

# Sacramento County Emergency Medical Services Agency STEMI Committee Meeting



Date and Time: November 13, 2025, 10:00 AM – 12:00 PM  
Location: EMS Conference Room, 9616 Micron Avenue, Suite 940, Sacramento, CA 95827  
Facilitator(s): Gregory Kann, MD FACEP

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## 1. Welcome, Attendance, and Approval of Minutes

- a. Discussion Points:
  - i. Introductions completed for all in-person and virtual participants.
  - ii. Minutes from the prior meeting were reviewed and approved.
- b. Action:
  - i. Motion to approve prior meeting minutes approved without changes.
  - ii. Motion: Brian Morr; Second: Serina Felcher

## 2. ECMO CPR Pilot Discussion

- a. Discussion Points:
  - i. Program in early phases at this time.
  - ii. CARES data shows countywide down-trending ROSC and survival metrics.
  - iii. ECMO CPR considered as the “back-end” missing link in the chain of survival.
- b. Details:
  - i. Intended patient profile:
    - 1. Age ~15–65
    - 2. Witnessed arrest
    - 3. Shockable rhythm
  - ii. Rapid transport capability (goal <30 minutes to cannulation)
  - iii. Proposed workflow mirrors a STEMI alert: prehospital activation → direct transport to Sutter → bypass ED → cath lab cannulation.
  - iv. LA County & San Diego have long-standing ECMO CPR programs with promising outcomes.
  - v. Operational considerations:
    - 1. Transport must occur under LUCAS compressions.
    - 2. Fire agencies (Metro, Sac City, Consumes) expected to be key partners due to having LUCAS devices.
    - 3. Hospital-to-hospital ECMO transfers deemed unlikely to meet required timelines.



- vi. Pilot policies under development, modeled on LA/SD protocols.
- vii. Target pilot launch anticipated summer 2026.
- c. Action:
  - i. SCEMSA, Sutter, and EMS providers to continue planning early 2026.
  - ii. Additional stakeholder meetings to be scheduled after New Year.

### 3. Hospital Data Cross-Reference Guides

- a. Discussion Points
  - i. Need identified for standardized data-entry expectations across hospitals.
  - ii. Variability in what hospitals provide for STEMI, Stroke, and Specialty Care measures.
- b. Details:
  - i. Cross-reference guide will be attached to all relevant SCEMSA policies.
  - ii. Requested additions from hospitals:
    - 1. Stroke: CT time and first device/intervention time.
    - 2. STEMI: door-to-balloon time, first ED ECG.
  - iii. These metrics support AHA Get With The Guidelines requirements and joint agency–hospitals.
  - iv. Some hospitals have stopped sending data directly to specialty coordinators due to workload centralization.
- c. Action:
  - i. SCEMSA to distribute the draft data guide to hospitals for additional input.
  - ii. Hospitals encouraged to notify SCEMSA of data gaps or reporting issues.



## 4. STEMI Data Review – 2025 Q2

- a. Discussion Points:
  - i. Q2 included over 90,000 PCRs and 40,000 transports.
  - ii. 208 STEMIs documented during the quarter.
  - iii. Nearly 100% alignment between primary impression STEMI and ECG-confirmed STEMI.
- b. Details:
  - i. Scene times for true STEMIs remain <15 minutes – meeting national benchmarks.
  - ii. Pre-arrival notifications at 94% compliance.
  - iii. Some ECGs did not display STEMI on the monitor, but eDevice-08 transmitted STEMI-positive data → requires follow-up conversation.
  - iv. Primary impression selection challenges remain (i.e., choosing SOB instead of STEMI despite ECG findings).
  - v. ECG transmission remains critical for workflow.
- c. Action:
  - i. SCEMSA to investigate instances of eDevice-08 STEMI transmissions without corresponding monitor display.
  - ii. Education to continue around accurate primary and secondary impression selection.

