STEMI Care Committee Meeting
Tuesday, August 15th, 11:00 AM –12:30 PM
9616 Micron Ave. Suite 900, Sacramento, CA. 95827
Conference Room 1

Facilitator: Gregory Kann, M.D.; EMS Agency Medical Director

Meeting Minutes: Sydney Freer, EMS Specialist

ITEM	Details (Key facts, Questions, Concerns)	Action Items/Decision
Welcome and Introductions	Meeting start time 11:00 am	None
Approval of Minutes – May 16, 2023	Motion: Jeremy Veldstra Second: Adam Blitz	None
Old Business	**Discussion**	**Action Items/Decision**
• PD# 8030.26: Discomfort-Pain of Suspected Cardiac Origin • Feedback to the Field • GWTG and ImageTrend Patient Registry	Dr. Kann: There was discussion in the previous meeting about bringing back Nitroglycerin with some further education for our prehospital providers on EKG interpretation. The bottom line here is that the data really doesn't support nitroglycerin in these patients. There is solid data that supports pain management for these people. If we focus on pain control, I think that is where we need to be. Sydney Freer: The changes will not be made and this policy will not need to go back to MAC.	

	Dr.Kann: There was also a discussion about standardized feedback from our hospitals to our providers in the field. Brian Morr: Once April learned who I was, all she had to do was add my email to her distribution list and that provided me with all the data I needed. Serina Felcher: I think some of the challenges that are placed on the hospital are that there are multiple EMS Systems that we are reporting to. I really encourage this committee to maybe invite some of the others as we discuss this because the need will be very apparent to each of the systems as the AHA puts forth certifications in these efforts for EMS. Dawn Warner: I have created a template that has all the key components that I am trying to report out. Once I create my log and I send it to our operations team, I am in the habit of right then sending it to the EMS Agencies. Dr. Kann: From the meeting minutes there was a lot of discussion surrounding GWTG and AHA. David Magnino: The state EMS authority has now developed a STEMI module in ImageTrend for the state required data points, and they mirror what is currently being reported to AHA. So, based on that, we are now looking for a few hospitals willing to work with us on the STEMI module. Serina Felcher: Has the state made the decision to allow the hospitals, in order for us to meet our Primary Heart Attack or STEMI, to change where the data repository is? Sydney Freer: The state has never required GWTG. They do require, as do we, the Joint Commission Certification. But, there is multiple levels of TJC certification that will allow you to be a STEMI center, and only a couple of the higher ones require you to utilize GWTG. So, we can continue using GWTG	

	/ AHA if that is working for you and you want to maintain that level of TJC Certification. The data will work the same as Stroke where you export a file a certain way and import it into ImageTrend Patient Registry. If the hospitals want to stop using GWTG and drop down to a lower level of certification, data reporting can happen directly into ImageTrend Patient Registry. How that looks on the hospital is going to have to be communicated between the hospital data personnel and our ImageTrend contact at the state. David Magnino: They are looking right now for a couple hosptials to volunteer to do testing. Dawn Warner: The problem is in order to be a PHAC or a CHAC center, you are required to participate in AHA GWTG. It would be duplicative to have to do another thing to put information into the EMS Agency. Sydney Freer: As hospital systems, you can continue with AHA GWTG, I understand there is benefit past just data reporting. But we will no longer have access to GWTG. So that export and import into Patient Registry is going to need to happen. ImageTrend will come at no cost to the hospital systems. We have our ImageTrend contact that will build an account for whoever it is at each hospital that will handle the upload. It will be required the same way stroke is currently, 30 days after the end of the quarter. Serina Felcher: I would like to try it. Brian Morr: So if she puts her information into ImageTrend, will ImageTrend automatically feed that information to me to make less work for her? Sydney Freer: No it will not. There are two systems, ImageTrend ELITE which houses EMS data and ImageTrend Patient Registry which has hospital data.	-Sydney to follow up with STEMI data coordinators regarding ImageTrend uploading

