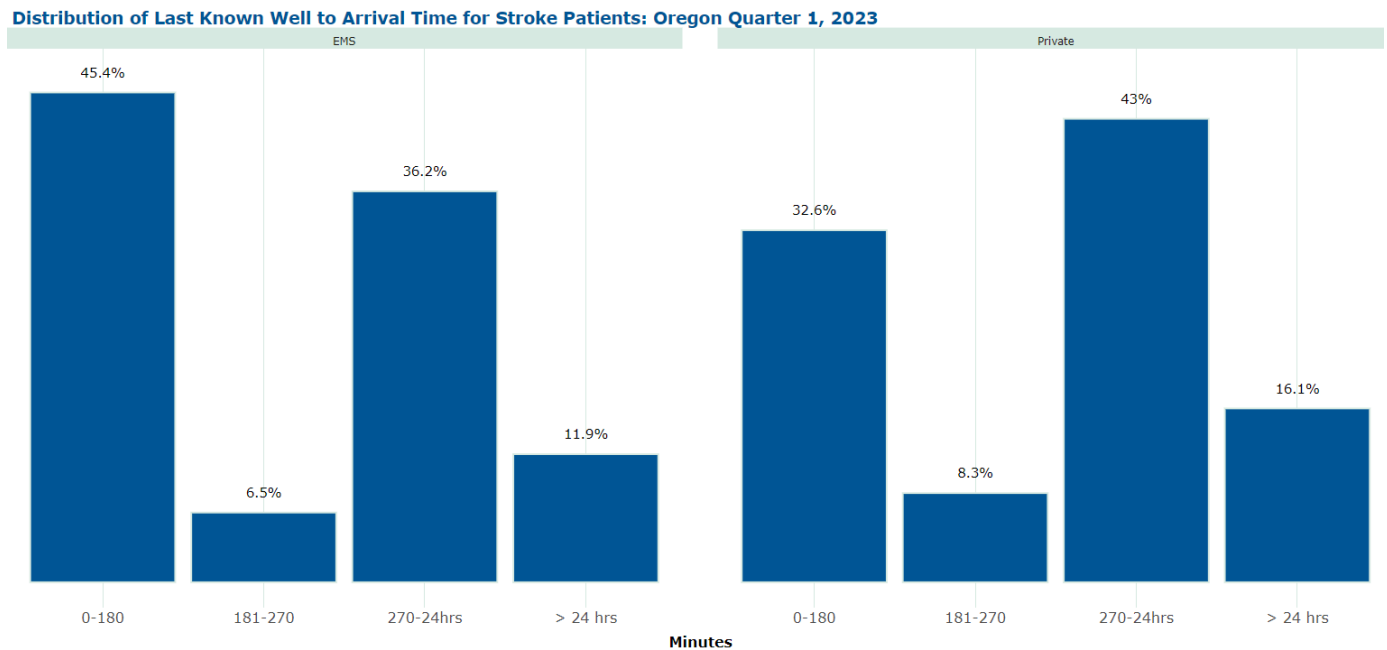
Was this patient admitted for the sole purpose of performance of elective carotid intervention = Yes

**Numerator:**

For all patients in the denominator, calculate time in minutes Arrival Date/Time - Last known well Date/Time. Bin times: "0-180", "181-270", "271-24hrs", "> 24hrs"

Stratified by mode of arrival (EMS, Private)

Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%



Distribution of time from door to IV thrombolytic for patients with acute ischemic stroke arriving within 4.5 hours of LKW or symptom discovery.

**Population:**

Age  $\geq$  18 AND

Final clinical diagnosis related to stroke = Ischemic Stroke

**Denominator:**

Same as initial patient population AND

IV thrombolytic initiated at this hospital? = Yes

Arrival Date/Time - Last known well Date/Time < 4.5 hrs

**Exclusions:**

Patient location when stroke symptoms discovered = Stroke occurred after hospital arrival (in ED/Obs/inpatient) OR

Arrival, Last known well, OR IV thrombolytic initiated Date/Times are blank, unknown or not MM/DD/YYYY HH:MM format OR

Date/Time IV thrombolytic initiated < Arrival Date/Time OR

Arrival Date/Time < Last known well Date/Time OR

During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = Yes OR

Was this patient admitted for the sole purpose of performance of elective carotid intervention = Yes

