STEMI Program Partners Meeting
Tuesday, February 16, 2022, 11:30 AM –1:30 PM
9616 Micron Ave. Suite 900, Sacramento, CA. 95827
Conference Room 1 via Zoom

Facilitators: Hernando Garzon, M.D. EMS Agency Medical Director
Brian Aiello, BA, Paramedic- EMS Coordinator-Critical Care Programs

Meeting Minutes: Kathy Ivy, EMS Specialist II

Meeting Attendees STEMI: Meeting attendees:

Agency	Representative	Agency	Representative
AHA	Andy Hoedt	SCEMSA	Hernando Garzon, MD
Kaiser Permanente Medical	Wendin Gulbransen, RN	SCEMSA	Kathy Ivy, EMS Specialist
Kaiser Permanente Medical	Terrence Horan	SCEMSA	Dorthy Rodriguez, Specialist
Kaiser Permanente Medical	Jennifer Stewart, RN	SCEMSA	Brian Aiello, EMS Coordinator
Kaiser Permanente Medical	Lisesel Buchner, RN	SCEMSA	David Magnino, EMS Administrator
Kaiser Permanente Medical	Richard Meidinger, RN	UC Davis Medical	Dawn Warner RN
Kaiser Permanente Medical	Vanessa George	UC Davis Medical	David Buettner, RN
Kaiser Permanente Medical	Peter Mohr, MD	UC Davis Medical	Scott Barron, MD
Sutter Medical Center	Jennifer Denno	Dignity Health	Maryam Gol
Sutter Medical Center	Thomas Rhodes	Dignity Health	Alessandro Villani
Sutter Medical Center	Debbie Madding	Dignity Health	Cindy Myas
Sutter Medical Center	Lisa Hayhurst	Dignity Health	Jeff Carl, RN
Sutter Medical Center	April Yeargin	Fire Service Medical Director	Kevin Mackey, MD
Sutter Medical Center	Sheri Burns	Folsom FD	Mark Piacentini
Cosumnes FD	Juliet Carrington, RN	Sacramento City FD	Brian Pedro, RN
AlphaOne Ambulance	Matthew Burruel	American Medical Response	Jared Gunter

Topic	**Discussion** (Key facts, Questions, Concerns)	**Action Items/Decision**	**Owner and/or Due Date** (if applicable)
Welcome and Introductions	The meeting begins at 11:40 am		
Approval of Minutes –November 16, 2021	Meeting Minutes: Motion to approve- David Buettner Second-Cindy Myas	APPROVED	
Old Business:	**None**	**Action Items/Decision**	**Owner and/or Due Date**
NONE	NONE		
New Business:	**Discussion**	**Action Items/Decision**	**Owner and/or Due Date**
Interfacility Contracts Primary Contact for each facility Sharing case presentations with providers and SCEMSA	**-**Dr. Garzon: Verification that all facilities have a contract with private providers for interfacility transports and to see if there have been any issues with getting transports. **-**Cindy Myas: Ongoing challenges continue and sometimes we have to utilize the 9-1-1 system. We do have contracts with providers. **-**Thomas Rhodes: Do you gather information on all hospitals or just local?		

	-Dr. Garzon: it is EMS data for Sacramento County. We are starting to look at outside transfers as we do for Trauma. -David Buettner: Regional Stroke Care meeting across the state is there a STEMI Regional meeting? -Dr. Garzon: Not aware of any Regional STEMI meetings. I will look into it. There may be benefits in doing one for the greater Sacramento area. -Verifying Primary Contacts for STEMI: Brian Aiello; SCEMSA wants to consolidate and organize all the primary contacts with all subgroups SCEMSA works with. Identify who would be the singular contact for PHI. This will be shown at every quarterly meeting for people to update as needed. -Dr. Garzon: Reiterating the request to have hospitals send case presentations ahead of time so the EMS providers can pull the PCR and advise the crew that it will be presented. -Cindy Myas: Other counties have a standard template for how presentations are done. Can we do something like that? -Dr. Garzon: Perhaps what we can do is take a recent presentation and send it out with something like this: • Background of case • Prehospital issues • Arrival to hospital • Disposition • Imaging discussions	Dr. Garzon to look into regional STEMI meetings to see if there are any. Kathy Ivy to send an email out to committee members with the spreadsheet.	Dr. Garzon **Completed 2.24.2022** Spreadsheet with contacts attached to combined minutes

	-David Buettner: We should probably assure that the template matches what we are required to send out to providers in the short 24-48 hours after the STEMI arrival. -Kathy Ivy: David is there a standard for what STEMI centers need to give as feedback to EMS? -David Buettner: Dawn she has a template that she fills out when they present to UC Davis. Maybe a small workgroup with Cindy and Dawn to get that template together.	Kathy Ivy to follow up with Dawn and David Buettner for the template.	
Data Review and Analysis:	**Discussion**	**Action Items/Decision**	**Owner and/or Due Date**
Cindy Myas presents: STEMI Data Process	-Cindy Myas: Mercy Generals December 2021 data and we pick the data points we want to look at. This is EMS 9-1-1 data. -Scott Barron: Can you speak to the COVID testing before coming up to the Cath Lab, sometimes it is delayed or doesn't get done promptly, but it's been a bit of a challenge for us at MSJ. It can delay door-to-device time. -Jennifer, Kaiser South: We treat every STEMI patient as if they are COVID positive. We don't wait for results. -Dawn, UC Davis: We do not delay cath lab for STEMI for testing, we treat everyone as if they are COVID + -Dr. Garzon: Cindy thank you for the presentation.		

