



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

1421 Johnston-Willis Drive  
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 www.odemsa.vaems.org

**STEMI Steering Committee**

September 3, 2015, 08:00am to 10:00am  
 Chair: Dr. Allen Yee, Regional OMD

**Members and Guests Present:** Allen Yee, Mike Ortega, Al Thompson, Linda Paxton, Daniel Angeli, Mark Xenakis, Matthew Joseph, Jessica Goodman, Ashley Hansen, Mary Langford, Wayne Harbour, Jeff Ferguson, Brad Taylor, Mike Harmon, Chris Lindsay, Mike Watkins, Ann Pollard, John Dugan, Valeta Daniels

**Conference Line:** Jeff McPhearson, Michael Kontos, Lisa Baber, Peter O'Brien

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

**Minutes Scribed by:** Rachel Dillon

**Materials provided:** Meeting agenda, previous meeting minutes, Regional STEMI guidelines draft, committee policies and procedures draft

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Dr. Yee called the meeting to order at 08:05am. Introductions were made, but we did not have a quorum. The June meeting minutes were reviewed, and there were no corrections.	
<b>Reports:</b> VCU  Bon Secours  HCA	<p>Dr. Kontos – VCU is getting ready to finish their cycle 5 chest pain submission. We are also finalizing bike race preparations; all facilities will be open during the bike races.</p> <p>Dr. Angeli – No report. Mike Harmon – MRMC is upgrading the cath lab suites.</p> <p>Ashley Hansen – JRMC just finished its 5 chest pain accreditation review. Valeta Daniels – Henrico Doctors’ just finished their cycle 4 chest pain accreditation, but all the campuses will be doing their cycle 5 at the same time. CarePoint has been</p>	



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<p>CHS</p> <p>Hanover Fire &amp; EMS</p> <p>Chesterfield Fire &amp; EMS</p> <p>RAA</p> <p>Goochland Fire &amp; EMS</p> <p>Forest View VRS</p> <p>New Kent Fire &amp; EMS</p> <p>ODEMSA</p>	<p>implemented at Henrico Doctors' Forest, which will allow us to accept transmitted ECGs.          Linda Paxton – We put in two watchmen devices on July 27, and we have submitted Action Registry for the second quarter.</p> <p>Dr. Joseph – SRMC is in its second month of the open heart program and it is going well.</p> <p>Mike Watkins – We are currently not able to upload to the state bridge because our IT person left. If you need a callsheet, let me know.</p> <p>Dr. Yee – no report</p> <p>Wayne Harbour – no report</p> <p>Valeta Daniels – All of our trucks now have LifePak 15s.</p> <p>Mary Langford – We just received our Lucas 2 devices and are training members on their use.</p> <p>Lisa Baber – no report</p> <p>Heidi Hooker – We are in the middle of our designation with the Department of Health. The RSAF Grant cycle will close on September 15.</p>	
<p><b>Old Business:</b></p>	<p>Mission Lifeline Registry Report – John Dugan presents the Q1 data for 2015. He notes that this should be the last report without HCA's facilities. There were 114 STEMI's for the quarter, and about 62% are coming in by EMS. About 20% of the time, EMS is doing 12-leads on patients that morph into STEMI's. The first medical contract to balloon time is 78.5 minutes for this region. VHAC wants to shoot for 80 minutes statewide, like the nation, but Virginia is currently at 84 minutes. After finishing his presentation, John offers to meet with any individual facilities to go over their report if they so desire. Dr. Yee asks if it's possible to show the report by locality, rather than by hospital. John answers, "Not</p>	



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	<p>yet.” Dr. O’Brien notes that ODEMSA tends to be one of the highest performers in the state. John adds that the achievement measures for Mission Lifeline 2015 will not change, but there will be additional reporting measures required.</p> <p>STEMI Quality Group – Dr. Xenakis briefly explains the current project of the group: enhancing correct reads. The group is working on ways to track false positives and false negatives, and trying to identify which groups might need more education. Rachel notes that she is working with the data contacts at each PCI center to try to make getting feedback as easy as possible. Dr. Kontos emphasizes that the group is looking at feedback on the accuracy of the EMS ECG interpretation more than just data times.</p> <p>Regional STEMI Guidelines – The group briefly looks over the most current draft of the guidelines. Mike Watkins suggests adding Maryland and Spotsylvania to the list of nearby PCI centers. Due to not having a quorum today, Dr. Yee asks Rachel to send out a clean version for an electronic vote.</p> <p>Committee Policies and Procedures – The group briefly looks over the draft committee policies and procedures. Again, without a quorum, they cannot be voted on today. The suggestion is also made to drop the quorum from 66.6% to 51% to improve the likelihood of getting a quorum. The policies will also be sent out for electronic vote.</p>	<p>Rachel to send out regional STEMI guidelines for an electronic vote.</p> <p>Rachel to send out committee policies for electronic vote.</p>
<p><b>New Business:</b></p>	<p>ECG Transmission as an agency option – Dr. Yee explains how the Metro Richmond area is a high call volume area, and that there is a high compliance rate with chest pain patients getting prehospital 12-leads. However, in the southern/western part of the region, there have been some compliance issues. The Medical Direction Committee discussed ECG transmission a few weeks ago at their meeting, and agreed that because of the cost, and the minimal benefit of ECG transmission in an ALS system, ODEMSA shouldn’t mandate transmission, but encourage it as an agency option. Dr. Yee does note that the cost is coming down significantly, due to hospitals having capabilities like CarePoint and monitors being able to directly transmit. UVA has also determined that cell coverage in the affected area has improved, but there is still a</p>	



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	<p>disappointing rate of compliance in that area.</p> <p>Dr. O'Brien expands, agreeing that well-educating EMS providers read ECGs well, but agencies that see low numbers of STEMI may not be as proficient. He believes that transmission is necessary to improve door in/door out times in the rural areas. He also notes that they have done a lot of education in that part of the region, but he is still not seeing much improvement.</p> <p>Dr. Yee references VPHIB data Adam pulled for that area, and says that it could be a documentation issue, but we need to make sure that they are acquiring the ECG in the first place. The group discusses, and suggests making data-based presentations; Dr. O'Brien confirms that they have done presentations before. He has also reached out to the OMDs without much success. The group also notes that the data is likely skewed due to poor documentation practices. The request is made to try to see a BLS vs. ALS crew breakdown on the data. Al also notes that PDC is working on a 12-lead training program that may help. Valeta recommends doing ridealongs with the agencies to understand why they are not doing 12-leads. Dr. Yee suggests going to the EMS sub-council and thoroughly explaining the problem, encouraging better documentation, and running data every 4 weeks to look for improvement.</p> <p>Business from the floor – Dr. Yee notes that to submit STEMI data for cycle 5, facilities must pull data off the EMS PCR. However, hospitals only have 5 days to pull the PCRs if they aren't a trauma center. Mike Harmon adds that this impacts the PI process. The group discusses, and agrees that the access period for PCRs needs to be extended. The group suggests having the ODEMSA GAB representative bring it up at the Advisory Board. Dr. Yee will also bring it up at the State Medical Direction committee. Heidi will bring it up at the Executive Director group, and VAGEMSA will be contacted as well.</p> <p>There is no further business from the group.</p>	
<b>Next Meeting</b>	December 03, 2015 at 08:00am	
<b>Adjourn</b>	The meeting adjourned at 09:38am.	