	Brian Morr: Looking forward 5 – 7 years; the current NEMSIS revision now includes a whole slew of data fields for outcome, so the theory would be that in the future the second the doctor hits discharge diagnosis in EPIC, it would auto-back feed and we would get our feedback. Serina Felcher: So instead of April sending you this everytime we have a STEMI, I can go straight to the new system and put the information in directly? Sydney Freer: Feedback to the field information will still need to be facilitated between the hospital and the provider. Data repository wise and any questions with the hey we did not get feedback on this, those can come to us. Jeremy Veldstra: To the point of getting the outcome to directly come up, that is possible. I am working on it with EPIC right now. There is an option where when a provider finishes their ePCR it will automatically upload into the patients chart. It also goes in the reverse. Serina Felcher: So now I am putting it into three different places. I am using GWTG so I can meet the Joint Commission requirement, I am sending it to the providers for feedback, and now the ask is please put it also into a third repository. So staffing wise, what your asking of me is time and money. Sydney Freer: I do understand that. Uploading into Patient Registry, once it is learned and established, is hopefully not a huge task. AHA has worked with ImageTrend, and the state has facilitated that discussion, to make sure that their data fields match with ImageTrend. Dawn Warner: So go into AHA and pull a CSV file? Sydney Freer: Yes and that's how it currently is with Stroke as well so I can forward you those instructions again. I do not have the specific STEMI instructions because Mark emailed me	

	just yesterday saying it is ready to be tested. He still has to work with y'all and AHA to get STEMI together. Dawn Warner: We are required by Joint Commission to put data in AHA and also notify EMS providers for outcomes. So the third ask is just that we upload into ImageTrend? Sydney Freer: Yes. Same as our Trauma and Stroke programs.	
New Business	**Discussion**	**Action Items/Decision**
-Policies to Review: None	None	None
Data Review and Analysis	**Discussion**	**Action Items/Decisions**
STEMI Dashboards	-Slide 1: IV Discussion: Brian Morr: On our data platform there are no fewer than 4 places to check where you put the IV, and only one of those boxes transmits into the state data registry. So, the data is what it is but realize it is not 100%. -David Magnino: With the conversion to 3.5 can your software be changed so that those other ones that aren't reporting to CEMSIS map to the one that is reporting? -Brian Morr: They claim they can but it costs. In all honesty we are only double checking the mapping you complain about. -Sydney Freer: I have also just heard that overall documenting prior to arrival thing is an issue. Dorthy has noted that when she checks narratives it will sometimes say "Engine so and so on scene" but when she checks prior to arrival there is nothing there. -Brian Morr: We looked into that with the AHA award. And our guys were really on board for it when we were telling them	

	they did a good job and making it a competition. They are learning and charting is getting better. Slide 2: Dr. Kann: We have 60 patients with ***STEMI, but only 56 of them were pre-arrived? Those number should be equivalent. Slide 4: Dr.Kann: This gives us an idea about scene time to first ECG. How we have treated the scenario where an engine arrives and does an ECG before an ambulance arrives is that those data points have been excluded. Typically the PCR will come from the medic on the ambulance and the medic on the ambulance won't have the time that the engine EKG was obtained. I want to look at what the trends are. We have done this de-identified today, and will be having conversations with our providers to discuss.	-SCEMSA to continue tracking scene time to first ECG
Case Presentations	**Discussion**	**Action Items/Decisions**
• SMCS • SRMC	-Dr. George Fehrenbacher presented for SRMC -Brian Morr and April Yeargin presented for SMCS	-SMCS (Serina Felcher) to present next meeting
Round Table	**Discussion**	**Action Items/ Decisions**
Closing and recap of any action items	None	None
Adjournment	Adjourned at 12:30 pm	**Next meeting:** **November 7, 2023** **10am – 12pm**

