STEMI Care Committee Meeting
Tuesday, February 15th, 10:00 AM –12:00 PM

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

Meeting Minutes: Yvonne Newson, EMS Specialist

ITEM	Details (Key facts, Questions, Concerns)	Action Items/Decision
Welcome and Introductions	Meeting start time 10:00 am	None
Approval of Minutes – August 15, 2023	Motion: Julie Currington Second: Tressa Naik, M.D.	None
Old Business	**Discussion**	**Action Items/Decision**
GWTG and ImageTrend Patient Registry	Sydney Freer – We are moving forward with the STEMI policy that is going to include the data being submitted to ImageTrend no later than 90 days at the end of the quarter. We are starting in 2024, so the first deadline will be at the end of June for the first quarter. I am willing to do one-on-one to help with the transition of the upload process. Krystyna Ongjoco - Will there be any education on this for the rest of us? Sydney Freer - Yes, I only had these three hospitals work on it to work through any stops or issues. And then we will move forward.	STEMI Centers to upload Q1 data to ImageTrend by June 30th.

	Serina Felcher – Are you going to be the hub for the different entities? Sydney Freer – For EMS data, I have access to Sacramento County. So, whatever you guys input on the hospital side I can see, walk-ins and all patients that made it into the patient registry. I don't have access to anything on the EMS side that is outside the county. So I don't know what reporting out we can do. Serina Felcher – We end up putting in EMS information, so in theory, you will be able to access the EMS data. Will this go against HIPPA since these patients aren't technically in your purview? Sydney Freer – If they go to your hospital, they are in our purview. But I wont be able to see the EMS PCRs if they were transported with a provider outside of Sacramento County. Hospital information will go into Patient Registry and EMS information goes into ImageTrend Elite.	
New Business	**Discussion**	**Action Items/Decision**
Policies to Review: PD# 2527 PD# 8024	Sydney Freer – Changes to PD# 2527- STEMI System Data Elements match the ImageTrend requirement to the Stroke and Trauma timelines. Dr. Kann – Doing Data analysis that may impact PD# 8024, so we will bring back to the next meeting.	

Data Review and Analysis	Discussion	Action Items/Decisions
STEMI Dashboards 4Q	Slide 2: Technically, at 100% of Alerting when (+) ECG of STEMI Documentation Error with (+) ECG of STEMI and Alerting Jeremy Veldstra- When Alert is not documented, and it is my hospital, send it over, and I will pull the radio report Slide 3: Brian Morr – We are trying to slow our crews down when they get ROSC. On our state committee, that is what we want because, once they get ROSC, what do we want the crews to do in order to keep ROSC. Julie Currington – We have given our guys two sets of guidelines on somewhat stable systolic blood pressures and start the push dose Epi a little sooner. Because we noticed the re-arrest rate was high en route. The hypothesis was that we were not spending enough time stabilizing and pushing the dose early enough. We also emphasized getting that good tracing prior to leaving. Tressa Naik, M.D. – It's about 5 minutes after not transporting and 5 minutes after ROSC. Being stabilized, getting the ECG right after return of pulse. Because you are going to get a STEMI. There is going to be a discussion to bring up.	

	Slide 4: Brian Morr – Do we specify that ROSC patients need to go to a Cardiovascular Center? Julie Currington- Only if it is a shockable rhythm. Sydney Freer – Do we want to keep that or change it? Slide 5: Greg Kann, M.D. – We have been working diligently trying to get times for the First Medical Contact to EKG. There still seem to be significant hurdles. We will be reaching out to agencies that are having extended times and prompting them to continue working on those times. We do have agencies that are high achievers and look into their best practices. But there are some simple things that can be taken into account that can help. Brian Morr – In policy we only transmit if it is a STEMI. But if the hospital gets a 12-lead to come in, the intent is to assume it is a STEMI until proven otherwise. Sydney Freer – This is not based on transmittal. It is based on what is on the PCR and the time the ECG was run. So, regardless of being transmitted, I don't know if that affects the times on your PCR, the time we are using is based on when the ECG was run. eVitals.03 (Vitals Cardiac Rhythm ECG findings list)	SCEMSA to look at potential changes to PD# 8024 – Cardiac Dysrhythmias

