



STEMI Program Partners Meeting
 Tuesday, February 21, 2023, 11:00 AM –12:30 PM
 9616 Micron Ave. Suite 900, Sacramento, CA. 95827
 Conference Room 1

Facilitator: Kevin Mackey, M.D.; EMS Agency Medical Director

Meeting Minutes: Sydney Freer, EMS Specialist

ITEM	DETAILS	ACTION
Welcome and Introductions	Meeting start time 11:00 am Dave Magnino – Introductions: Kevin Mackey MD – Interim Medical Director Sydney Freer – Critical Care Specialist	None
Approval of Minutes – November 15, 2022	Not needed: meeting was cancelled	None
Old Business:		Action Items/Decision
None	None	None



New Business:	Discussion	Action Items/Decision
<p>-2023 Calendar Dates / Case Presentation Rotation (see charts on last page) -TJC Certification Updates -Core Measures -Policies to Review: PD# 2028-STEMI Care Committee PD# 2526-STEMI Center Designation PD# 6001-STEMI Critical Care System-General Provisions</p>	<p>-General consensus was to keep the STEMI and Stroke meetings on the same day -The group did not want to spend time in the meeting reading the policies to then review them, they would rather review and submit comments outside of the meeting</p>	<p>-Keep the meetings on the same days and keep them at 90 minutes -Hospitals to send up-to-date TJC Certifications to Sydney -Sydney will email the policies and the link to make comments -Committee members to review and make suggested edits to policies by Tuesday February 28, 2023 and then Sydney will send out further emails to facilitate discussion about policy changes. -For future meetings, policies will be posted on the STEMI Committee webpage at least 3 weeks prior to the meeting date. Review and comments should be submitted to Sydney at least two days prior to the meeting.</p>



Data Review and Analysis:	Discussion	Action Items/Decision
<p>-STEMI Dashboards</p>	<p>Slide 1 Discussion: Does this committee care about all the overall information on this dashboard? General Consensus: The most beneficial information on this large table relates to what percentage of overall calls are STEMI / cardiac.</p> <p>Slide 2: STEMI Dashboard Discussion: Dr. Mackey: Helpful data for our STEMI committee is unit arrival to ECG time. -But, 'first unit arrival', 'first medical contact', 'at scene' (transporting unit), and 'arrived at patient' (transporting unit) are all different times. eTimes03 and eScene05 are different data points. -From a hospital perspective we generally do not see the first contact time, we see the first transport contact. If the transporting medic doesn't note that an engine was on scene, it will look as though a 12 lead was obtained before the time of first medical contact by the transporting unit. So we will round up the ECG to arrival time of transporting unit because we don't see the first unit arrival. -There is no PCR for the engine that made first medical contact because the PCR gets transferred to the transporting unit. We need to populate the initial responder arrival on</p>	<p>-Leave in the first data slide:</p> <ul style="list-style-type: none"> • Total ePCRs • Responses • Treated/Transported • Under Primary impressions keep: Raw numbers and percentages of treated/transported for "chest pain suspected cardiac" and "syncope / near syncope" but the rest can go <p>-Figure out how to get "Patient Contact to 12 Lead Time" added to the dashboard: further discussion needed with Julie Carrington, Brian Pedro, and SCEMSA</p>



