



Agenda- CATRAC Mission Lifeline Cardiac Care EMS Subgroup

August 26, 2010 12 noon to 1 p.m.
Lunch provided

LOCATION: AHA Training room A+B, 10900-B Stonelake Blvd. Austin, Tx
 Conference line will be available for this meeting. 888-909-0847 pass code 1283272

RECORDER: **MEMBERS PRESENT:** **MEMBERS TELECONFERENCING:**

Meeting Facilitators:

EMS Subgroup Co-leaders John Moseley and Terri King

CATRAC Mission: Lifeline Cardiac Care Workgroup Co-leaders Dr. Robert Wozniak and Dr. Frank Zidar

Mission: Optimize the Outcome of CV Emergencies through multi-disciplinary collaboration in CATRAC.

Topic	Pres.	
Welcome and Roundtable Introductions	King/Moseley	5 min.
AHA Mission: Lifeline and CATRAC Mission: Lifeline Overview	Wozniak/Zidar	15 min.
AHA/ACC STEMI Guidelines and Regional Guideline development	Moseley/King Wozniak/Zidar	30 min.
Other regional issues the group would like to address?	All	5 min.
Upcoming meeting and educational offering <i>Next quarterly CATRAC Mission: Lifeline Workgroup meeting: October 20, 2010, AHA office, 8 a.m. to 9:30 a.m., training room.</i> <i>Resuscitation Conference taking place in Austin on October 29, 2010.</i>	Denne	5 min.

Top Five CATRAC Mission: Lifeline Workgroup Goals for 2010

Goal #1 Evaluate outcomes and QI data

- Identify key STEMI measures that the workgroup would be interested in capturing
- Investigate data collection methods that could capture the key measures/ define potential solutions for STEMI data elements not captured by ARG (data capture, storage and reporting)
- Support PCI and non-PCI hospital participation in the national ACC/AHA Acute MI data registry- Action Registry GWGTG

Goal #2 A process for pre-hospital activation and identification

- Define what will activate the "STEMI response" in our region
- Define name for activation "Code STEMI" or "STEMI Alert"
- Define process for activation depending on point of entry and computer algorithm interpretation, EMS provider interpretation or wireless transmission/physician interpretation

Goal #3 Written regional destination protocols for STEMI receiving centers

- If first medical contact (EMS/non-PCI hospital or PCI hospital) to first device used can be accomplished in under 90 minutes, patient should be directed to STEMI receiving center for reperfusion in the cath lab.
- If it is determined that first medical contact (EMS/non-PCI hospital or PCI hospital) to first device used will not be possible in under 90 minutes, administer lytics if patient is eligible and then transfer to STEMI receiving center.
- Written regional transfer protocols for patients who arrive at STEMI referral centers who are primary PCI candidates, are ineligible for fibrinolytic drugs, and/or are in cardiogenic shock.

Goal #4 A plan for regional education about protocols/guidelines

- A plan for regional EMS, non-PCI hospital and PCI hospital education about regional STEMI protocols once they are complete.

Goal #5 Develop plan to address key finding that there are counties in our region without EMS equipment and training.

- Meet with key contacts from each of these service areas in order to understand their obstacles and interest.
- Identify their specific equipment needs and interest.
- Identify their specific training needs and interest.
- Develop plan to obtain funding if needed.