

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

7818 E. Parham Rd Suite 911 Richmond, VA 23294-4303 804-560-3300 □ FAX: 804-560-0909 www.odemsa.vaems.org

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: Hospitals		
Bon Secours	SMC is in process of completing helipad; procuring LifeNet for ECG transmission for all facilities	
VCU	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; Megan is updating regional protocols; link has been sent out; please use for any suggestions

EMS Agencies

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)



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New Business: Business from the floor	Thank you to Megan for presenting data for Bon Secours-they are now tracking cancellations across entire Richmond market; if there are any questions regarding new format of report cards please reach out to her for assistance; all 4 STEMI facilities now have a median first medical contact time of <90min; SMC received NCDR Silver award for chest pain and Silver Get With The Guidelines award; SMH and SFMC received Gold award for their work with diabetes; thanks to EMS agencies for early activations; cancellations averaging approx. 50% (half coming from false positives and the other coming from patients that didn't meet criteria; there were 2 that either family refused or had other comorbidities [pt had a hemorrhagic stroke which caused ECG changes] that caused them to not meet criteria); continuing to collect data, please don't hesitate to reach out if there are any questions With Dr. Yee, Tarsha presented the State Data Dashboard that has been looking at EMS agency data points; that dashboard presented was emergency responses among non-traumatic chest pain patients ≥ 35yo with 12-lead acquisition-ODEMSA is at 71%; this could be a documentation issue; ASA administration is 56%; out of 1,000 STEMI patients, only 76% had 12-leads; there are opportunities for improvement for documentation; only 66% STEMI patients were pre-arrival activations; Bon Secours advised did not have any missed field activations but not sure if ASA is missed and will try to have some data for the next meeting; Tarsha advised that agencies have been working with their providers to use the drop down boxes instead of writing just in the narrative so that accurate data can be captured	Motion:
Next Meeting	October 24th, 2024	
Adjourn	The workgroup adjourned at 0834 am.	