Minutes of the REMSC Heart & Stroke Committee
September 2, 2015

The Heart & Stroke Committee meeting was called to order on September 2, 2015 at 3:05 pm at the REMS Council Office and via the conference bridge.   There were 8 members and 3 guests present:

- Emmett Price, Chair
- Linda Harris, REMS Staff
- Wayne Perry, REMS Executive Director
- Christina Skinner, MWH
- Eleanor Redmond, MWH
- Jake Marshall, SRMC
- DC Lori Knowles, Stafford F&R
- BC Greg Leitz, Spotsylvania F&R

Guests:

- Mary Morton, SRMC ED Director
- Russell Todd, SRMC Cath & IR Dir
- Doug Layton, VAOEMS (via phone)

1. Heart Session– The following was discussed:

   - The draft STEMI Triage Plan was reviewed. A second look was taken at the creation of the new STEMI form to be completed by EMS. It was decided the form was not conducive to good patient care with all the other actions the provider has to perform. Instead the information on the form will be part of the bedside notification call (pre-alert), and later the en route HEAR report.
   - Which lead to a discussion on HEAR forms used by MWH and SRMC, and whether they contain the data fields required in lieu of a form completed by EMS.

2. Stroke Session – The following was discussed:

   - We reviewed the Stroke memo again, and updated it with the newer statistics on Last Known Well Time and Hospital Notification. For the period 2013 to present, our Hospital Notification by EMS was 91.7%, with a national average of 54.4%.
   - It will be sent to the committee for approval and then released by the REMS Council to all Fire & EMS Agencies within the Council area.
   - Eleanor and Emmett will work to develop an updated draft Stroke Triage Plan with the newer standards and information in it. Once it is ready it will be sent to the committee for review prior to the next meeting.

3. Bedside Notification or Pre-Alerts. Follow-on discussions led to what types of calls should EMS pre-alert hospitals from either the bedside or the scene, to give the hospitals time to prepare. Examples given were calling in the Cath Lab personnel at 2am, advising on a potential diversion for STEMI's because the cardiology team was not present, calling in the trauma team at 2am, etc. The following types of calls were potential pre-alert calls: STEMI, Stroke, Trauma, and Sepsis.

A REMS policy will be drafted that covers these pre-alert scenarios, for discussion at the next meetings. The latter two pre-alert categories will also require coordination with their respective REMS committees, after we discuss these.

4. Post Meeting Notes: Emmett will be scrubbing the committee roster and removing personnel who have not been active – either in person, via phone, or via email – for the past 2 years. The roster will be sent to the committee for potential additions prior to being approved by the REMS Council President.

The meeting adjourned at 4:05 pm.

The Heart & Stroke Committee meetings for 2015 are scheduled as follows:

- March 4, 2015 (completed)
- June 3, 2015 (completed)
- September 2, 2015 (completed)
- December 2, 2015

Members can attend in person or via phone/video conference.

Respectfully Submitted:

Emmett Price, Chair
eprice@vaems.org.

Minutes of the REMSC Heart & Stroke Committee
December 2, 2015

The Heart & Stroke Committee meeting was called to order on December 2, 2015 at 3:04 pm at the REMS Council Office and via the conference bridge. There were 9 members and 1 guest present:

- Emmett Price, Chair
- Linda Harris, REMS Staff
- Dr. Fines, MWH ED
- BC Greg Leitz, Spotsylvania F&R
- Christina Skinner, MWH
- Jake Marshall, SRMC
- Mary Morton, SRMC ED Director

Attending via the Conference Bridge:

- Wayne Perry, REMS Executive Director
- Amy Cantwell, Aircare

- Corey Colson, SRMC

1. Bedside Notification or Pre-Alerts. A pre-alert chart was presented, that covered 4 pre-alert categories: STEMI, Stroke, Trauma, and Sepsis. Considerable discussion ensued on the chart and what should be in the pre-alert notification. Changes to the chart will be made and sent back out to the committee for comment. At some point this pre-alert policy will need to go to the Trauma and Protocol committees.

