# Virginia Heart Attack Coalition
# Northern Region

**Spring 2018**
**Quarter 3 – FY18**
**Wednesday March 28, 2018**
**10:00 am**

**City of Fairfax Fire Station 403**
**4081 University Drive**
**Fairfax, Virginia 22030**
**3rd Floor**

Those present were:

Jim Bade, Astra Zeneca, james. bade@astrazeneca.com
Rick Bonnett, MWAA, Richard.bonnett@mwaa.com
Heather Calhoun, Spotsylvania Regional Medical Center, heather.calhoun@hcahealthcare.com
Jackie Diamond, Virginia Hospital Center, zdiamond@virginiahospitalcenter.com
Hillary Dussler, City of Alexandria Fire Department, Hillary.lindsay@alexandriava.gov
Johnny Ellis, Physician Transport Service, jellis@ptsems.com
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Tiffany Fischer, Novant Health Prince William Medical Center, tdfischer@novanthealth.org
Hannah Fraley, Virginia Hospital Center, hfraley@virginiahospitalcenter.com
Marian Hartle, Inova Fairfax Hospital, marian.hartle@inova.org
Kristy Insignares, Astra Zeneca, Kristine.insignares@astrazeneca.com
Tracy Lane, Loudoun County Fire & Rescue, tracy.lane@loudoun.gov
Greg Mathis, Virginia Hospital Center, gmathis@virginiahospitalcenter.com
Nancy Morrissey, Inova Alexandria Hospital, nancy.morrissey@inova.org
Rita Muldoon-Laccone, Virginia Hospital Center, rlaccone@virginiahospitalcenter.com
Laura Pappas, Virginia Hospital Center, lpappas@virginiahospitalcenter.com
Shirley Riggsbee, Inova Fairfax Hospital, Shirley.riggsbee@inova.org
Erik Rhodes, Physicians Transport Service, erhodes@ptsems.com
Javier Salazar, Virginia Hospital Center, jsalazar@virginiahospitalcenter.com
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org
Megan Whitacre, Virginia Hospital Center, mwhitacre@virginiahospitalcenter.com

The quarterly Virginia Heart Attack Coalition (VHAC) meeting was started at 10:03 am by Craig Evans. All attendees introduced themselves and their respective organization affiliations to the group.

**ACCEPTANCE OF MINUTES:**
Minutes from the December 13, 2017, meeting were emailed to all attendees prior to the meeting for review. Shirley Riggsbee advised that her name was not listed as attending the last meeting, however, she was in attendance. A motion to approve the minutes with the addition of Shirley being in attendance and was seconded. All attendees were in favor of approval with the single change.

**REGIONAL DATA UPDATE:**

Craig Evans advised that this was the first time that data was collected since the change with Get With The Guidelines-CAD (GWTG-CAD) and Action Registry. Information was obtained from PCI centers and EMS agencies for 2017 Q4 data. Craig presented the data to the group, and a copy is attached (See Attachment A). This data includes First Medical Contact (FMC) to 12-lead EKG, FMC to balloon time, FMC to team activation and ED dwell time. First medical contact is defined as the first personnel to be "at patient side" in the EMS reporting system whether that be EMS or fire. Johnny Ellis from PTS advised that we should review the minutes from the summer 2017 VHAC meeting where it was agreed upon that the "First Medical Contact" is considered the first personnel to arrive with 12-lead EKG capabilities. Craig noted that ED dwell times do not consider transfers in that number. Tiffany Fischer asked that we define each of the data points so everyone is submitting the same data within the same parameters. The suggestions are:

- FMC to balloon time is ACTION registry's first medical contact (to include walk-ins or EMS transport) to balloon/device time
- FMC to team activation is first medical contact to notification of the cath lab team
- ED dwell time is how long the patient is in the emergency department (for the PCI center only)

There was discussion to also separate out FMC to team activation and FMC to balloon times for transfers and walk-ins and not just EMS.

Rick Bonnett advised that he'd like to see sharing of "false positives" where it was called a Code STEMI and wasn't actually a STEMI so the EMS agencies can see how frequently it's happening and train better with their staff on recognizing a STEMI and calling them appropriately. Marian Hartle advised that she is tracking that information at Fairfax Hospital and has provided those numbers to Dr. Weir for Fairfax County Fire and Rescue for the last three months. Rick asked that this information be shared during this meeting for all hospitals and, if possible, for each EMS agency. The hospitals will review preparing this data for future meetings.