## 5. Case Reviews – Mercy General Hospital & UC Davis Medical Center

## 6. Roundtable Updates

- a. UC Davis:
  - i. Scheduled Service Diversion – Strike
  - ii. All STEMI patients will be diverted Nov. 18 & 19<sup>th</sup>.
- b. Sacramento Fire Department:
  - i. SORT teams are connecting patients with treatment and resources to help.
  - ii. MIH coming in the next couple months
  - iii. TAD Program rollout slower but progressing
- c. SCEMSA
  - i. TAD Updates
- d. Metro Fire:
  - i. Celebrating 25-years of service!



- e. Mercy General:
  - i. Concern raised that discrepancies in the State Time Audit Tool require a timestamp to be counted as a discrepancy.
  - ii. Hospitals encouraged to ensure that they are adding timestamps – not just notes as this will not count as a discrepancy without the time.
- f. Cosumnes Fire
  - i. CPR Saturdays revived; growing community participation
  - ii. AED registration and PulsePoint maintenance improving system-wide readiness.
  - iii. MIH program is going well!
    - 1. 44 patients enrolled in the high-utilizer program; 66% reduction in 911 use.
    - 2. MIH teams performing home safety checks, mobility assistance, and linkage to outpatient care.
- g. Dispatch:
  - i. Hands-to-Chest CPR instructions being looked at more in-depth

## 7. Adjournment

Next meeting scheduled for **February 17, 2026**.



**Emergency Medical Services  
STEMI Care Committee  
2025 Meeting Dates**

<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>
<b>Tuesday</b>	<b>February 17, 2026</b>	<b>10:00 AM - 11:30 PM</b>	<b>Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1</b>
<b>Tuesday</b>	<b>May 12, 2026</b>	<b>10:00 AM - 11:30 PM</b>	<b>Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1</b>
<b>Tuesday</b>	<b>August 18, 2026</b>	<b>10:00 AM - 11:30 PM</b>	<b>Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1</b>
<b>Tuesday</b>	<b>November 17, 2026</b>	<b>10:00 AM - 11:30 PM</b>	<b>Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1</b>

# Hospital / EMS STEMI Data

2Q 2025

SCENE Calls (911-Response) - 2025 - 2Quarter	Incident Count	Percentages	Notes
Total ePCRs received	90,445	100%	
Responses (Emergency Primary Response Area)	67,687	74.83%	of total responses
<b>Treated and Transported</b>	<b>40,381</b>	<b>44.64%</b>	of 911 responses transported to the ED
Primary Impressions of Scene calls treated and transported	Incident Count	Percentages	Notes
Chest Pain - STEMI	208	0.52%	of treated and transported
Chest Pain - Suspected Cardiac	1471	3.64%	of treated and transported

# STEMI Dashboard - EMS Data

STEMI	System Total 2024 3Q	System Total 2024 4Q	System Total 2025 1Q	System Total 2025 2Q
Total transported patients with primary impression of STEMI	152	158	175	208
90 <sup>th</sup> Percentile Scene Time to Unit Depart Scene of Primary Impression STEMI and (+) ECG of STEMI (Transporting Unit)	0:19:16	00:16:11	00:20:09	00:14:48
Patient with eVitals.03 or eDevice.08 documenting ECG of STEMI (All Patients, Regardless of Primary Impression)	162	152	157	210
Percentage of STEMI primary impressions with a STEMI ECG	80.92% (123 patients)	86.70% (137 patients)	85.71% (157 patients)	96.39% (194 patients)
All patients with a pre-arrival notification (of STEMI ECG)	119	133	157	198
% Pre-arrival notification (of STEMI ECG)	78.94%	88.07%	100%	94.28%
Total of patients with No ECG of STEMI documentation, but with a STEMI pre-arrival notification	25	15	16	14
% Pre-arrival notification (No ECG STEMI / Total)	16.44%	9.49%	9.14%	6.73%



## STEMI Primary Impression for Treated and Transported Patients

Hospital Name	2024-3Q	2024-4Q	2025-1Q	2025-2Q
KHR	8	14	8	16
KHN	2	0	2	3
KHS	45	33	46	47
MHF	0	0	0	0
MGH	26	30	16	28
MSJ	27	34	42	62
SMCS	16	27	37	22
MHS	0	0	0	1
SRMC	6	4	5	4
UCD	22	16	19	25
VAMC				
Totals	152	158	175	208