STEMI Dashboards STEMI Core Measures IFT Transfers	-Dawn Warner: Has a similar data process, looking at every alert they get. We do an additional list of in-house STEMIs that they aren't always aware of because there was no alert. -Cindy Myas: do you have a 3rd party extractor or do you do all your own extraction Dawn? -Dawn Warner: I do the extraction. -Cindy Myas: We have a 3rd party extractor. -Dawn Warner: Happy to share the template if anyone would like to look at it and/or incorporate it. - Dr. Garzon: shows STEMI Dashboards, Core Measures, and Get-With-the-Guidelines reporting. -Cindy Myas: Get-with-the-Guidelines could have better reporting. I'd like to see more customization in reporting. -Andy Hoedt: I can see if there is a way to change it for individual hospitals. -Dawn Warner: Andy why isn't AHA getting our data? -Andy Hoedt: It should be working this week, they were finalizing contracts.	STEMI Dashboards to be attached to minutes.	Kathy Ivy
Policy 2527-STEMI System Data Elements	-Dr. Garzon: PD #2527-STEMI System Data Elements is up for review before the MAC/OAC, please take a look and let us know if you have any suggestions for edits. No suggested edits. SCEMSA needs to assure that the data elements are up to date.	Kathy Ivy to send out after meeting via email.	**Completed.**

Case Presentations:	Discussion	Action Items/Decisions	Owner and/or Due Date
UC Davis	• No presentation		
Open Meeting Discussion Items	**Discussion**	**Action Items/Decisions**	**Owner and/or Due Date**
	-Dorthy Rodriguez request that Cindy and Dawn share their process for pulling their data so she can see what is important to the hospitals. -Cindy Myas: I would like to request that SCEMSA consider allowing paramedics to do Heparin and Nitro drips for STEMI transfers. I know we've discussed it before, some concerns with implementation. That is a barrier for time-wise with STEMIs and transfers. -Scott Barron: If it's a STEMI then it's a low likely hood of heparin working to open those arteries. You have to be very careful giving it to inferior STEMI patients because you can plummet their blood pressure. We'd have to make very careful criteria for the use of it in prehospital settings. Not sure there are real benefits to getting it on EMS rigs. -Cindy Myas: I think it's a barrier for our sending facilities. This is for after a STEMI diagnosis is made and they are being transferred. -David Buettner: Evaluate the steps to implement a Critical Care Paramedic program. How long	Dawn Warner and Cindy Myas to send their process to Dorthy.	SCEMSA Staff

	would it take to optimize it, get state approval and get medics trained on it? -Dr. Garzon: currently the only paramedics that can do that are Critical Care Paramedics (CCT-P) or Flight Medics. -Cindy Myas: SSV already has this policy in place, maybe reach out to them. -David Magnino: Back in 2018 SCEMSA proposed the CCT-P program and because there was going to be a fee attached to it for providers, the proposal was denied. SCEMSAs hope is during the fiscal year 2023 we can look at it again with a minor fee attached to the provider and for SCEMSA to have the staff handle it. -Julie Carrington: what can we do in the field to assist in interfacing with door to balloon time? -Dr. Garzon: Julie, this committee is about recognizing what can be changed in the field. Our goal is to get that data to our providers to assist in their training to get times better if needed. -Julie Carrington: we are tracking 12-lead transmission delays, etc. -Dr. Garzon: Thank you. The next meeting is May 17, 2022. Maybe in person if COVID restrictions are lifted.	Look into this and its feasibility and bring it back to the next meeting for discussion.	
Adjournment:	Adjourned at 12:56 pm	This meeting will be done via Zoom, possibly in person, dependent on COVID restrictions	Next Meeting: May 17, 2022

SACRAMENTO COUNTY

Department of Health Services Emergency Medical Services Agency
STEMI Care Committee
2022 Case Presentation Rotation

Date:	2/15/2022	5/17/2022	8/16/2022	11/175/2022
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 Stewart, RN, MSN, CNML	Cindy Myas	Alessandro Villain	April Yeargin, RN STEMI	Debbie Madding, RN, BS, MICN	Dawn Warner, RN, MSN, CCRP
Secondary		Heather Beere, MSN MBA	Maryam Gol	Jeff Carl	Lisa Hayhurst, RN Director	George Fehrenbacher, Dr	David Buettner, MS, RN, MICN

SCENE Calls (911-Response) - 2021-4Quarter	Incident Count	Notes
Responses (911-Response)	**59622**	
Average Response Time of First Unit on Scene (PSAP to Arrived Scene)	**00:11:14**	
Average Response Time of First Unit on Scene (unit notified to Arrived Scene)	**00:07:55**	
Treated and Transported	**32844**	(of Scene Calls 911-Response).
Treated and Transferred Care & Assist	**5355**	
Transported By Law Enforcement	**1**	
Coroners / Diseased	**736**	
Cancelled	**20662**	No Patient found/ No Contact / Prior to Arrival
RST -4 (Percentage of Response with Lights and Sirens)	**3554**	
RST -5 (Percentage of Transports with Lights and Sirens)	**10.44%**	
IFT's	**3529**	
Primary Impressions of Scene calls treated and transported	**Incident Count**	
Traumatic Injury	**4,799**	
General Weakness	**3,320**	
Abdominal Pain/Problems (GI/GU)	**2,437**	
Behavioral/Psychiatric Crisis	**2,132**	
Non-Traumatic Body Pain	**1,722**	
Respiratory Distress/Other	**1,674**	
ALOC - (Not Hypoglycemia or Seizure)	**1,422**	
Pain/Swelling - Extremity - non-traumatic	**1,189**	
Chest Pain - Suspected Cardiac	**1,167**	
Nausea/Vomiting	**988**	
Seizure - Post	**977**	
Stroke / CVA / TIA	**946**	
Syncope/Near Syncope	**847**	
No Medical Complaint	**733**	
Respiratory Distress/Bronchospasm	**728**	
AMA/ Released / Refused / No Treatment of Scene Calls	**Incident Count**	
AMA's	**4577**	
Patient Refused Evaluation/Care (Without Transport)	**3788**	

