



BVRAC PRE-HOSPITAL COMMITTEE STEMI WORKGROUP

Workgroup Members:

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Rick Moore

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BVRAC STEMI WORKGROUP

BVRAC Pre-Hospital Committee STEMI Workgroup Meeting

Goals

The STEMI Workgroup was task by the BVRAC Pre-hospital Committee Chair with the monumental job of **improving care to ST elevated myocardial infarction patients** (entire spectrum) of care **from a field medicine perspective** and wishes to work extremely close with the Acute Care Committee. In order to accomplish this broad overall goal it's necessary to narrow down the specific accomplishments we hope to obtain. One specific parameter I hope improve is one that really does not even exist. Decrease the time from **First EMS Contact to Treatment (FECT)**. This will more than likely be PCI treatment but we should not limit or eliminate any other strategies either. This can be tracked by several mechanisms and improved by several as well.

1. Regional Pre-hospital “STEMI Alert” facility notification system/program.
 - 1.1. Reduce time to reperfusion through early cath lab notification
2. Provide early 12-LEAD ECG Transmission
3. Alternate Reperfusion Strategies for certain parameter patients

“STEMI Alert”

The STEMI alert notification will require a thorough process as to exact parameter(s) that will qualify a patient into the alert notification process. I believe it needs to be a regional concept (i.e. what meets the STEMI –Alert in Washington County will be the same as City of Bryan).

Discussion Items:



1. Parameters?
 - 1.1. Seek Input
 - 1.1.1. Hospital Care and Management
 - 1.1.2. Acute Care
 - 1.1.3. Other Committees (Education)?
2. Notification Process?
 - 2.1. Common Terminology
 - 2.2. Standard of Information gathered to make decision (see parameters above)
 - 2.3. Notification given early in phone/radio report (measurable times with benchmarks)
 - 2.4. Notification given early in field treatment algorithm
 - 2.4.1. measurable / track
3. Results of notification?
 - 3.1. What do we hope to get from the ED or receiving hospital?
 - 3.2. How will it affect rural (non PCI) facilities?
 - 3.3. How does it affect by-pass protocols
 - 3.3.1. Revision Necessary???
4. Measurable Process
 - 4.1. Do we have good numbers of D2B (patient contact to reperfusion) X
 - 4.2. Process needs to improve overall goal (see) and must be measurable and reportable



“Early ECG Transmission”

Early diagnostic ECG transmission is available today and must be properly utilized. The results and outcomes of early ECG transmission have been proven in numerous parts of the country. While technology has withheld this part of field medicine to rural areas of the country for years. It is now available here in our own region. Define how this will improve care

1. How?
 1. Collect Data (survey monkey)
 1. Field Providers
 1. ECG/Monitor Equipment
 2. Capabilities
 3. Technology Survey of Provider
 1. Monitors with Bluetooth
 2. Transmission Devices
 3. etc...
2. When
 1. After verbal notification
 2. Only STEMI vs ???
 3. ETA?
3. Quality
 1. Fax Quality Acceptable (?)



4. Measurable Process

5. Facility Support

1. Hospital Care
2. Acute Care
3. Other Committees

Kevin's Meeting Notes at the Conclusion of Meeting:

Andrew Davis is going to put together a detailed spreadsheet detailing the needs and options for transmission using the Life Net Receiving Station. He should be able to detail a complete “turn key” option for the departments that utilize Medtronic Devices. Andrew believes he can have this information prior to the next workgroup meeting on February 12th. Should he complete it earlier he will email me the document and I will send it out to the group.

Donna will get with Patrick and start working on the survey monkey questions but most of this will depend on the information gathered from Andrew.

Amy will work with the Acute Care Committee and her contacts within her facility to come up with a “Pre-hospital STEMI Alert” Template as far as parameters of the patient.

Kevin will develop measurable benchmarks that can be utilized to for better process improvement and bring the suggestions to the next meeting.