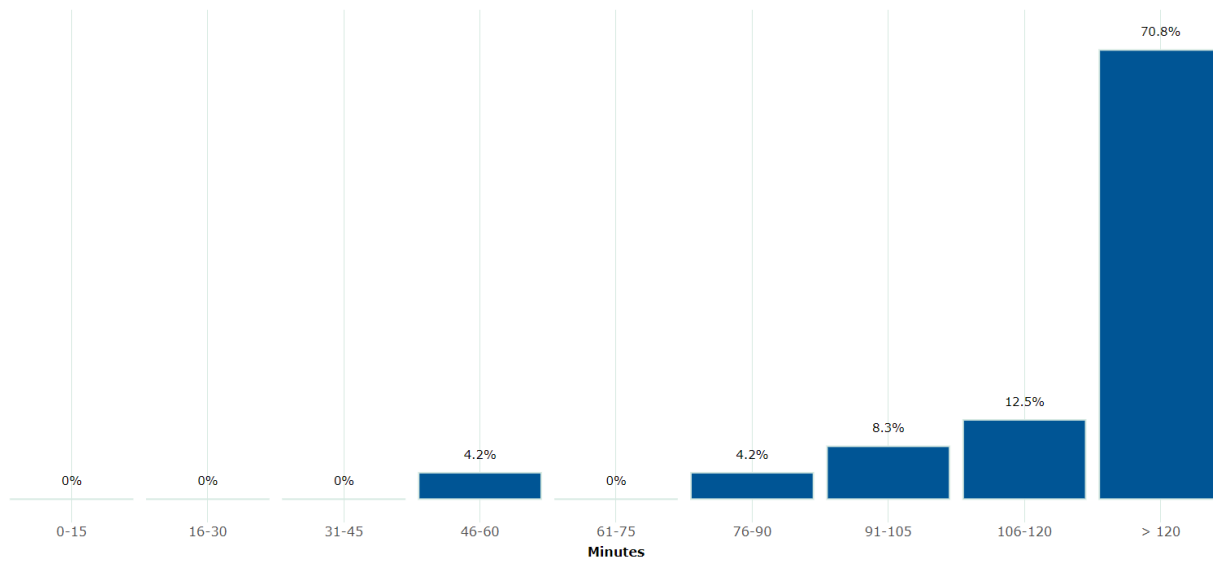
**Numerator:**

For all patients in the denominator, calculate time in minutes: Date/Time IV thrombolytic initiated - Arrival Date/Time. Bin times: "0-30", "31-45", "46-60", "> 60"

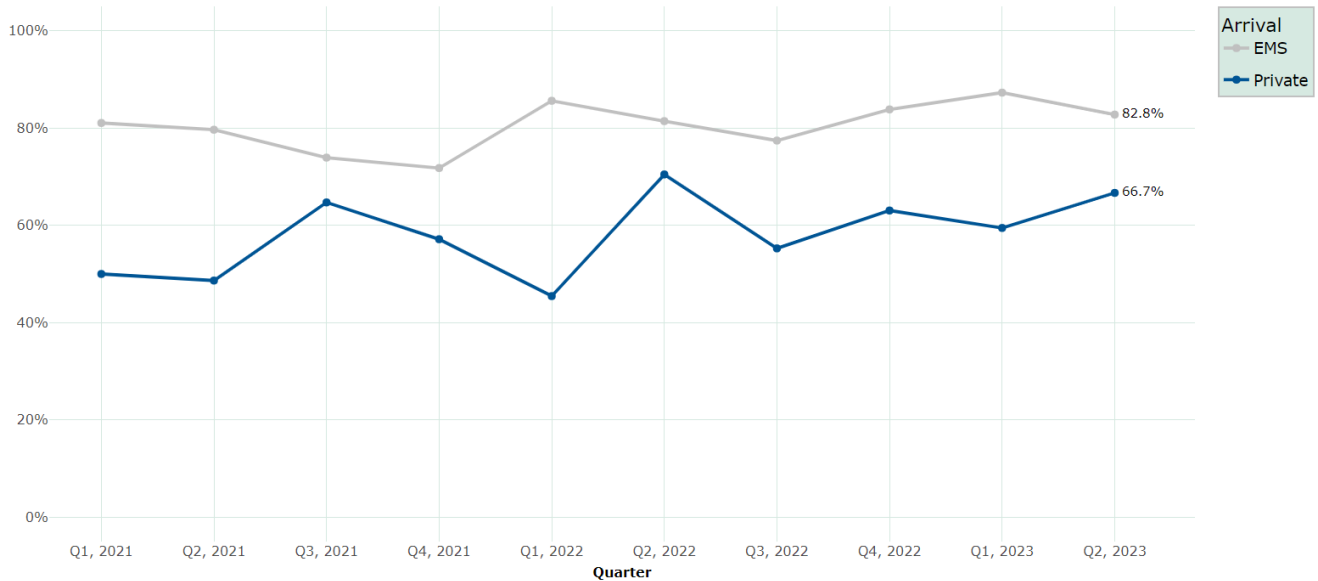
Stratified by mode of arrival (EMS, Private)

Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%

**Distribution of Door-In-Door-Out for Thrombolytic Assessment Ischemic Stroke Patients: Oregon, 2023**



**Percentage of Door to IV Thrombolytic Times Under 60 Minutes: Oregon, 2021-2023**



Distribution of time from door to first CT scan for all stroke patients.

**Population:**

Age ≥ 18 AND

Final clinical diagnosis related to stroke = Ischemic Stroke, Transient Ischemic Attack (< 24 hours), Transient Ischemic Attack (< 24 hours), Subarachnoid Hemorrhage, Intracerebral Hemorrhage, Stroke not otherwise specified”

**Denominator:**

Same as initial patient population

**Exclusions:**

How patient arrived at your hospital = “Transfer from another hospital” OR

Patient location when stroke symptoms discovered = “Stroke occurred after hospital arrival (in ED/Obs/inpatient)” OR

Arrival OR CT Date/Time is blank, unknown or not MM/DD/YYYY HH:MM format OR

Time from Last Known Well to Arrival Date/Time < 24 OR

During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = “Yes” OR

Was this patient admitted for the sole purpose of performance of elective carotid intervention = “Yes”

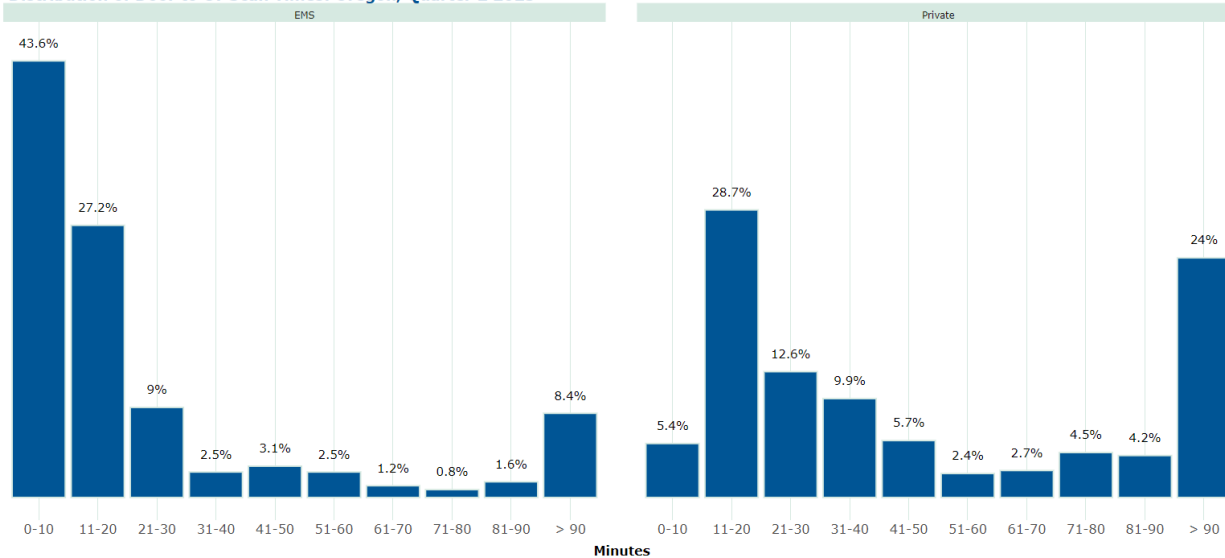
**Numerator:**

For all patients in the denominator, calculate time in minutes Date/Time CT - Arrival Date/Time. Bin times: “0-10”, “10-20”, “21-30”, “31-40”, “41-50”, “51-60”, “61-70”, “71-80”, “81-90”, “> 90”

