

## Discussion

### **Traci Forrester:**

ISSUE: Pre-hospital, 12-lead EKG education & the need for reinforcement because of high turnover...what's being done to reinforce/ramp up education efforts?

SUGGESTION: An on-line resource would enable people to log on at work or home & learn at more convenient times.

### **Loni:**

1. An on-line resource will be coming soon.
2. Addressing ECG needs...if someone has an extra one laying around great, but most often the money comes from grants

### **Frank Zidar:**

Many half day educational CME/CE programs are being already being done & have been on-going. These are easily duplicated & could be put on-line.

### **Easterling (Seton NW):**

QUESTION: Which hospitals are doing this & how are they doing?

### **Loni:**

The working group would do assessment.

### **Christopher Ziebell (Brackenridge):**

ISSUE: With regards to pre-hospital activation of cath lab, he was told that it would result in too many false activations, which would be too taxing on the staff & lead to cath lab staff burnout & high turnover rates. Is there any data on this?

### **St. David's rep:**

They have cancelled call backs due to LBB or non-STEMI patients, but the system agrees that staff will still get paid for their efforts & they are ok with it.

### **Zidar:**

False positive is approximately in the 10% range (& if it's greater than that they are probably missing some).

### **Helen Raab:**

Dr. Henry, who spoke at STEMI conference in Chicago, does real-time training with EMS on EKGs & prefers that over missing patients.

### **Zidar:**

Will be tracking false positive rate. He & Robert Wozniak will be collecting info/data from representative cardiologists in town and will try to address the push back Ziebell is getting.

### **Tom Carlson:**

We are living in high-tech times, why are we not 80-90% better? He hasn't seen a 12 lead from the field in 4 months and that's paramount. Personally, he sees about a 40% false positive rate.

### **Robert Wozniak:**

It's a quagmire. Proprietary issues. We can put a man on the moon, yet EKG pics not possible because of different systems & accuracy...95% xxx acute MI...What is really false positive? Troponins? Get wins in 75% first & focus on positive & get moving.

### **Ziebell:**

As an ER doc, when EMS calls with STEMI, personally sees that it isn't every other one that is a false positive. "If we're talking data, let's talk data."

**Jennifer:**

Because of topography, there's a lot of dropping of cell coverage. The further you get out, the more drops. Need to educate vs. expect transmittal. Track the false positives & support them.

**Reimer:**

Lack of personnel is the main issue.

- **Pre-Hospital ECG Committee**

Reimer  
Traci Forrester  
Cindy McCoy

- **Education Committee**

Helen Raab – public education, posters, call backs  
Jennifer – Fire Dept

***Wozniak:***

Turn PCP into “interventionalists” in regards to educating patients on signs & symptoms; cardiologists to go over signs & symptoms & help patient develop a plan of action (what to do, where to go, etc.).

- **Leadership Committee** – *multidisciplinary group to come up with plan; help with assessment; identify needs; help prioritize, etc.*

Amy Urban  
Jennifer  
Jayne King  
Jeff Hayes (EMS)  
Nancy Dell (HH)  
Julie Davis

- **QI** – *best practices; what's working/what others are doing; data collection*

- **PI Committee?** – *technology & what's out there/what to get?*

- **Protocol Committee** – *12 lead EKG triage protocol; treatment protocols*

**Charles Owen:**

Shortcomings of the system: interface w/EMS & ER...he would like to move to an on-line webinar to review actual cases & would be a mechanism to educate.

**Patrick Murphy:**

Used to have an internal website where they posted cases/EKGs & the results/images from the cath lab

Next meeting: Wednesday, July 22nd