STEMI Dashboard 2021-4Q

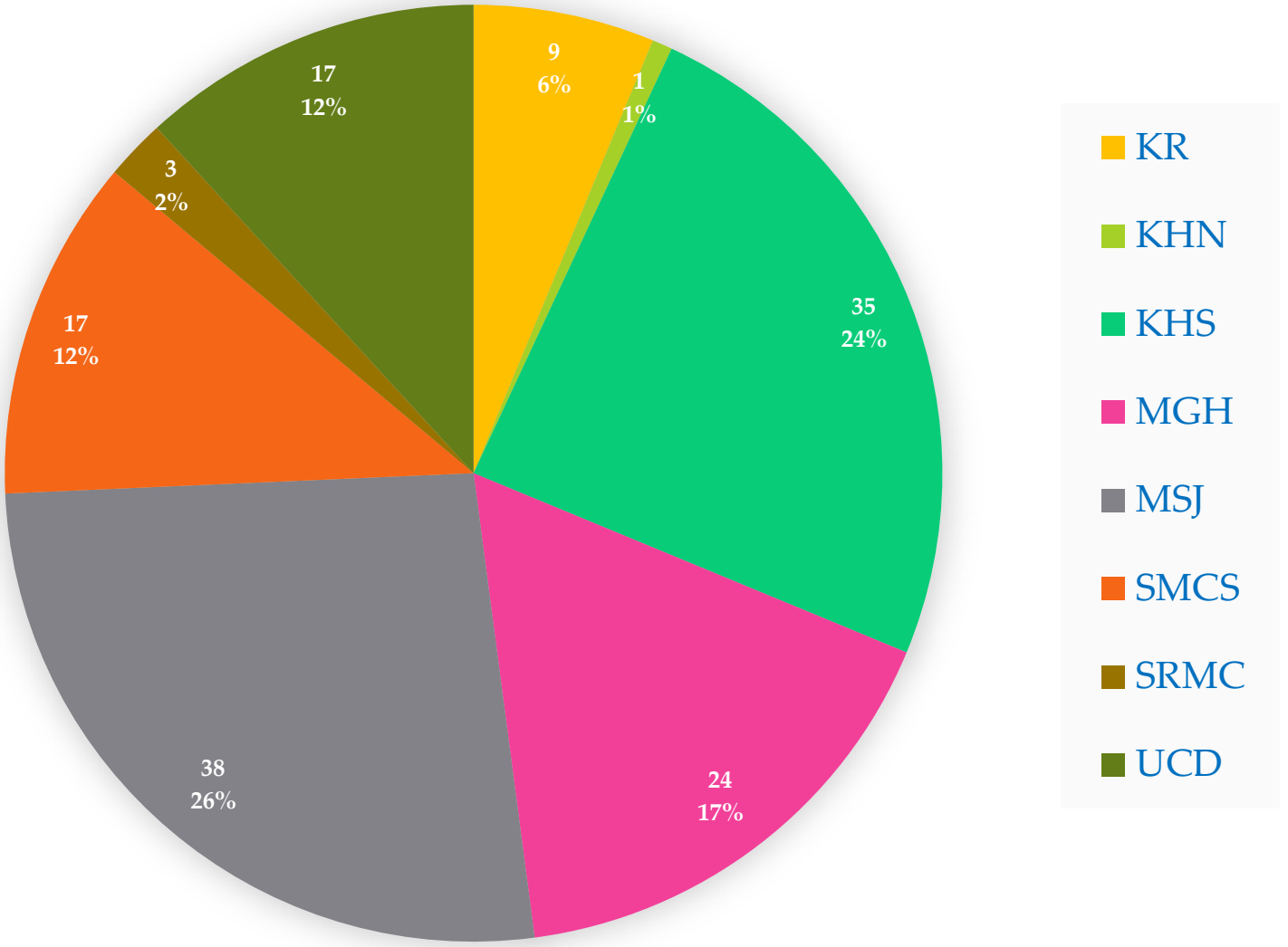
STEMI	System Total
Total transported patients with Primary impression of STEMI	144
Total Number of Patients that received ASA or Pertinent Negative Present	137
90% Scene Time	*00:16:26*
Patients with a prearrival notification	138
% pre-arrival notification	95.83%
90th % Time to First ECG (from arrival at scene to Device)	*00:13:54*
90th % ECG to Hospital Notification	*00:14:48 -time not consistently recorded*

STEMI Core Measures 2021-4Quarter

Core Measure	Definition	Patient Count	Percentage	Year	Quarter
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**	1565	70.89%	2021	4
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 (Core Measure adjusted to include hospital name)	197	82.74%	2021	4

Core Measure	Definition	Patient Count	Time	Year	Quarter
ACS-03	90th Percentile in **minutes** of Unit Arrived on Scene to Patient Arrived at Destination (Primary Impression of STEMI)	150	00:33:59	2021	4
ACS-06	90th Percentile in **minutes** of Unit Arrived on Scene to First ECG (Primary Impression of STEMI)	150	00:13:54	2021	4