	Wendin Gulbansen- Wasn't that an issue we had a while ago, where the EKG came through after the patient arrived? Then we looked into it and discovered all the issues with the connectivity, who was running it, and who was transporting. We tracked all heavily. Julie Currington – The captain is the one most available to maker any phones calls or it kind defaults to them. So if anyone identifies anything of a STEMI, make the alert and let them as soon as possible but also inform them that you have not left scene, or something like that to get the ball rolling. Brian Morr – I would suggest if you can to put it in writing for the county policy stating that early STEMI Alerts should be given going enroute, that would really help for me to push for that. Sydny Freer – We can definitely add a line "preferred alert, as earliest as possible". The policy does say to only transmit STEMI, is that something we want to change? Matt Burruel – We discussed that before, and felt there would would issues with the transmision. Brian Morr – We do have a small window of those, that would rather have the doctor look at it. Greg Kann, M.D. – With the last couple of STEMI meetings and through discussion, we are moving towards	

	not only a strong STEMI program but also to have the parmedic/medical clinician to be able to make that ECG interpretation. But we also have to be data-driven. Sydney has done a great job with our stroke data, and I think this can be a pathway to look at our STEMI data. Sydney Freer – What I am planning to do once I have the hospital data is compare with STEMI PCRs and see if they were alerted, then go through all PCRs and figure why they may have not been alerted and figure out why.	SCEMSA to compare hospital data to EMS data following June 30th submission by hospitals
Case Presentations	**Discussion**	**Action Items/Decisions**
Consumnes & KHS	<u>Julie Currington, Consumnes</u> Tressa Naik, M.D. – Dispatch has a protocol of questions to ask to determine the level of call. It is a way to get the patients to focus on the questions. <u>Wendin Gulbansen, KHS</u> Krystyna Ongjoco — We do not have our medics over the radio mention any PHI. It sounds like you guys do. Is that across the campuses? It would be super helpful if we received PHI so we can look at our previous EKGs. Jeremy Veldstra – When the STEMI Policy comes up for review, that would be to add that in. Greg Kann, M.D. – We can now do that for an administrative change. It would be so helpful if this guy came back a week later; having that PHI and knowing that he was just here helps.	

	Brian Morr – On our current platform the second my guy clicks that they are going UCD, it populates on their screen at the hospital. Technology is there, so we might be able to do something with it. In Las Vegas, to solve the wall time problem, they do not do radio do radio reports. Tressa Naik, M.D. – Not all calls. There are processes that still require a call. It is based on EM Resource, and they get a STEMI Alert, not a call. Sydney Freer—I don't know that is possible on ImageTrend. But my concern is accidentally hitting the wrong button. Wendin Gulbansen— We just opened our ED expansion. In terms of STEMI, we have a new location. The medics already know, and nothing has changed in the way things work. When walking through the main part of the ER, they will make a left that will take you to four resuscitation bays. And for the MICN, they are kind of by themselves because everyone else is in the new part. So they are going to go through some new challenges. Greg Kann, M.D. – The doctor who will be seeing your STEMI is not with ear shot. In the past, when you heard "Code 3, STEMI," everyone responded.	
Adjournment	**Adjourned at 11:45 pm**	**Next meeting:** **May 21, 2024** **10 am – 12 pm**

SACRAMENTO COUNTY

Department of Health Services Emergency Medical Services Agency
STEMI Care Committee
2024 Case Presentation Rotation

Date:	2/20/2024	5/21/2024	8/20/2024	11/19/2024
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	Scott Brunton, RN	April Yeargin, RN STEMI	Debbie Madding, RN, BS, MICN	Taufa Lee
Secondary		Wendin Gulbransen		Amelia Hart	Serina Felcher	George Fehrenbacher, Dr	Jeremy Veldstra RN-MICN

SCENE Calls (911-Response) - 2023 - 4Quarter	Incident Count	Percentages	Notes
Total ePCRs received	81,181	100%	All records
Responses (911-Response/Primary Response Area "PRA")	57,643	71%	of total responses
Treated and Transported (of 911-Response/PRA)	**32,202**	**55.86%**	of 911 responses transported to the ED
Primary Impressions of Scene calls treated and transported	**Incident Count**	**Percentages**	**Notes**
Chest Pain - STEMI	157	0.49%	
Chest Pain - Suspected Cardiac	1,168	3.62%	
Syncope/Near Syncope	915	2.84%	
IV Starts	**Incident Count**	**Percentages**	**Notes**
Right Side	101	7.62%	of treated and transported with Primary Impression STEMI / Suspected Cardiac
Left Side	389	29.36%	of treated and transported with Primary Impression STEMI / Suspected Cardiac
Not Recorded/Not Applicable/Other Peripheral/Blank	835	63.02%	of treated and transported with Primary Impression STEMI / Suspected Cardiac