	<p>our PCR's, which we have now added (eScene .05) and the 'unit arrived on scene' is the transporting unit arrival. We are missing multiple minutes of patient care because of how the PCR's are currently structured.</p> <p>General Consensus: We will take this offline to figure out how to make the data make sense and look at 'patient contact to ECG'.</p> <p>Discussion: Dr. Mackey: Everyone every step of the way asks about and gives aspirin. It is 100% across the board that they either have a pertinent negative or they get aspirin. Do we even need to track this if we know the data presented here is inaccurate? -We (hospital) give credit when Aspirin is given within 24 hours, so we are going to be at 100% every single time.</p> <p>General Consensus: We know everyone gets aspirin within 24 hours, so we are all at 100%. These numbers we are showing do not really matter.</p> <p>Discussion: Dr. Mackey: We should ignore the states data because it is flawed and will always be flawed. Our numbers and the states numbers are so different, but our numbers are more accurate. We will take care of the core measures because we have to report them to the state, but the state does not track STEMI data anymore.</p>	<p>-Stop looking at Aspirin administration</p> <p>-Take out State Core Measures</p>
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	<p>General Consensus: SCEMSA will stop showing the committee state core measures because they are flawed.</p> <p>Discussion: Dr. Mackey: Left arm IVs, who is tracking them?</p> <p>General Consensus: Providers can pull a quarters worth of data on IV starts on the left.</p> <p>Discussion: Dorothy: Please include the run number on the EMS uploads for calls received. It helps us match hospital data to EMS data.</p>	<p>-Providers to send Sydney a quarters worth of data on left arm IV starts</p> <p>-Hospitals to try and add EMS number/identifier to their reports so that we can match hospital reports to EMS reports.</p>
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Directors Report	Discussion	Action Items/Decision
<p>- Where are we, and where we want to go (group discussion)</p>	<p>Discussion: Dr. Mackey: Nitroglycerin does not fix a STEMI, a Cath lab does. But, is there reason to consider allowing our paramedics to make clinical decisions about the use of nitroglycerin? Our paramedics are clinicians, they practice EMS medicine and they diagnose. We should let our paramedics make clinical decisions based on their training.</p> <p>-I brought this conversation to our cardiologists a while back when Yolo was having this conversation and they were a little puzzled as to why Nitro was being removed but they didn't feel passionate one way or another.</p> <p>General Consensus: Take this conversation to your cardiologists.</p>	<p>-Hospitals to have a discussion with cardiologists about giving paramedics back the ability to make the decision regarding the use Nitroglycerin with STEMI patients.</p>
Case Presentations:	Discussion	Action Items/Decisions
<p>Kaiser Hospital South Sacramento</p>	<p>-Julie Carrington presented for EMS -Wendin Gulbransen presented for ER -Dr. Mohr presented patient intervention and outcome</p>	<p>-Dr. Mackey would like to see cases like this shared (taking out HIPAA information) back to the field: will circle back to figure out how to do that</p>



	<p>Discussion: How can we activate more often/effectively from the field? -There is a difference in practice amongst ED physicians, we should re-emphasize that when physicians are handed an EKG from the field they need to take a second to look at it and tell them to activate.</p> <p>General Consensus: Hospitals can share their cath lab activation processes to learn from each other.</p>	<p>-Hospitals to send Sydney their Cath lab activation processes</p>
Round Table	Discussion	Action Items/Decisions
	<p>Discussion: A consideration for a virtual option? Especially for providers / physicians. General Consensus: It could be an option for the providers, but the goal is to have in person attendance to better facilitate the discussions.</p> <p>Discussion: We are not medicating chest pain at all. Are the ERs medicating chest pain with fentanyl, is that something providers should be doing? General Consensus: It is case by case. SCEMSA is making updates to our pain policy currently.</p>	<p>-SCEMSA will discuss a hybrid option</p>
Adjournment:	Adjourned at 12:40	The next meeting is on May 16, 2023, at 11:00 am.




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

Date:	2/21/2023	5/16/2023	8/15/2023	11/21/2023
KHR		X		
KHS	X			
MGH				X
MSJ		X		
SMCS			X	
SRMC			X	
UCDMC				X

STEMI Liaisons

Contacts	KHR	KHS	MGH	MSJ	SMCS	SRMC	UCD
Primary	Heather Beere, MSN, MBA	Jennifer Bowers	Micheal Clifford	Alessandro Villain	April Yeargin, RN STEMI	Debbie Madding, RN, BS, MICN	Dawn Warner, RN, MSN, CCRP
Secondary		Heather Beere, MSN MBA	Maryam Gol	Amelia Hart	Lisa Havhurst, RN Director	George Fehrenbacher, Dr	Jeremy Veldstra RN-MICN

