



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

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STEMI Steering Committee

July 25th, 2024 08:00am to
09:00am Chair: Dr. Allen Yee,
Regional OMD

Members and Guests Present: N/A

Conference Line: Ray Mallory, Valerie Castle, Allen Yee, Al Thompson, Amy Howard, Megan Vaughn, Mike Kontos, Jason Roach, Shannon Williams, Jill Sunshine, Mike Harmon

ODEMSA Staff: Tarsha Robinson, Ryan Scarbrough

Minutes Scribed by: Tarsha Robinson

Materials provided: Meeting agenda

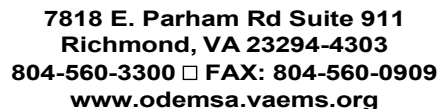
Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Meeting was called to order at 08:00am. Introductions were made, and it was determined that we did not have a quorum. The meeting continued as a workgroup for its duration	Motion: Second: Vote:
Reports: <u>Hospitals</u> Bon Secours VCU	SMC is in process of completing helipad; procuring LifeNet for ECG transmission for all facilities Finished helipad revisions a couple of months ago; participated in a Chest Pain MI registry and received a Gold Award for processes of care related to MI care; requires input from EMS and the ED as well, so thank you/shout out to all aspects of patient care for making that happen (previously held the Silver award); Mission LifeLine awards will be presented soon that acknowledges EMS agencies and their work with STEMI patients	



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ODEMSA	Ryan is working on Regional Awards; still working on drug box transition with pharmacies;	
<u>EMS Agencies</u>	Megan is updating regional protocols; link has been sent out; please use for any suggestions	
Chesterfield	Received Gold Mission LifeLine report	
RAA	No report	
Prince George	No report	
Old Business:		
VHAC/VCSQI	Dr. Kontos presented data from VHAC/VCSQI update; update on processes of reporting outcomes of patients who experienced STEMI's; 21 VCSQI programs participate, including VCU and Bon Secours will be joining shortly (approx. half of STEMI hospitals in VA); full 2023 information just became available and will try to have that available next meeting; most hospitals in the country have a median door in-door out time of 58min, while TJC recommendation is 30min; transfer time is approx. 29min; 87% meet medical contact in <90min; times have a lot of factors including access to care and location; Dr. Kontos also showed data on radial access, which has shown to have decreased bleeding; this site has increased significantly to 72% in the last few years; approx. 1 year ago, sub-groups/committees were established to discuss ED by-pass; role of thrombolytics for transfer patients; ED cancellation; ECG education; cardiogenic shock; these work groups are open to the public; looking at a process for cardiac arrest patients who do not respond to resuscitation in the field who would benefit from ECMO (it would be a very limited sub-set of patients who are in VF and witnessed arrest; Dr. Ornato presented data that said double defibrillation would might assist with this sub-set and decrease need for ECMO in the facility; Chesterfield, Henrico and RAA are already doing double defibrillation; Dr. Yee advised that Chesterfield's ROSC rate has improved but discharge neurologically intact has been variable)	

3