



## CATRAC Mission: Lifeline Cardiac Care Workgroup

Wednesday, June 24, 2009, 7:30- 9am

AT&T Conference Center

### *Minutes*

**Attendees: 69-** Traci Forister, PHI Stat Air; Robert Wozniak TCC; Frank Zidar , Austin Heart Assoc.; Nancy Hill, Heart Hospital; Amy Urban, Heart Hosp; Lauren Brandt, Seton; Jeff Pick, S&W; Jennifer Langlois, St. David's HealthCare, Gwen Hamilton, SDMC; Ken Mitchell, NAMC; John Marietta, SDMC; Dave Reimer, CATRAC; Louis Gonzales ATC/OMD; Remmy Morris, volunteer; Chris Parker ATC/OMD; Patrick Murphy ATC/EMS; Chris Ziebell, UMCB; Tom Carlson, Austin Heart Assoc.; Buddy Owens, Heart Hosp; Julie Davis, SMCW, Terri King, WILCO EMS; Stephen Benold WILCO EMS; Tim Mixon S&W Temple; Idalia Mendez, Heart Hosp.; Ana Pechenik, volunteer; Connie Behrhorst, St. David's HealthCare; Rhonda Mackey, St. David's HealthCare; Pat Ramming, Seton; Helen Raab, Seton NW; Carol Winick, AHA; Toni Fuller, SAH; Johnnie Farris, SAH; Jayne King, NAMC; Brett Steffen, NAMC; Carol Campbell, NAMC; Neva Schmelzer, RRMC; Cindy McCoy, UCMB; Keith Karpinski, Seton; Stan Lundrigan, Seton; Joe Marshall, Fayette Co EMS; Nancy Maschal, RRMC; Tina Olivarez, Seton; Jane Osmond, DSHS; Emily Parson, DSHS; Anne Robinson, Seton; Lisa Ranney, Seton; Rhett Reed, Acadian and Seton; Sam Roberts, Seton; James Stuart, Acadian; Curtis Townsend, Seton; Robert Turner, North Blanco EMS; Holly Weber-Johnson, SDMC; Barbara Bohrman, Seton; Lynn Castorena, RRMC; Mike Howell, RRMC; Richard Easterling, Seton NW; Eden Flanders, Westlake; Kristine Flury, UMCB; John Gonzales, WILCO EMS; Mike Griffith, Seton; Lynn Jordan, Seton; missing 8

### **I. Introduction and Welcome- Dr. Robert Wozniak, FACC and Dr. Frank Zidar, FACC, FSCAI**

Advantages of and Coordinating a Regional STEMI System.

Purpose of the meeting. We want to form a regional leadership group to lead efforts aimed at getting better organize and to build more efficient system by:

- i. assessing our systems
- ii. measuring our performance
- iii. identifying improvements of STEMI care
- iv. sharing best practices
- v. developing regional partnerships

**II. Mission Lifeline Overview – Loni Denne RN, BSN, Sr. Director, Mission: Lifeline, AHA, SCA**

- i. Update on National, State, Regional and Local Activities
- ii. PCI Hospital, Non- PCI Hospital and EMS Assessments
  - Other newly released tools
- iii. Other Regional Examples
  - San Antonio and Houston committees
- iv. Third Party Recognition

**III. CATRAC Overview – Dave Reimer, RN, LP, Executive Director**

- i. What is a RAC and how do I get involved?
- ii. Formation of the CATRAC Cardiac Care Committee

**IV. AHA Mission: Lifeline STEMI System Criteria- Louis Gonzales, BS, LP, National AHA ECC Task Force Member, AHA Contributing Editor**

- i. Key Criteria
  - Criteria for Non-PCI
  - Criteria for PCI centers
  - Criteria for EMS Systems
  - Multidisciplinary Quality Improvement Team
  - Data Collection

**V. Discussion/Panel Q&A:** Robert Wozniak, MD, FACC; Frank Zidar, MD, FACC, FSCAI; Dave Reimer, EMT-LP, RN; Louis Gonzales, BS, LP; Loni Denne, RN, BSN

- A. Questions
- B. Formation of Cardiac Care Workgroup
- C. Formation of Sub-workgroups; Suggested sub-workgroups-Protocols, EMS, Education, QI
- D. Identify and work towards establishing other possible priority issues mentioned below, to be addressed more thoroughly at the future sub-workgroup meetings.
- E. Schedule next meeting (recurring) July 22, 2009, 0730-0930 am, Austin AHA office

Discussion notes:

**Traci Forister:**

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 Denne:**

- 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 Denne:**

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?

**Gwen Hamilton:**

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.

**Frank 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.

**Frank 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.

**Chris 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 Langlois:**

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.

**Dave Reimer:**

Lack of personnel is the main issue for more rural EMS services.

- Pre-Hospital ECG Committee

Dave Reimer  
Traci Forister  
Cindy McCoy

- **Education Committee**

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

**Robert 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 Langlois  
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*

**Buddy 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

**V. Adjourn**