



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
 Richmond, VA 23235-4730  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

**STEMI Steering Committee**

January 28, 2016, 08:00am to 09:30am  
 Chair: Dr. Allen Yee, Regional OMD

**Members and Guests Present:** Allen Yee, Al Thompson, Anne Fereday, Mike Watkins, Mark Xenakis, Matthew Joseph, John Dugan, Linda Paxton, Jane LaVerne, Jeff Ferguson, Nancy Duncan, Ashley Hansen, Chris Lindsay, Brad Taylor

**Conference Line:** Ann Pollard, Jeff McPhearson

**ODEMSA Staff:** Rachel Dillon

**Minutes Scribed by:** Rachel Dillon

**Materials provided:** Meeting agenda, previous meeting minutes

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Dr. Yee called the meeting to order at 08:04am. Introductions were made, but we did not have a quorum, so today will be a work session. The December meeting minutes were reviewed, and there were no corrections.	
<b>Reports:</b> SRMC  Bon Secours  VCU	Dr. Joseph – Open heart is going well. We have added one more cardiologist, and will be going through chest pain accreditation. Anne Fereday – Emporia received its chest pain accreditation yesterday, and Franklin will be going through it soon as well.  Dr. Xenakis – We are happy to welcome Linda Paxton to the team, and we have been recertified on LVAD.  Dr. Ferguson – We were reaccredited for chest pain, PCI, and resuscitation. Cath lab renovations are nearly complete, and we recently received Magnet status in the cardiac ICU.	



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HCA	Ann Pollard – We are getting ready to submit action registry data this quarter. We are also trying to get Spotylvania on registry soon as well.	
Hanover Fire & EMS	Mike Watkins – We have had a significant increase in our STEMIs in the last 60 days. We are able to put our ECGs in our PPCRs now, and we are now uploading to Version 3.	
Chesterfield Fire & EMS	Dr. Yee – We’ve had a few STEMIs that have gone to non-PCI centers, so we have re-educated our providers. We are having some IT issues getting our ECGs into our PPCRs.	
Med-Flight I	Dr. Ferguson – Just a reminder that helipads are considered safe rendez-vous points. The patient does not need to be taken into the hospital unless they are crashing.	
ODEMSA	Rachel Dillon – The RSAF grant cycle will open on Monday, February 1.	
<b>Old Business:</b>	<p>Mission Lifeline Report – John Dugan reminds the group that the application period for Mission Lifeline EMS recognition is open through March 31, 2016 and explains what data agencies need to collect in order to apply for recognition. Hospital data deadline for any changes in February 28. The new hospital reports will be Q1 of 2016 data, presented in May of this year. Trends have been requested for the regional reports. The VHAC meeting will be on May 13, location TBA.</p> <p>John then presents the Q2 2015 data. There were 109 STEMIs for the quarter. The group notes that the median age of STEMI patients was 58 years, below the state average of 61, and decides to bring in the public health officials to the July meeting to show them this downward trend. The rest of the data shows that the region is continuing to do well with STEMI care.</p>	
<b>New Business:</b>	EMS Compass – Dr. Yee briefly describes EMS Compass, which created metrics for	



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	<p>EMS. The first set of metrics was based on stroke care. The next set of data points is likely to include STEMI care, trauma care, and a pediatric area.</p> <p>NSTEMI – Dr. Yee mentions an article that suggested that taking an NSTEMI patient to the cath lab within 2 hours results in a lower mortality, and asks if EMS could do anything to improve mortality. Dr. Xenakis adds that within 2 hours might be difficult, but definitely within 24 hours, as troponins are not done in the field. The group then discusses how to handle potential NSTEMIs in the field, but agrees that nothing should change at this time.</p> <p>Transfers – Dr. Yee asks if there’s anything the system can do to improve STEMI transfers. John notes that the receiving facility needs to be working closely with the transfer center, and the sending facility needs to work on the door in/door out process. Interfacility agencies could be asked what difficulties they tend to encounter. Anne notes that it might be the comfort level of the ED physician to give lytics if there are transfer difficulties, and describes some transfer issues in the Franklin/Emporia area. The group acknowledges that there are few ALS crews in that area, and that may be contributing to the issue. Dr. Yee suggests that ODEMSA work with TEMS to try to improve STEMI care in that part of the state.</p> <p>There is no further business from the floor.</p>	
<b>Next Meeting</b>	April 28, 2016 at 08:00am	
<b>Adjourn</b>	The meeting adjourned at 09:27am.	