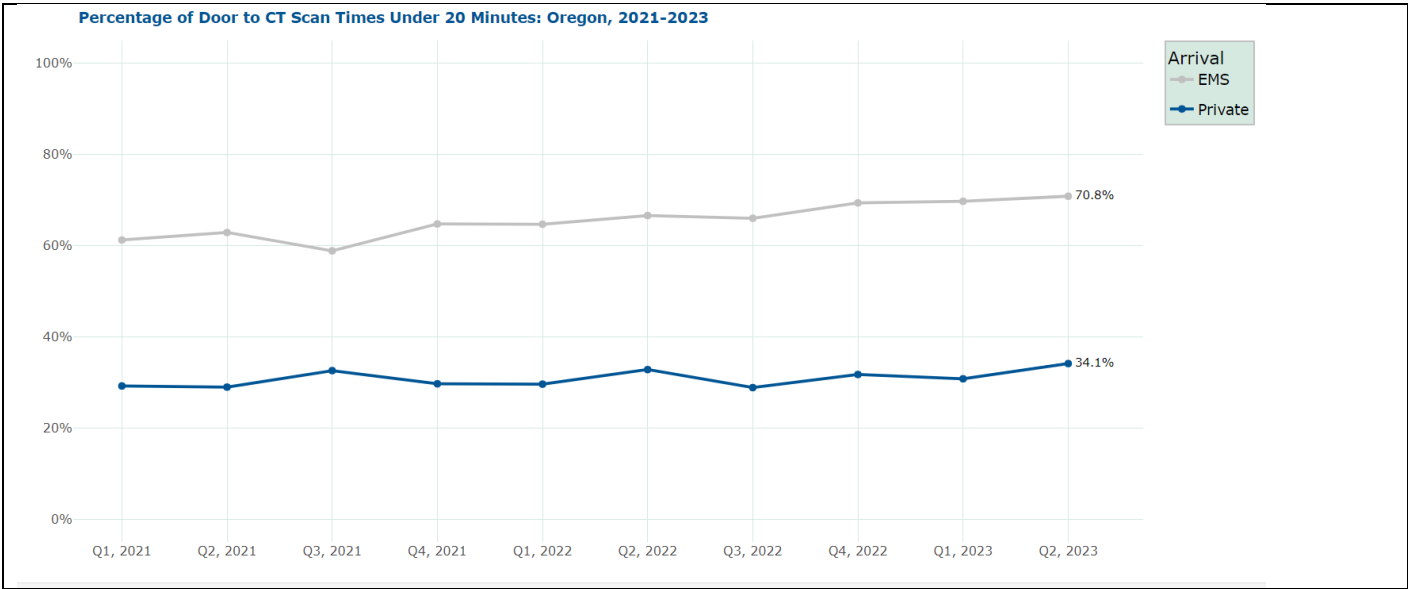
Stratified by mode of arrival (EMS, Private)

Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%

Distribution of Door to CT Scan Times: Oregon, Quarter 2 2023







**EMS/TS Director Update –Dana Selover, Amani Atallah**

Staffing update:  
 Andey Nunes, Oregon Trauma Registry Coordinator, has accepted another position with OHA.

2024 Quarter 3 report has been linked below.

**2023 Projects – Barri Stiber and Stella Rausch-Scott**

**Stroke Rehabilitation Survey**  
 The rehabilitation survey was presented at the Stroke Conference in Bend, Oregon. There was a handful of submission received.

**Legislation Stroke Report**

**OHA Stroke Community Outreach**  
 The Heart Disease and Stroke Prevention, pays for GWTG-Stroke with Stroke prevention CDC grants. They do have Hospital outcome data that they place on the website and was requested to identify how the prevention team uses this information. This conversation was that we are asking them to be present and present the data since it ties into this committee’s work.

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| Public Comment – Barri Stiber |
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| None |
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Meeting was adjourned.