SCENE Calls (911-Response) - 2022 - 3Quarter	Incident Count	Notes
Total ePCRs (every ePCR received)	75,174	
Responses (911-Response)	59,088	
Average Response Time of First Unit on Scene (PSAP to Arrived Scene)	0:10:01	
Average Response Time of First Unit on Scene (unit notified to Arrived Scene)	0:06:47	
Treated and Transported	31,919	(of Scene Calls 911-Response).
Treated and Transferred Care & Assist	4,975	
Transported By Law Enforcement	1	
Coroners / Diseased	652	
Cancelled	11,561	No Patient found/ No Contact / Prior to Arrival
RST -4 (Percentage of Response with Lights and Sirens)	64%	
RST -5 (Percentage of Transports with Lights and Sirens)	10%	
IFT's	2,324	
Medical Transports	1,246	
Primary Impressions of Scene calls treated and transported	Incident Count	
Traumatic Injury	4,277	
General Weakness	2,844	
Abdominal Pain/Problems (GI/GU)	2,400	
Behavioral/Psychiatric Crisis	2,035	
No Medical Complaint	1,565	
Non-Traumatic Body Pain	1,503	
ALOC - (Not Hypoglycemia or Seizure)	1,365	
Respiratory Distress/Other	1,357	
Chest Pain - Suspected Cardiac	1,267	
Pain/Swelling - Extremity - non-traumatic	1,251	
Nausea/Vomiting	940	
Syncope/Near Syncope	905	
Seizure - Post	891	
Stroke / CVA / TIA	865	
Overdose/Poisoning/Ingestion	708	
AMA/ Released / Refused / No Treatment of Scene Calls	Incident Count	Total : 9,818
AMA's	5,590	
Patient Refused Evaluation/Care (Without Transport)	3,973	
Patient Treated, Released (per protocol)	255	

STEMI Dashboard - EMS Data

STEMI	System Total 2022- 1Q	System Total 2022- 2Q	System Total 2022- 3Q	System Total 2022- 4Q
Total transported patients with primary impression of STEMI	168	137	149	148
Total number of patients that received ASA or pertinent negative present	153 (91%)	117 (84%)	138 (93%)	127 (86%)
90 th Percentile Unit arrived to Unit Depart Scene	0:16:59	00:16:52	00:18:23	00:16:42
Patient with eVitals.03 or eDevice.08 documenting ECG of STEMI (started monitoring 2022-1Q)	70	58	84	58
Percentage of STEMI primary impressions with a STEMI ECG	42% (70/168)	42%	57%	39%
Patients with a pre-arrival notification (of STEMI ECG)	66	52	118	51
% Pre-arrival notification	94% (66/70)	90%	90%	88%