Craig advised that the state VHAC meeting is May 11, 2018, in Chesterfield, VA. There is a nice dinner the night before with networking opportunities if you want to go the night before and stay. A copy of the draft agenda is attached (See Attachment B). Mission: Lifeline EMS Recognition awards will be handed out at that meeting. The application deadline for those awards has been extended to April 16, 2018, for those who are interested.

**PCI DATA SHARING:**

Craig Evans asked that each hospital or agency share data with the group

- Virginia Hospital Center
    - They are using Impella now and it's going well. They are doing more and more of these cases with success

  - They have internal issues with their communications getting them correct details for pre-activations
  - They are still doing ED pit-stop during normal cath lab hours when EMS pre-activates in the field. Rita is going to review the data to see the differences in days, nights, weekends, etc.
    - EMS transmits their EKG or calls in for a Code STEMI and the team is activated based on that. The ED physician or charge nurse can active the team for EMS patients, the physician activates for walk-ins and notifies communications to activate the team by pager or phone. As far as false activations, the team's preference is to be en route and be cancelled rather than to have a STEMI not called and be delayed in getting to the lab. They'd prefer over-triage to under-triage
- City of Alexandria Fire Deprtment
  - Primary transport to Inova Alexandria Hospital.
  - Pre-alert to the charge nurse and all EKGs are automatically transmitted, even if on sequential acquisition
  - ED physician looks at the EKG and then activates the team
  - Charge nurse does not activate by EMS alone unless their OMD Dr. Marfori is in the ED and it's a City of Alexandria medic unit
  - Inova Alexandria Hospital does not activate from Arlington County FD or Fairfax County F&R without the patient present
- Inova Alexandria Hospital
  - Door to balloon times are 55 minutes average
  - Transfer in door to balloon times are 68 minutes average
  - Pre-activations are near 100% valid with Fairfax County Fire & Rescue's "3 S's method"
    - The average was 85% last year and 60% in prior years
  - Cancellations after arrival or false activations are about 50/50 for transmitting departments versus non-transmitting
    - Of note, this is not the same information being disseminated to City of Alexandria Fire Department per Hillary Dussler. They are being told it's significantly higher with Fairfax's "3 S's method" without transmission of the EKG than those who do
    - Nancy Morrissey also stated that there needs to be a clear definition among everyone as to a false activation or inappropriate activation and there is not a common definition by ACTION registry at this point so that could be the variation in the information being provided
- Loudoun County Fire & Rescue
  - They are doing well with STEMI alert and transmission of EKGs when interpreted as a STEMI

        - BLS units will transmit a 12-lead when the monitor recognizes it as a STEMI but the BLS providers themselves are not interpreting them
    - They consider a field activation being when the EKG is transmitted to the ED and reviewed by the ED physician
        - Acquisition to transmit times now are around 1 minute which is improved because they no longer have to go to the unit to transmit
    - They are doing well with aspirin administration
    - They are doing more education on interpreting EKGs versus just looking at the readout by the monitor which is easy to do but not always accurate
        - PhysioControl's algorithm for recognizing STEMI is approximately 92.9%
    - They are hoping to capture more data in the future on actual STEMIs that were not called a Code STEMI and vice versa
        - They are working with the cath labs to help get that information
- Inova Fairfax Hospital
    - Transmission of EKGs is the preference but Fairfax County Fire & Rescue does not due to IT and legal pushback. They are the only agency that does not transmit at all
        - There have only been 1-2 times in the last 6 months that a code STEMI was not called based on Fairfax County's "3 S's method"
        - Very few from EMS, in general, are not identified properly
    - There are a few outlier physicians who don't follow the pre-activation protocol
    - 60% of their STEMIs are transported in by EMS, the remainder are walk-ins
        - How do we get the walk-in number lower? What education do we do as a group or region to tell people that an ambulance isn't just a ride and has high tech equipment and trained personnel to treat them before as soon as they arrive?
    - For EMS to call a Code STEMI, they must call the communication nurse and advise of the STEMI the ED physician will speak with EMS and then determine whether to activate or not
- Spotsylvania Hospital
    - All EMS agencies in their area transmit EKGs although some have struggled with IT issues when there are career/volunteer units with mixed personnel because it messes up their Bluetooth
        - Still, several ED physicians that want to see the EKG in order to active the team
        - They recently made a change so the physicians have to speak with EMS by phone in order to activate
    - Their focus is to activate sooner
    - False STEMI activations are 50/50 physician and EMS
- Physicians Transport Service
    - They have good response and transport times. Sometimes notification for the crews to respond is less than 10 minutes