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

<b>Transporting Agency</b>	<b>23-Jul</b>	<b>23-Aug</b>	<b>24-Sep</b>	<b>24-Oct</b>	<b>24-Nov</b>	<b>24-Dec</b>	<b>Jan-25</b>	<b>Feb-25</b>	<b>Mar-25</b>	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>
Alpha One	3	4	4	3	11	3	5	2	3	5	9	5
AMR	9	9	5	8	2	6	6	5	6	6	3	5
Cosumnes	11	6	6	4	3	8	9	6	4	9	5	4
Folsom	1	3	4	3	4	5	4	3		3		2
Medic	1											
Norcal						1				1		
Metro	20	22	11	15	24	12	23	16	17	24	29	25
Sac Fire	24	14	34	23	27	22	23	27	16	22	21	30
<b>Total</b>	<b>69</b>	<b>58</b>	<b>64</b>	<b>56</b>	<b>71</b>	<b>57</b>	<b>70</b>	<b>59</b>	<b>46</b>	<b>70</b>	<b>67</b>	<b>71</b>

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

90th Percentile Scene to First 12 Lead in minutes (System 90th % 00:14:48)										
Provider	24-Jul	24-Aug	24-Sep	24-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar	2Q-2025
Alpha							9.4	7.8		26.50
AMR	1.37		6	5			3.07	4		14.34
Cosumnes	20.65	9.07	32.15	39.18	12.19	22.83	12.6	15.57	20.57	13.94
Folsom	3.98	19.39	32.82	7.03	8.24	2.96	17.01	2		13.21
Metro	8.93	13.05	9.12	12.6	13.78	16.69	11.21	14.15	7.95	13.93
NorCal						2				
Sac Airport			9.9				27.18			
Sac Fire	15.5	5.98	12.4	11.74	11.53	11.78	17.05	13.41	16.1	14.37

Average Scene to First 12 Lead in minutes (System Average 8 min)										
Provider	24-Jul	24-Aug	24-Sep	24-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar	2Q-2025
Alpha							7	7		16
AMR	1		6	5			3	4		8
Cosumnes	13	6	18	22	9	11	8	10	21	9
Folsom	4	13	18	7	7	2	11	2		7
Metro	6	7	6	8	8	9	7	9	5	8
NorCal						2				
Sac Airport			10				27			
Sac Fire	8	3	6	6	7	6	8	6	9	8

## Hospital Data STEMI 2025 2Q

<b>Hospital STEMI Calls</b>	<b>Count</b>	<b>Percentages</b>
<b>Total Hospital STEMI Patients (Confirmed AMI – STEMI and non-STEMI only)</b>	<b>185</b>	<b>100%</b>
<b>Brought in by EMS</b>	<b>101</b>	<b>54.59%</b>
<b>Of Patients Brought in by EMS</b>		
<b>STEMI Alerted per Hospital Data</b>	<b>88</b>	<b>87.13%</b>
<b>Not STEMI Alerted per Hospital Data</b>	<b>13</b>	<b>12.87%</b>
<b>Of Patients Not STEMI Alerted</b>		
<b>Cardiac Arrest</b>	<b>0</b>	<b>0%</b>
<b>Blank / PCR Not Found / Out of County EMS</b>	<b>2</b>	<b>15.38%</b>
<b>Initial ECG not STEMI positive</b>	<b>9</b>	<b>69.23%</b>
<b>No ECG Mentioned</b>	<b>2</b>	<b>15.38%</b>

## EMS Data STEMI 2025 2Q

<b>EMS Data</b>		
Total Transported Patients with Primary Impressions of STEMI	208	
Primary Impression STEMI transported to Sacramento Hospitals	188	90.38% (of 208)
Positive EKG STEMI	194	93.26% (of 208)
EKG STEMI transported to Sacramento Hospitals	175	90.20%