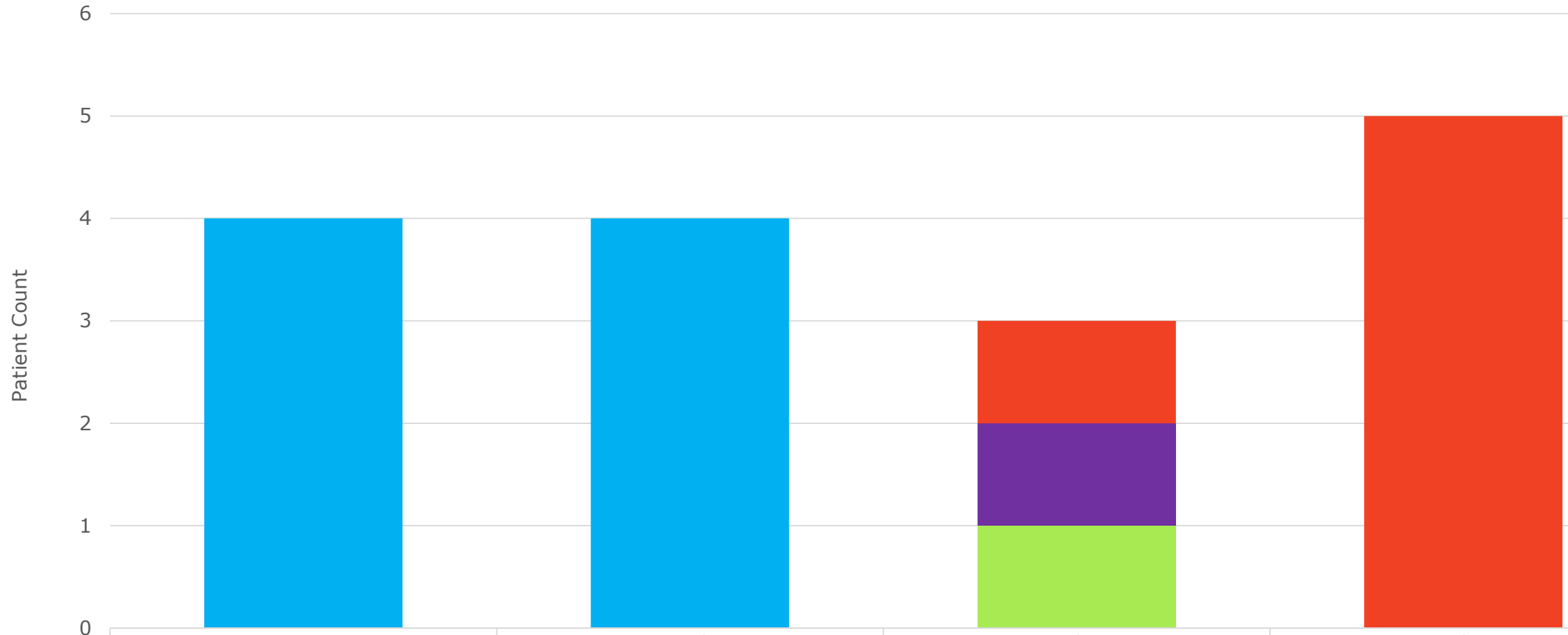
STEMI Core Measures - EMS Data

Core Measure	Definition	2022-1Q		2022-2Q		2022-3Q		2022-4Q	
		Patient Count	%	Patient Count	%	Patient Count	%	Patient Count	%
ACS-01	Number of patients 35 and older treated and transported to ED with a Primary (or) Secondary Impression of STEMI or Chest Pain Suspected Cardiac that received ASA	1,533	66.34%	1527	70.99%	1603	75.48	1554	69.24%
ACS-04	Number of patients with Primary (or) Secondary Impression of STEMI or ECG of STEMI - transported to a PCI capable hospital that had a STEMI alert	215	82.33%	183	85.79%	190	76.84%	196	72.96%
ACS-03	90th Percentile in minutes of Unit Arrived on Scene to Patient Arrived at Destination (Primary Impression of STEMI)	173	00:34	140	00:32	159	00:34	149	00:32
ACS-06	90th Percentile in minutes of Unit Arrived on Scene to First ECG (Primary Impression of STEMI)	173	00:13	140	00:14	153	00:16	149	00:14

STEMI Primary Impression for Treated and Transported Patients

Hospital Name	2022-1Q	2022-2Q	2022-3Q	2022-4Q
KHR	11	8	10	10
KHN	0	0	0	0
KHS	54	30	47	29
MHF	1	0	0	0
MGH	24	22	19	23
MSJ	43	35	37	41
SMCS	17	24	18	19
MHS	0	0	0	1
SRMC	7	5	1	8
UCD	11	13	16	17
Out of Area			1	
Totals	168	137	149	148

2022-4Q IFTs with Primary Impression of STEMI - EMS Data



- VAMC - Send
- MHS - Send
- KHR - Send
- KHN - Send

KHR

KHS

MGH

UCD

4

4

1
1
1

5