



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

1421 Johnston-Willis Drive  
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 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

**STEMI Steering Committee**

June 04, 2015, 08:00am to 10:00am  
 Chair: Dr. Allen Yee, Regional OMD

**Members Present:** Allen Yee, Mike Ortega, Al Thompson, Anne Fereday, Jeff McPhearson, Charles Nelson, Jane LaVerne, Julie Gotschalk, Brian Allen, Michael Kontos, Matthew Joseph, Mike Harmon, Wayne Harbour, Mike Ortega, John Dugan, Ann Pollard, Valeta Daniels, Brad Taylor

**Conference Line:** Gordon Estrada, Lisa Baber, George Vetrovec, Brian Epperson, Joseph Rudisill, Starann Ballou

**ODEMSA Staff:** Rachel Dillon, Adam Alford, Damien Coy

**Minutes Scribed by:** Rachel Dillon

**Materials provided:** Agenda, previous meeting minutes, draft regional STEMI guidelines, draft committee policies and procedures, draft EMS STEMI data sheet from Cardiac Quality group

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Allen Yee called the meeting to order at 08:04am. Introductions were made, and it was determined that we had a quorum. The minutes were reviewed, and Al noted that Martha Jefferson was listed twice on page 3. The minutes were unanimously approved pending corrections.	<b>Motion by:</b> Al Thompson <b>Seconded by:</b> Charles Nelson <b>Vote:</b> March minutes approved pending corrections
<b>Reports:</b>  <b>SRMC</b>  <b>VCU</b>	Anne Fereday – SRMC is gearing up for its open heart program, though they unofficially have already had a case.  Michael Kontos – We are undergoing cycle 5 for chest pain accreditation, as well as preparing for the bike race.	



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<p><b>HCA</b></p> <p><b>Bon Secours</b></p> <p><b>Halifax Regional</b></p> <p><b>RAA</b></p> <p><b>Chesterfield Fire</b></p> <p><b>New Kent Fire</b></p> <p><b>ODEMSA</b></p>	<p>Valeta Daniels – Henrico Doctors is happy to announce that they are the 12<sup>th</sup> hospital in the nation to achieve sepsis certification. We also just wrapped up our cycle 4 chest pain accreditation.</p> <p>Julie Gotschalk – Both Chippenham and Johnston-Willis were recommended for accreditation. Johnston-Willis has received comprehensive stroke center certification. Chippenham has a new IR lab.</p> <p>Mike Harmon – MRMC received its chest pain reaccreditation on March 20<sup>th</sup>.</p> <p>Starann Ballou – No report.</p> <p>Wayne Harbour – No report.</p> <p>Allen Yee – No report.</p> <p>Lisa Baber – No report.</p> <p>Rachel Dillon – Just a reminder that our regional EMS award nominations are still open and the deadline has been extended through next Friday, June 12<sup>th</sup>, at 5pm. The awards picnic will be on July 25<sup>th</sup> at the Metro Richmond Zoo.</p>	
<p><b>Old Business:</b></p>	<p>Mission Lifeline – John Dugan shows the Q4 report from 2014. There were 81 STEMI patients in that quarter. EMS is doing ECGs 93% of the time. However, only 60% of patients are getting to PCI in under 90 minutes, and walk-ins are only getting a 12-lead in under 10 minutes 65% of the time. Dr. Yee asks if there is a higher mortality rate between walk-ins and patients transported by EMS. Dr. Kontos replies that the mortality rate tends to be higher in EMS patients because they're sicker, but they are also faster. Dr. Yee asks if the VA is included in the regional report, and John replies no, and that it is an IT issue. John also adds that by Q2 for 2015, which the group will see in December, will include</p>	



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Chippenham and Henrico Doctors.

STEMI Cardiac Quality Group – This group met yesterday, and Dr. Kontos explains the areas that the group is looking to focus on for right now:

- Have the hospitals submit their quarterly reports to ODEMSA for compiling, so that there is a greater volume of cases to look for and trend, if Mission Lifeline is not able to implement this into their own reports soon.
- Look at the frequency of cath lab cancellations.

The group would like to have each PCI center complete a data/feedback form for all prehospital activations, as well as any STEMI's that come in by EMS that did not have a pre-activation. These sheets would be sent to ODEMSA for compilation and the quality group can then look at the data as a whole. Dr. Kontos acknowledges that it may be a little extra work because most hospitals may not track their cancellations, but it should be minimal. If the rate of false positives is excessive, it may lend some more information the ECG transmission discussion. It would also allow for EMS to get some feedback. Unfortunately, it would be hard to keep copies of the EMS ECGs with the forms. Rachel distributes a draft of the form. The group suggests a comments section, as well as when EMS calls in.

John Dugan adds that the new Mission Lifeline reports should include more information from EMS, and will hopefully separate air and ground EMS. Dr. Yee adds that the state Medevac committee has asked every helicopter EMS agency in Virginia, including ones that fly into or out of the state, to voluntarily participate in a study on STEMI transports. He also says that the new regional protocols will include the expectation that from the time of patient contact, the first EMS ECG should be done in under 10 minutes, and that the hospital should be contacted within 5 minutes of a positive ECG.

Regional STEMI Guidelines – The group reviews the regional STEMI guidelines, with the following suggestions:



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	<ul style="list-style-type: none"> <li>- Combine 1.3.2 and 1.3.3</li> <li>- Remove interventional terminology from the quality group</li> <li>- Add “closest appropriate PCI hospital” to 1.3. Include verbiage of contacting Medical Control if there are concerns, but ultimately allowing the decision to be made by EMS.</li> </ul> <p>The document will be emailed again for additional review, with hopes of approving it next quarter.</p>	
<p><b>New Business:</b></p>	<p>12-lead ECG Analysis – Dr. Yee talks about a recent review of 12-lead ECG acquisition on chest pain patients in the South Central EMS Sub-Council, which showed that they were not being done consistently. ODEMSA staff is working on training and education with the agencies. The agencies involved will be tracked quarterly in hopes of seeing an improvement.</p> <p>12-lead ECG Transmission – Dr. Yee also mentions that there has been a push in the above mentioned part of the region to transmit ECGs to the hospitals. There are a few things prohibiting that, including dead cell zones and equipment issues. He also talks about how there is less of a push in the metro area to transmit the ECG, and that he feels that it should be an agency decision. He then asks the group their thoughts on ECG transmission. Dr. Nelson says that the further away the patient is from the hospital, the more important transmission tends to be.</p> <p>Committee bylaws – A draft version of updated committee policies and procedures was distributed prior to the meeting. Rachel explains that all of the committees are reviewing their bylaws in an effort to get everything a little more organized. Because they were not distributed 30 days prior to today’s meeting, they cannot be approved today. Dr. Kontos suggests removing “interventional” from the quality group section. The document will be sent back out with those changes for review, with the plan to vote on and approve them next quarter.</p>	



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	<p>Mission Lifeline Winners – John Dugan explains his goal to get more EMS agencies involved. This year, Goochland Fire received the bronze award, and Chesterfield Fire, Henrico Fire, and RAA received silver awards. He adds that there were only 14 or 15 winners across the state.</p> <p>There was no further business from the floor.</p>	
<b>Next Meeting</b>	September 03, 2015 at 08:00am to 10:00am	
<b>Adjourn</b>	Meeting adjourned at 09:24am.	