



AGENDA
CATRAC Mission Lifeline – EMS Subgroup

March 10, 2010
 0830 to 1000

LOCATION: AHA – 10900-B Stonelake Blvd., Suite 320, Austin TX 78759

PRESIDING: John Moseley and Terri King

RECORDER: Pat Ramming

MEMBERS PRESENT: Brian Aldred, Jim Aladay, Barbara Borman, Jeff Brookshire, Julia Davis, Loni Denne, Wade Etheredge, Louis Gonzales, Nancy Hill, Stan Lundrigan, IDALIA Mendez, Ana Pechenik, Lisa Ranney, Anne Robinson, Sandi Tolces, Any Urban, Marco Villasenor, Joel Sweda

MEMBERS TELECONFERENCING: Jennifer Langlois, Greg (Guardian EMS)

Guests:

TOPIC	DISCUSSION	ACTION	OPEN/CLOSED
Review of Minutes: (0830-0845)	Summary:		
(0845-0900)	Review goals for this committee		
(0900-0915)	1) Define what will activate the “STEMI response” in our region 2) Define name for activation “Code STEMI or STEMI Alert”	Current 2 terms used: Code STEMI or STEMI Alert <ul style="list-style-type: none"> • SMCA STEMI alert where no diagnosis made – Code STEMI MD diagnosis made – Will use Code STEMI • Terri (EMS) – what occurs when EMS encodes into the ED? • As long as it has STEMI – do not use “non-STEMI” in any language • Non STEMI is ACS for Wilco • SM and Austin uses STEMI Alert • Stroke Alert used and Trauma Alert used in Austin • Choose 1 word for CATRAC • Marco – use what hospital is used to in order to get response • Vote: Code Alert vs STEMI Alert 	

TOPIC	DISCUSSION	ACTION	OPEN/CLOSED
		<ul style="list-style-type: none"> ○ Keep EMS the same for all ○ Wiggiu Poll to be used ○ Make call quick in order to allow for education and roll out to EMS providers 	
(0915-0945)	3) Define process for activation depending on point of entry and computer algorithm interpretation, EMS provider interpretation or wireless transmission/physician interpretation	<p>Copy definition from AHA presentation.....</p> <p>What means do you want for notification</p> <ul style="list-style-type: none"> ● Provide interpretation or ● Wireless transmission of 12-Lead or ● Physician interpretation <ul style="list-style-type: none"> ○ Physicians prefer 12-Lead transmission. What would happen if this is built into system and 12-Lead fails to transmit? ○ Seton – has buy in from physicians based on EMS call; however, they would like the 12-Lead to be transmitted to check on their arrival to the ED. Would not interfere with the EMS activation. ○ Devise will say the transmission was successful but the transmission was not received. –(Louise) <ul style="list-style-type: none"> ▪ If supplemental – would be a challenge to roll out of equipment ▪ Data is out their to support or decline the transmission of 12-Lead (Anne and Terri) ▪ John has expenses data..... ▪ Government not private – effects bidding process for equipment. Every 5 years ▪ Julie - email option is 30,000 per year for hospital ▪ 4 EMS in region do not have 12-Lead capabilities (Rhonda) ▪ Rural community – how do they get funding for equipment – can benefit the most with 12-Lead ▪ (Marco) – if part of protocol will help EMS get grants to fund equipment ▪ Can teach anyone to perform a 12-Lead 	Agreed - Open

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		<ul style="list-style-type: none"> even if not paramedic <ul style="list-style-type: none"> ▪ Base line data – review what stated by responders (Louis) ○ Need to address 4 agencies without paramedics on trucks <ul style="list-style-type: none"> ▪ Data states that technology gives more accurate data today – Data available to support findings ▪ Loni – there are 60 volunteers that are interested in getting training on 12-Lead <ul style="list-style-type: none"> ● Would you active Cath Lab based on algorithm? ● Seton 2 True STEMI under read by computer in last 2 weeks ● MD states computer wrong 30% of time ● Sensitivity not specificity – Dr. Aldred ● Error on the side to catch them all ● Data on a algorithm – results Chicago also working on Mission Lifeline – will use algorithm. ○ Add and/or into process activation criteria (Curtis) <ul style="list-style-type: none"> ▪ Still does not meet the capability of outliers in CATRAC ▪ Everyone must have equipment ● Provider interpretation okay with activation – send 12-Lead, if no paramedic – activate based on algorithm and ***acute MI***. <ul style="list-style-type: none"> ○ Allows to capture majority of CATRAC ○ Llano is currently writing grant ○ Spicewood Springs – unknown 	

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		<ul style="list-style-type: none"> ○ San Saba – needs 6,000. ○ Lexington - unknown ○ Jennifer – pool resources in Austin to get money – make sure donation is noted to be for Mission Lifeline. ○ Will also have added cost for maintenance agreements ○ If hospital or EMS upgrading – donate equipment to 4 counties <ul style="list-style-type: none"> ▪ LifePac 12’s may be a possibility ○ Medical directors have to agree with what is done under them – issues are brought forward when equipment is present • Hold special meeting with 4 counties to see what they need and/or want from • Good, Better, Best based on variables: example: weather adds to transport of patient via ground or air. (Jennifer) <ul style="list-style-type: none"> ○ Non paramedic ○ 1st responder performs 2nd verification on arrival • “There’s an app for that” – Good, Better, Best (Dr. Aldred) <ul style="list-style-type: none"> ○ Take a picture by cell phone and then send to MD (done by Sandi Tolecs already) 	
(0945-0955)	Summarize findings – assign tasks for next meeting		
(0955-1000)	Confirm next meeting date/time		
	EMS Transport Protocol		