



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

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www.odemsa.vaems.org

STEMI Steering Committee

October 27th, 2022 08:00am to
09:00am Chair: Dr. Allen Yee,
Regional OMD

Members and Guests Present: N/A

Conference Line: Allen Yee, Chris Rockefeller, Craig Bride, Erick Hermann, Mike Contos, Greg Neiman, Jessica Goodman, Joe Ornato, Lisa Baber, Megan Vaughn, Mike Harmon, Jill Sunshine, Taylor Flowers, Valerie Castle, Wayne Harbour, Peter O'Brien, Michelle Gossip, Ashley Hansen

ODEMSA Staff: Tarsha Robinson

Minutes Scribed by: Tarsha Robinson

Materials provided: Meeting agenda

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Meeting was called to order at 08:00am. Introductions were made by Allen Yee, and it was determined that we did not have a quorum. The meeting continued as a workgroup for its duration	Motion: Second: Vote:
Reports: <u>Hospitals</u> Bon Secours	Southside Medical Center - second cath lab is finishing up renovations and hopefully will be in service in the beginning of Dec; another agency is online to transmit EKG's	



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VCU	Getting ready for Chest Pain re-accreditation at the beginning of the year	
HCA	No report	
ODEMSA	Congratulations to all the regional award winners; the PD 15 & 19 Field Coordinator and the Training Director positions are available and accepting applications	
<u>EMS Agencies</u>		
RAA	No report	
New Kent	No report	
Chesterfield	Should be able to transmit EKG's shortly (by next quarter) and in the process of reconfiguring some monitors to be able to do so	



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<p>Old Business:</p> <p>State Report</p>	<p>State Report – the State is looking to go statewide with CARES; EMS has easier access due to ESO but hospitals should be able to have access without too much trouble shortly (though it will still be a while before complete data is available); EMS data is going into CARES next quarter; the data belongs to the agencies within the database, so it's still not exactly clear how the data can be used; hospitals, as they come online with ESO, will be able to input their data and the system is supposed to be automated so that certain "markers" can be found but not exactly sure how or what that will look like, and it might not be a complete data set (hospitals can download their information and if agencies are requesting the information, ESO will submit the information to the requesting agencies); the regional councils will be the POC for the roll-out once the data starts getting submitted</p> <p>ECMO protocol for pre-hospital arrests pre-COVID – wanted to see how the protocol was doing; Dr. Yee stated his impression was that the number of VT arrests have decreased but is EMS in-tune to taking VT/refractory VF patients to ECMO centers; Dr. Kontos stated it's hard to determine if the patient was in recurrent VT/VF, was shocked and went into asystole, etc., and many cases they are resuscitated in the field for 20-30min and transported; when they come into the hospital, especially during "off" hours, there's another 20-30min delay before they're put on ECMO; try to target at least "on-hours" to try to increase results, but said the data from CARES should be able to show missed opportunities and to see how protocols/guidelines could be changed to increase positive patient outcome; would it be possible to gather a group with interventionalists/cardiac coordinators/cath lab directors to come up with recommendations (per Dr. Ornato and a study from the University of Minnesota, ITD in the field with "heads-up" CPR (lifting the head of the bed approx. 30-45 degrees) along with early notification from field providers, and patients being placed on ECMO in the cath lab and not ED, patients had a higher survival rate and more survived who were neurologically intact; the best survival rates showed a median time to get patients who meet certain criteria placed on ECMO is under an hour) Dr. Kontos will send Tarsha a list of the cath lab directors in the area to put together a work group</p>	
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<p>Mission Lifeline Action Registry Data</p> <p>COVID Updates</p>	<p>Dr. Kontos shared VHAC-VCSQI preliminary data showing median times and percentages for certain data points, including “first medical contact” to PCI, transfer times, and pre-hospital EKG’s; Dr. Yee asked if variables were considered, including landscape/travel times, and staffing, and how the patients were transported (ground vs. air) and if agencies have a similar protocol that allows for providers to go to a facility for an emergent transfer instead of a scheduled transfer; a point of discussion was that some facilities were also hesitant to make a decision [for transfer, to call cardiology, etc.] based on pre-hospital EKG’s/pre-hospital reports; could the implementation of region-wide pre-hospital EKG transmissions reduce the time/percentage to more favorable outcomes with some of the data points; another data point showed radial access points for interventions at facilities, and stated that the data showed radial access had less complications; at this time, only 17 hospitals state-wide are participating in the VHAC-VCSQI registry, so the more hospitals that participate, the better the data would be</p> <p>No COVID updates; Dr. Yee asked for it to be removed as a standing item</p>	
<p>New Business:</p> <p>Business from the floor</p>	<p>Tarsha showed quarterly data on chest pain complaints, showing how many patients had a chest pain complaint, how many were and weren’t administered ASA, how many received 12-leads, and how many were transported; the data showed some stark differences compared to the state data, and the committee was advised the data was gathered from the pull-down options, not the narrative, and that the data may be incomplete; Megan Vaughn (SRMC) stated that she’s been reaching out to individual agencies and working with them on provider education for obtaining and transmitting/submitting EKG’s</p>	<p>Motion:</p>
<p>Next Meeting</p>	<p>January 26th, 2023</p>	
<p>Adjourn</p>	<p>The workgroup adjourned at 0903 am.</p>	