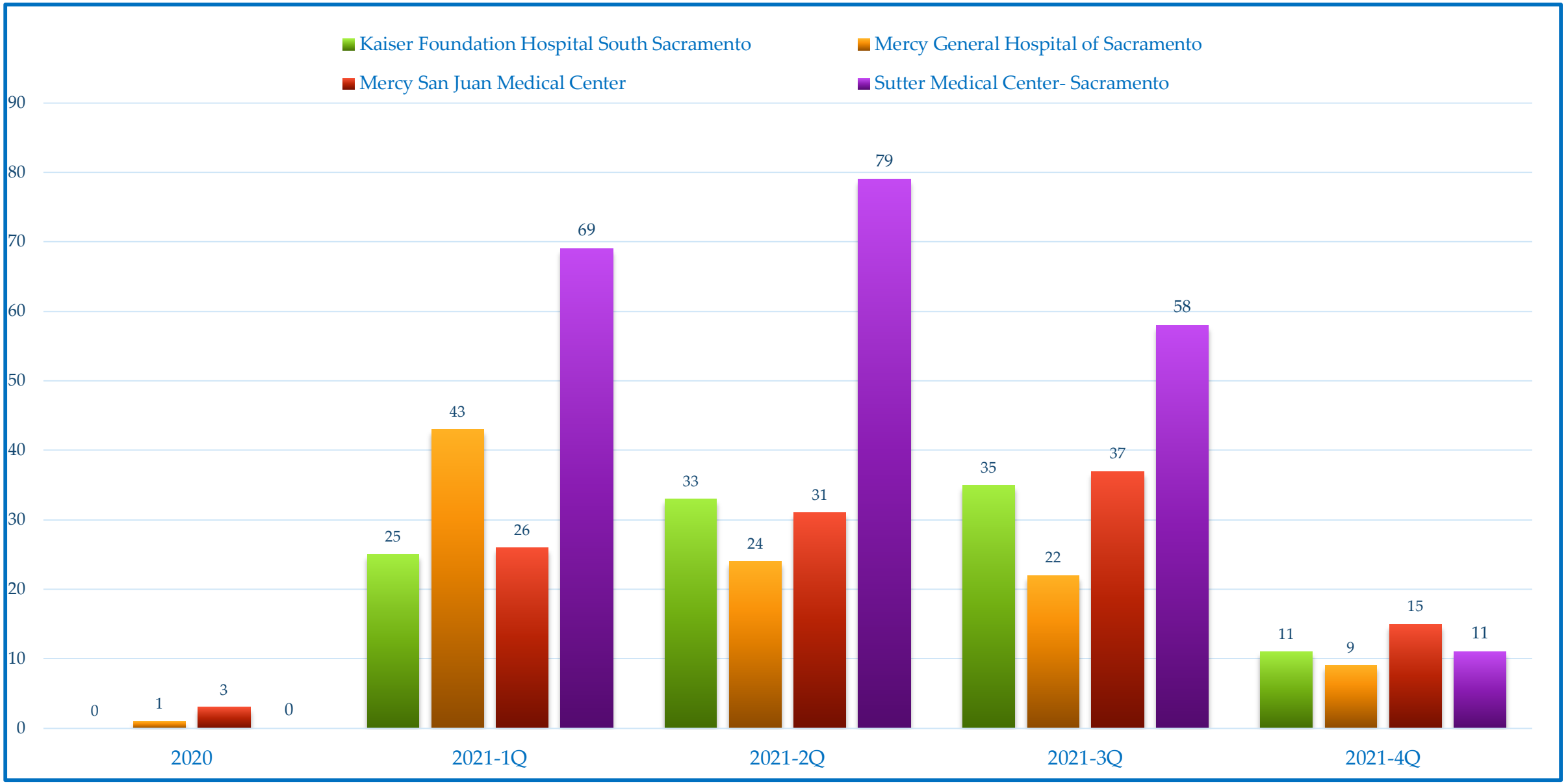
STEMI Patient Distribution 2021-4Q - EMS Data



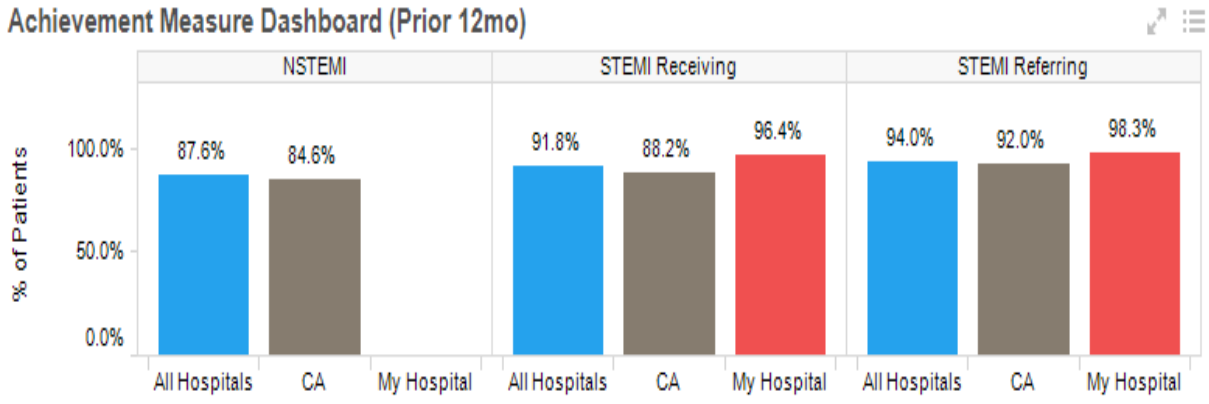
IFT's with PrimaryImpression of STEMI 2021-4Q - EMS Data

	KHS	KR	MGH
VA-Send			1
MSJ-Send			1
MOF-Send			3
MHS-Send			8
KHS-Send			2
KHN-Send	8	4	