        - Due to their amount of ambulances in the area, they can get their quickly, often before the sending facility has made a positive activation
        - Those times are reduced due to call ahead and STEMI 1 getting them in motion early
        - They also call in advance to get report from the hospital so it reduces the time at the hospital to a preferable time of 10 minutes or less
- Novant/UVA Prince William Medical Center
    - LifeNet is doing an upgrade so they will be replacing all the modems in all of the EMS units that transport to them
    - Several cardiologists still require the EKG in hand in order to call it a STEMI so the ED can still activate the team and push the EKG to the cardiologist to confirm if they believe it's a valid activation
        - They have an on-call list and they can send it directly to them so it doesn't have to go to everyone
        - If the physicians change, they have to enter it into STEMI 1 and it's automatically updated on the on-call list
    - They have a new paging system for STEMI activations. So far it's faster activation with STEMI 1 and seems to be working well
    - Overall they are much busier which taxes the STEMI program but they continue to do well and there are minimal complaints
- MWAA
    - For MWAA, time is always an issue for them
    - They are interested in knowing what they can do to facilitate the hospital activation process and not just for them but for EMS as a whole in the region
        - For MWAA, they get a pre-activation 3 hours in advance on an international flight and they are just waiting for the patient to arrive.
        - Is there technology that EMS has or can get that can speed up the process? Does placing the patient in a gown help? In a cardiac arrest, what about time started or identified?
            - Anything that the hospitals can convey to EMS would be greatly appreciated

**GENERAL DISCUSSION:**

- NVEMSC created an EMS/Hospital feedback form on their website (www.northern.vaems.org) and anyone can go on and complete the form with feedback to EMS agencies from the hospital and vice versa. There is a menu option on the home page for the form. Only Craig gets an email when one is received and he will provide that to the appropriate agency/hospital.
- Next meeting is June 20, 2018, at Fire Station 403

  - If there are any topics or speakers that anyone would like to see, please let Craig know
- NVEMSC is hosting the Northern Virginia Regional EMS Conference Thursday, May 18, 2018, at the Waterford at Fair Oaks. Tickets are $30 per person and EMS attendees will get 6 hours of continuing education credit. The conference is 7:45 am – 4:00 pm. Please go to the Council's website or Facebook page for more information on how to register or go directly to EventBrite and search Northern Virginia Regional EMS Conference

The next Northern Region Quarterly Meeting of the Virginia Heart Attack Coalition will be on June 20, 2018, from 10:00 am to 12:00p, and will be located at Fire Station 403, 4081 University Drive, Fairfax, VA 22030. A reminder will be sent prior to that meeting.

The meeting was adjourned at 11:31 pm.

CERTIFICATION OF NORTHERN REGION QUARTERLY MEETING OF THE VIRGINIA HEART ATTACK COALITION

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, Virginia 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the meeting minutes of the Northern Region Quarterly Meeting of the Virginia Heart Attack Coalition held on March 28, 2018. The minutes were officially approved on June 20, 2018, at the meeting of the Committee.

_____ _____

Craig A. Evans Date

ATTACHMENT A

# NORTHERN VHAC REGIONAL DATA

2017 Q4

# EMS FMC – 12 LEAD

9 EMS Agencies over 1400 Incidents

| Agency | FMC-12 Lead Median (Min) |
|---|---|
| EMS Agency A | 7 |
| EMS Agency B | 7 |
| EMS Agency C | 12 |
| EMS Agency D | 16.5 |
| EMS Agency E | 13 |
| EMS Agency F | 6.5 |
| EMS Agency G | 8.5 |
| EMS Agency H | 9 |
| EMS Agency I | 6.5 |

| Median Time All Agencies All Incidents |
|---|
| **8 Minutes** |

# PCI CENTERS
# 8 CENTERS, 1NOT REPORTING

| PCI Center | FMC – Balloon | FMC – Team Activation | ED Dwell Time |
|---|---|---|---|
| Hospital A | 85 | 22.5 | 30 |
| Hospital B | 55 | | 27 |
| Hospital C | 84 | 10 | 31 |
| Hospital D | 68 | 29.5 | 29.5 |
| Hospital E | 73.5 | 18 | 32 |
| Hospital F | 98 | 32 | 29 |
| Hospital G | 65 | | |
| Hospital H | 73 | | |
| | **73.25** | **22.5** | **29.75** |