STEMI Dashboard - EMS Data

STEMI	System Total 2022-4Q	System Total 2023-1Q	System Total 2023-2Q	System Total 2023-3Q	System Total 2023-4Q
Total transported patients with primary impression of STEMI	148	143	126	191	157
90th Percentile Scene Time to Unit Depart Scene of Primary Impression STEMI and (+) ECG of STEMI (Transporting Unit)	00:16:42	00:19:41	00:18:14	0:19:00	0:23:31
Patient with eVitals.03 or eDevice.08 documenting ECG of STEMI	58	50	60	65	56
Percentage of STEMI primary impressions with a STEMI ECG	39%	35%	47.62%	34.03%	35.67%
Patients with a pre-arrival notification (of STEMI ECG)	51	47	56	52	53
% Pre-arrival notification (of STEMI ECG)	88%	94%	93.33%	80%	94.64%
Total of patients with No ECG of STEMI documentation, but with a STEMI pre-arrival notification				106	86
% Pre-arrival notification (No ECG STEMI / Total)				55.50%	54.78%

Treated & Transported Patients with Primary Impression of STEMI and (+) ECG of STEMI that had Cardiac Arrest 2023 3Q & 4Q

3 Quarter

EMS Incident Call	eArrest.01 (Cardiac Arrest)	STEMI Alert	First Unit on Scene	Scene Time
1	Yes, After EMS Arrival	Yes	Yes	0:14:45

4 Quarter

EMS Incident Call	eArrest.01 (Cardiac Arrest)	STEMI Alert	First Unit on Scene	Scene Time
1	Yes, Prior to Any EMS Arrival	Yes	Yes	0:08:43
2	Yes, Prior to Any EMS Arrival	Yes	Yes	0:14:55
3	Yes, Prior and After EMS Arrival	Yes	Yes	0:15:32

90th Percentile Scene Time to Unit Depart Scene of Primary Impression STEMI and (+) ECG of STEMI
Adjusted Time: 0:23:35

STEMI Primary Impression for Treated and Transported Patients

Hospital Name	2023-1Q	2023-2Q	2023-3Q	2023-4Q
KHR	11	8	18	9
KHN	1	0	0	0
KHS	33	37	36	53
MHF	0	2	0	1
MGH	15	12	37	22
MSJ	39	39	43	42
SMCS	23	15	30	15
MHS	0	1	1	1
SRMC	8	4	8	5
UCD	13	8	18	9
Out of Area	0	0	0	0
Totals	**143**	**126**	**191**	**157**

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

Patients with ECG prior to arrival time excluded from report.

Transporting Agency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Average
Agency 1	4.27	5.94	4.36	7.38	8.06	8.36	7.58	4.38	10.86	13.40	8.63	15.42	**8.22**
Agency 2	10.84	8.65	7.95	11.39	7.42	7.38	8.43	9.88	4.88	11.67	5.77	8.87	**8.59**
Agency 3	14.24	19.10	16.43	15.19	9.00	11.15	10.80	15.74	10.58	18.23	15.41	15.53	**14.28**
Agency 4	4.60	4.67	5.21	5.40	3.57	4.34	4.46	4.86	4.30	8.31	6.53	4.21	**5.04**
Agency 5	5.54	5.16	0.00	8.72	17.41	14.95	8.69	8.34	6.66	3.07	8.22	9.95	**8.06**
Agency 6	10.23	12.26	8.26	13.17	11.49	15.79	7.38	6.80	10.79	5.38	0.00	0.00	**8.46**
System	**8.29**	**9.30**	**7.03**	**10.21**	**9.49**	**10.33**	**7.89**	**8.33**	**8.01**	**10.01**	**7.43**	**9.00**	**8.78**

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

Transporting Agency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Agency 1	1	5	6	8	7	8	4	6	4	11	6	13	**79**
Agency 2	25	13	19	21	19	20	22	22	19	19	19	22	**240**
Agency 3	8	6	2	4	1	4	2	4	4	4	7	3	**49**
Agency 4	24	22	16	11	16	14	19	20	19	16	16	21	**214**
Agency 5	2	4	0	5	4	6	6	3	7	4	4	5	**50**
Agency 6	7	7	8	4	4	6	8	12	10	6	10	6	**88**
Total	**67**	**57**	**51**	**53**	**51**	**58**	**61**	**67**	**63**	**60**	**62**	**70**	**720**