Incident Count Per Hospital Per Quarter -GWTG Data



Kaiser South



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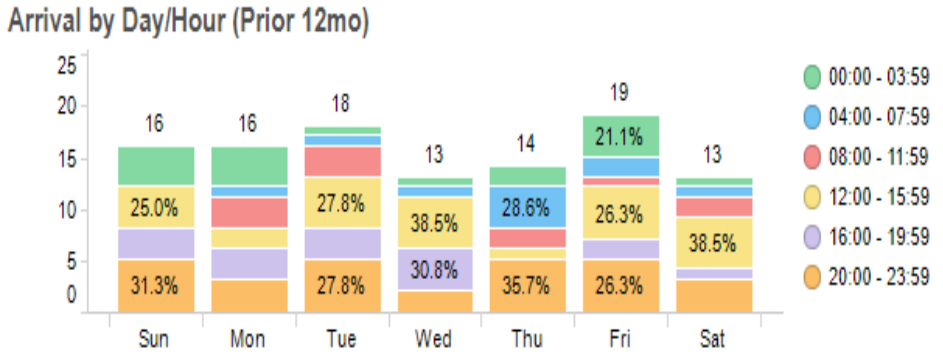
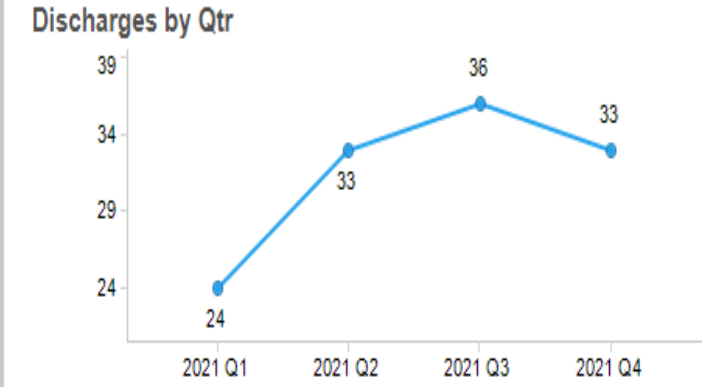
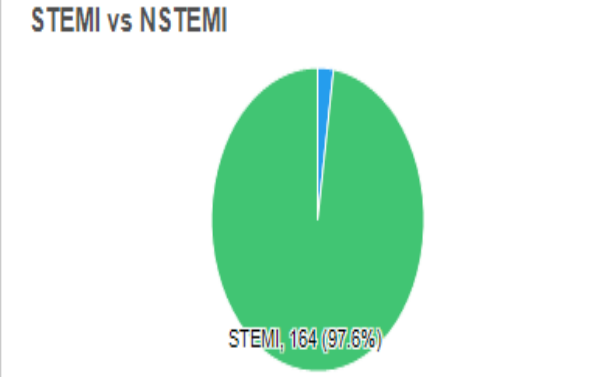
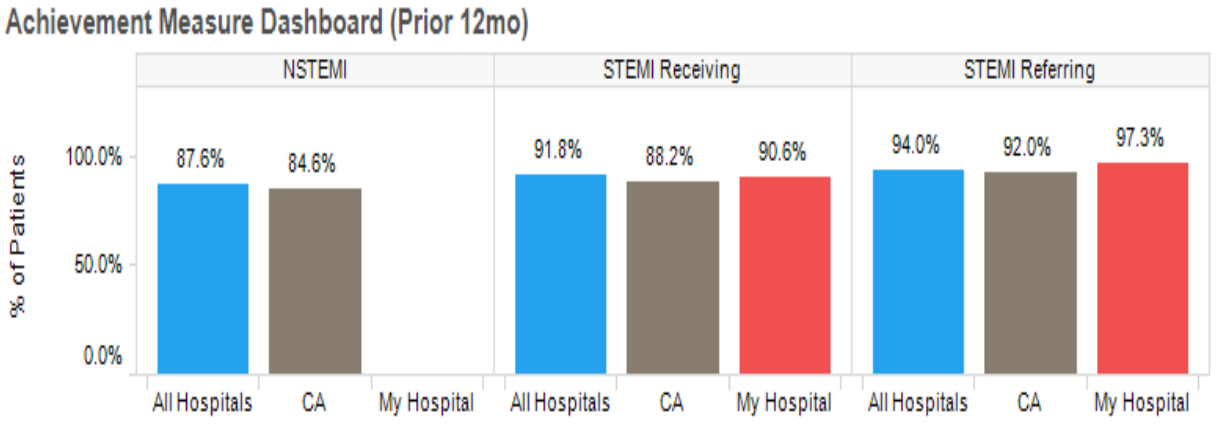