SACRAMENTO COUNTY

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	11/7/2023
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	Maryam Gol	Amelia Hart	April Yeargin, RN STEMI	Debbie Madding, RN, BS, MICN	Dawn Warner, RN, MSN, CCRP
Secondary		Wendin Gulbransen			Lisa Hayhurst, RN Director	George Fehrenbacher, Dr	Jeremy Veldstra RN-MICN

SCENE Calls (911-Response) - 2023 - 2Quarter	Incident Count	Percentages	Notes
Total ePCRs received	83,633	100%	All records
Responses (911-Response)	59,330	70.94%	of total responses
Treated and Transported (of 911-Response)	**31,419**	**52.96%**	of 911 responses transported to the ED
Primary Impressions of Scene calls treated and transported	**Incident Count**	**Percentages**	**Notes**
Chest Pain - STEMI	126	0.40%	
Chest Pain - Suspected Cardiac	1,193	3.80%	
Syncope/Near Syncope	914	2.91%	
IV Starts	**Incident Count**	**Percentages**	**Notes**
Right Side	108	8.19%	of treated and transported with Primary Impression STEMI / Suspected Cardiac
Left Side	335	25.40%	of treated and transported with Primary Impression STEMI / Suspected Cardiac
Not Recorded/Not Applicable/Other Peripheral/Blank	876	66.41%	of treated and transported with Primary Impression STEMI / Suspected Cardiac

STEMI Dashboard - EMS Data

STEMI	System Total 2022- 3Q	System Total 2022- 4Q	System Total 2023- 1Q	System Total 2023- 2Q
Total transported patients with primary impression of STEMI	149	148	143	126
90th Percentile First Medical Contact to Unit Depart Scene of Primary Impression STEMI with (+) ECG of STEMI	00:18:23	00:16:42	00:19:41	00:18:14
Patient with eVitals.03 or eDevice.08 documenting ECG of STEMI	84	58	50	60
Percentage of STEMI primary impressions with a STEMI ECG	57%	39%	35%	47.62%
Patients with a pre-arrival notification (of STEMI ECG)	76	51	47	56
% Pre-arrival notification	90%	88%	94%	93.33%

STEMI Primary Impression for Treated and Transported Patients

Hospital Name	2022-3Q	2022-4Q	2023-1Q	2023-2Q
KHR	10	10	11	8
KHN	0	0	1	0
KHS	47	29	33	37
MHF	0	0	0	2
MGH	19	23	15	12
MSJ	37	41	39	39
SMCS	18	19	23	15
MHS	0	1	0	1
SRMC	1	8	8	4
UCD	16	17	13	8
Out of Area	1	0	0	0
Totals	**149**	**148**	**143**	**126**

Unit Arrived Scene to First ECG for Primary Impression of STEMI or ECG of STEMI in Decimal Minutes*

Transporting Agency	Jan	Feb	Mar	Apr	May	Jun	Total Average
Agency 1	4.27	9.03	4.36	5.60	6.90	8.36	6.84
Agency 2	4.72	6.98	8.01	7.74	6.53	9.43	7.24
Agency 3	7.33	14.04	8.31	16.01	7.50	14.19	10.53
Agency 4	7.33	13.80	8.31	14.38	7.50	14.19	10.38
Agency 5	5.10	5.00	5.50	3.30	3.92	4.36	4.66
Agency 6	14.24	24.26	16.43	15.19		13.24	16.34
Grand Total	**6.76**	**8.44**	**7.18**	**8.01**	**6.19**	**8.72**	**7.53**

*12 Patients with ECG prior to arrival time excluded from report.

Patient Count per Agency of STEMI Primary Impression or ECG of STEMI

Transporting Agency	Jan	Feb	Mar	Apr	May	Jun	Total Average
Agency 1	2	3		5	4	3	17
Agency 2	1	4	5	4	6	6	26
Agency 3	8	4	2	5		3	22
Agency 4	10	8	13	8	12	10	61
Agency 5	6	6	8	2	2	3	27
Agency 6	17	21	11	8	14	9	80
Total	**44**	**46**	**39**	**32**	**38**	**34**	**233**