# Non-STEMI Impression with STEMI in Vitals or Device 2025-2Q

Findings	Primary Impression
56F - SOB AND CHEST PRESSURE - INITIAL 12-LEAD DISREGARDED AS FALSE POSITIVE BY MEDIC DUE TO ARTIFACT. 2ND 12-LEAD MANUALLY INTERPRETED A-FIB W/ARTIFACT.	RESPIRATORY DISTRESS/OTHER (J80)
68M - RIGHT UPPER QUADRANT PAIN RADIATING TO MID STERNAL X1WK. 4-LEAD = NSR. 12-LEAD = NSR. (EDEVICE.08 +STEMI)	ABDOMINAL PAIN/PROBLEMS (GI/GU) (R10.84)
28M - COMPLAINING OF LEFT SIDED CHEST PAIN X30 MIN. 12-LEAD = NSR. (EDEVICE.08 +STEMI)	OVERDOSE/POISONING/INGESTION (F19)
67F - WITH C/O FEELING LIGHTEADED WITH HR OF 50. 12-LEAD X2: FIRST: ***STEMI SECOND: UNDETERMINED UNDERLYING RHYTHM, ANTERIOR INFARCT WITH RBBB.	HEADACHE - NON-TRAUMATIC (R51)
62 F - IS A/O X 4, GCS 15 AND COMPLAINING OF MIDSTERNAL CHEST PAIN AND HEADACHE.	CHEST PAIN - SUSPECTED CARDIAC (I20.9)
38M - HYPERTENSIVE AT 218/100 12-LEAD NSR WITH A NEW ONSET LEFT BBB. 12-LEAD TRANSMITTED FOR BASE CONTACT INTERPRETATION; PER DR. KALETSKI, NO STEMI NOTED. (EVITALS.03=STEMI)	GENERAL WEAKNESS (R53.1)
69F-MULTIPLE SEIZURES. 12-LEAD STEMI DURING TRANSPORT. UPGRADED C-3 KAISER ALERTED PER NARRATIVE / 12 LEAD GIVEN TO MD	SEIZURE - ACTIVE (G40.901)
74F-DIZZINESS. 12 LEAD EKG DONE PTA BY E37 = STEMI. SECONDARY 12-LEAD DID NOT SHOW STEMI. TRANSPORTED PT C3 TO SRMC. STEMI ALERTED PER NARRATIVE	NAUSEA/VOMITING (R11.2)
83F CHEST PAIN / DID NOT READ STEMI UNTIL TRANSFERRING CARE AT SRMC	CHEST PAIN - NOT CARDIAC (R07.89)
77F SEVERE RESPIRATORY DISTRESS. PATIENT PLACED ON CPAP. NO MENTION OF ECG FINDINGS IN NARRATIVE. (EDEVICE.08 +STEMI)	RESPIRATORY DISTRESS/PULM EDEMA/CHF (J81.0)
78M - CC N/V. PATIENT DENIED CHEST PAIN, SHORTNESS OF BREATH, ABDOMINAL PAIN, HEADACHE, DIZZINESS, DIARRHEA, RECENT TRAUMA, AND RECENT ILLNESS. NO MENTION OF ECG FINDINGS (EDEVICE.08=STEMI)	NAUSEA/VOMITING (R11.2)
60M SEPSIS ALERT - EN ROUTE 12-LEAD PROVIDES 2 STEMI ALERTS; MGH ADVISED AND 12-LEAD TRANSMITTED.	SEPSIS (A41.9)
79M ALOC/FEVER X2 DAYS/SEEN AT VA AND DX W/ENCEPHALOPATHY. TRANSPORTED C2 TO KHS SEPSIS ALERT. NO MENTION OF ECG IN NARRATIVE (EVITALS.03 = STEMI)	ALOC - (NOT HYPOGLYCEMIA OR SEIZURE) (R41.82)
69F - CONFUSION FEBRILE AND DECREASED SPO2 ON ROOM AIR. SEPSIS ALERTED C-3 UCD. NO MENTION OF ECG IN NARRATIVE (EVITALS.03 = STEMI)	SEPSIS (A41.9)
76M SUDDEN WEAKNESS AND DIFFICULTY SPEAKING. TRANSPORT C3W/STROKE ALERT, EN ROUTE MONITOR SHOWS STEMI	STROKE/CVA/TIA (I63.9)
66M - SEIZURE W/HX OF SEIZURE. No mention of ECG in narrative (eVitals.03 = STEMI)	SEIZURE - POST (G40.909)