Mercy General



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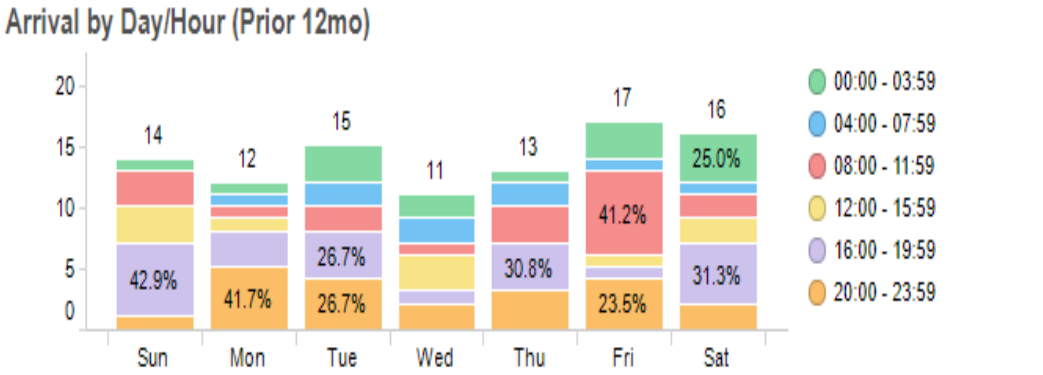
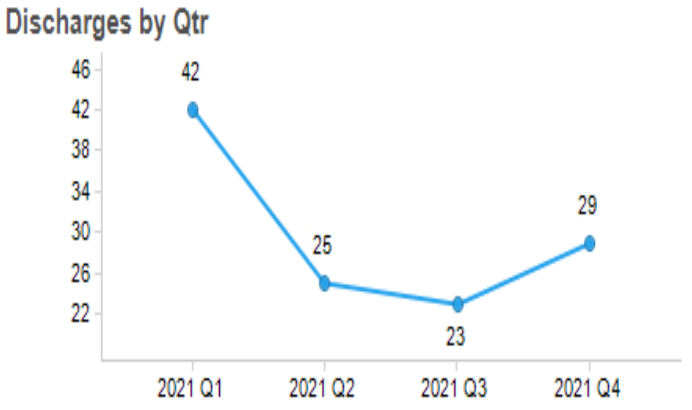
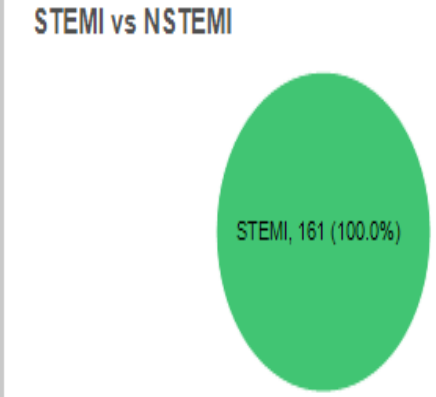
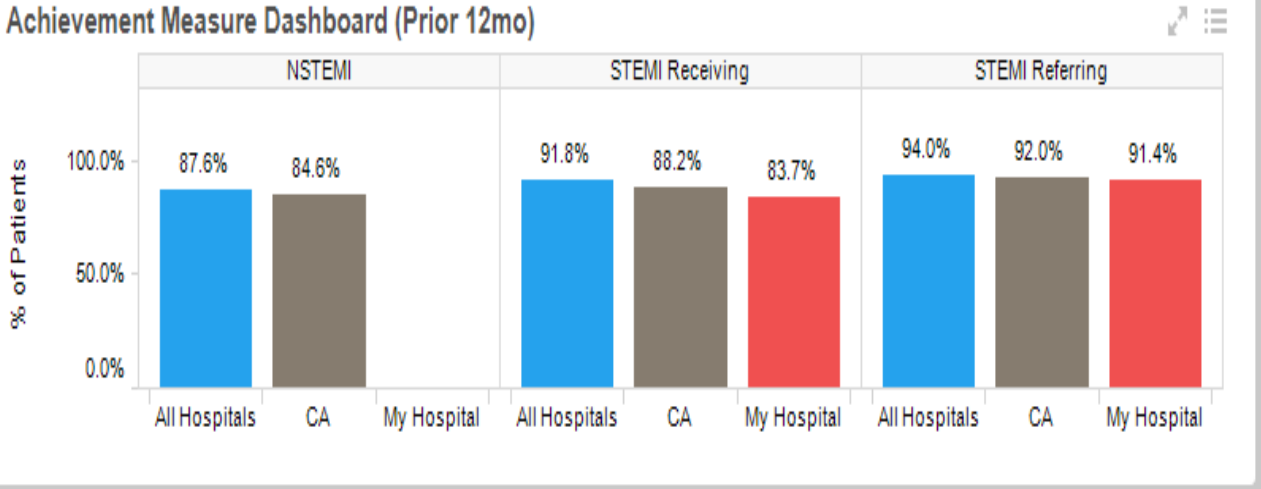






Mercy San Juan



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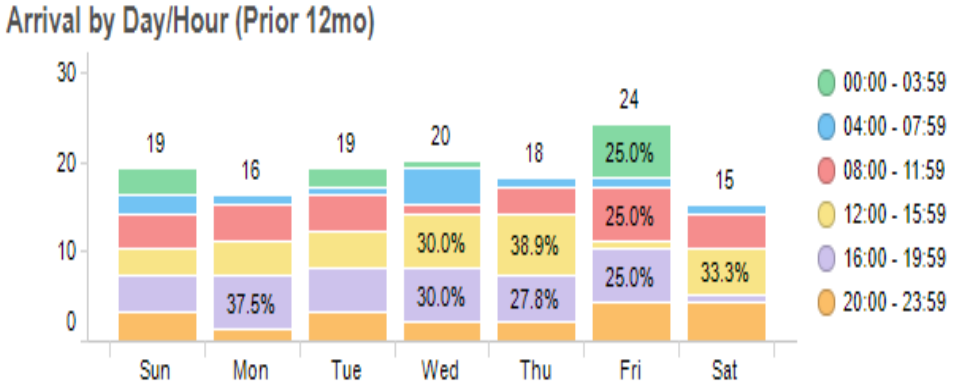
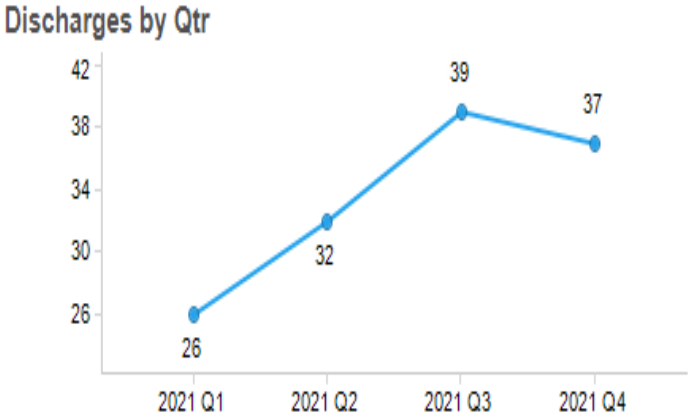
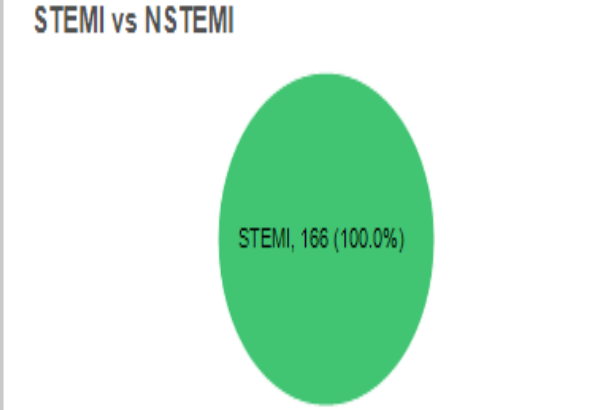
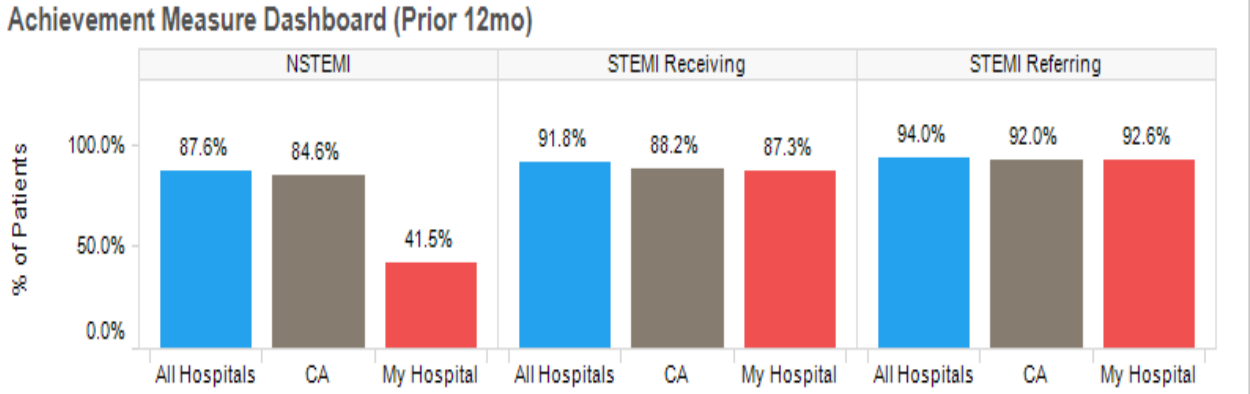
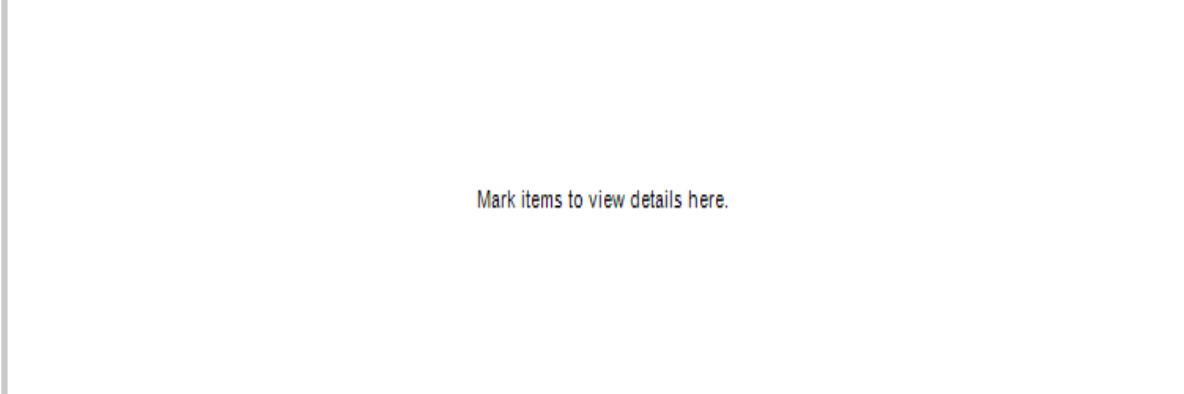


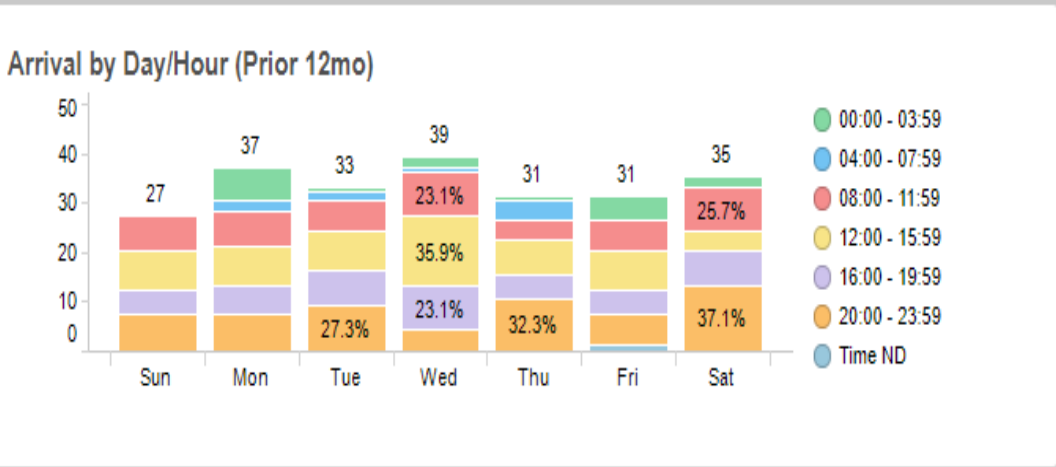


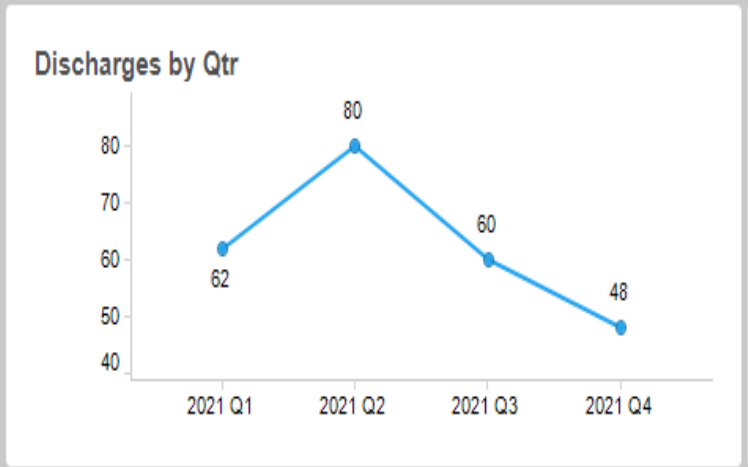


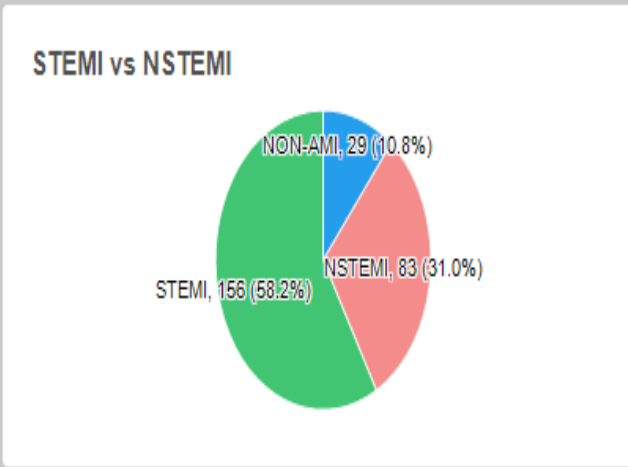
Sutter Sacramento











	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2527.03
	PROGRAM DOCUMENT: **STEMI System Data Elements**	Initial Date:	01/03/19
		Last Approval Date:	03/12/20
		Effective Date:	07/01/22
		Next Review Date:	03/01/24

EMS Medical Director

EMS Administrator

Purpose:

A. To standardize data elements collected using Get With The Guidelines – Coronary Artery Disease (GWTG-CAD) data registry from designated STEMI Receiving Centers and Prehospital ALS Providers to monitor, review, and improve the delivery of STEMI care services.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Definitions:

A. SCEMSA: Sacramento County Emergency Medical Services Agency.
B. STEMI Receiving Center (SRC): A hospital designated by SCEMSA that meets the minimum hospital STEMI care requirements and is able to preform primary Percutaneous Coronary Intervention (PCI).
C. STEMI Referring Hospital (SRH): A licensed general acute care facility that lacks PCI capability and tranfers STEMI patients to SRCs for PCI.

Policy:

A. SCEMSA uses ~~has~~ a standardized data collection and reporting process for the Sacramento County STEMI Critical Care System.
    a. Prehospital STEMI patient care elements selected by SCEMSA are compliant with the most current version of the California EMS Information Systems (CEMSIS) databse, and the National EMS Information System (NEMSIS).
    b. Hospital STEMI patient care data elements selected by SCEMSA are compliant with the GWTG-CAD data registry. ~~National Cardiovascular Data Registry (NCDR).~~
B. All Prehospital Advanced Life Support (ALS) Providers and STEMI Receiving Centers (SRC) shall participate in the SCEMSA data collection process.
C. SCEMSA will extract the EMS elements from the Inland Counties Emergency Medical Agency (ICEMA) database, and hospitals shall submit their data elements at least monthly ~~quarterly~~. Data elements to be included for monthly ~~quarterly~~ submission to include (but are not limited to) the following:

DRAFT

Data Management:

A. Prehospital (EMS)
   1. Agency
   2. Response Unit
   3. EMS ePCR Number
   4. Facility/Code
   5. Name: Last, First
   6. Date of Birth
   7. Patient Age
   8. Patient Gender
   9. Patient Race
   10. Hospital Arrival Date
   11. Hospial Arrival Time
   12. Dispatch Date
   13. Dispatch Time
   14. Arrival at patient side time
   15. Field ECG Performed (eProcedures.03)
   16. ECG Date/Time (EProcedures.01)
   17. Did the patient suffer out-of hospital cardiac arrest?
   18. ASA Given ? (eMedications.03)
   19. Destination STEMI Team Pre-arrival Activation (eDisposition.24) [Yes/No]

B. PCI Centers:
   1. Facility
   2. Name: Last, First
   3. Date of Birth
   4. Patient Age
   5. Patient Gender
   6. Patient Race
   7. If arrival by EMS, was there a Pre-hospital STEMI alert notification (Y/N)
   8. Time of Pre-hospital STEMI alert notification (TIME or Y/N)
   9. If advanced notification by EMS, what time was the Cath Lab team activated prior to patient arrival
   10. Was a field ECG Performed (Y/N)
   11. Cath Lab Activated (Y/N)
   12. Cath Lab Activation Date
   13. Cath Lab Activation time
   14. PCI Performed (Y/N)
   15. PCI Date
   16. PCI Time
   17. Non System Reason for Delay PCI
   18. Fibrinolytic Infusion (Y/N)
   19. Fibrinolytic Infustion Date
   20. Fibrionlytic Infustion Time
   21. Transfer from another facility (SRH) (Y/N)
   22. SRH arrival date
   23. SRH arrival timeTime

24. SRH ED Depatrue Date
25. SRH ED Departure Time
26. Hosital Discharage Date
27. Discharge location
28. Primary and Secondary Discharge Diagonisis

C. STEMI System Data Elements:
    1. Total number of STEMIs treated
    2. Number of STEMI patients transferred for PCI from SRHs
    3. Number and percent of emergency department STEMI patients arriving by private transport (Non-EMS)

Cross Reference: PD# 2522 – Electronic Health Care Record and Data Policy