2. The above discussion led to an offshoot discussion on how the hospital ED's can re-contact the inbound EMS unit, without having to go through their dispatch center; especially for critical calls, such as those identified above for a pre-alert. The reason is so a physician can obtain additional information quickly and talk directly with the senior EMS provider. This could be easy to do for some agencies and not for others. Most units call in using a cell phone, so obtaining a callback number could work (if not on vibrate). Those units that call in via radio could leave that radio on the HEAR channel or Talkgroup, if they had a second radio do so. The chair will draft a policy for the next meeting to review and discuss.

3. Heart Session – The following was discussed:

- The draft STEMI Triage Plan was reviewed.
- Which lead to a discussion on HEAR forms.
- Cath Lab is looking at providing feedback within 24 hours. The committee discussed this at an earlier meeting. This would be time intensive for someone.
- Diversions were also discussed. There are times when the cardiology team is at SRMC or at MWH, but not both. Waiting for the team to redeploy to the other hospital can waste valuable intervention time. It would make more sense to divert the inbound EMS unit to the appropriate hospital where the team is actually working in the interventional facility. This is more of a hospital issue, than EMS, but the committee can provide input.

4. Stroke Session – The following was discussed:

- The REMS 2013 Stroke Triage Plan is due to be revalidated by the REMS Board of Directors in December. This was an unanticipated requirement by the Chair so an appropriate draft was not available. Changes that incorporate the new AHA stroke guidelines were provided to the Chair, and will be incorporated into an updated version. This update will be sent to the committee prior to the Board meeting.

The meeting adjourned at 4:40 pm.

The Heart & Stroke Committee meetings for 2016 are scheduled as follows:

- March 2, 2016
- June 1, 2016
- September 7, 2016
- December 7, 2016

Members can attend in person or via phone/video conference.

Respectfully Submitted:

Emmett Price, Chair
eprice@vaems.org.

Minutes of the REMSC Heart & Stroke Committee
March 3, 2016

The Heart & Stroke Committee meeting was called to order on March 3, 2016 at 3:05 pm at the REMS Council Office and via the conference bridge. There were 7 members present:

- Emmett Price, Chair
- Linda Harris, REMS Staff
- Wayne Perry, REMS Executive Director
- Lori Knowles, Stafford F&R
- Christina Skinner, MWH
- Jake Marshall, SRMC (initially via the bridge)

Attending via the Conference Bridge:
- Greg Leitz, Spotsylvania F&R

1. Bedside Notification or Pre-Alerts. We discussed the form we created. It looks ready to coordinate with other appropriate committees. A copy of the draft form is attached.

2. Heart Session – The STEMI Triage plan was discussed.
   - Listing of non-PCI capable hospitals (e.g., tPa). It was determined to mention it as an alternate solution of a PCI hospital was not reasonably available, instead of listing all the area hospitals (which technically can all give tPa).
   - Next step is to run this draft policy against what little we know about wqhat the State will require (this is not a mandated plan; yet).

3. Stroke Session – The chair will send a draft plan for the next meeting, including items we have discussed this past year.

4. A discussion ensured about gathering data to analyze. Not all the area hospitals use the various nationwide databases to enter data. There is no standard reporting system for everyone. Some of the databases were:
   - CARES Database (electronic patient care reports can be used to populate this database);
   - HeartStart;
   - Get with the Guidelines; etc.

A discussion ensued about obtaining regional data from the State patient care report database for general analysis.

5. The PulsePoint phone app was discussed. It is free for the user, but it is a major expense for the jurisdiction which is using it. For Stafford County Fire & Rescue the cost would have been $50k.

The meeting adjourned at 4:40 pm.

The Heart & Stroke Committee meetings for 2016 are scheduled as follows:
- March 3, 2016 (completed)
- June 1, 2016
- September 7, 2016
- December 7, 2016

Members can attend in person or via phone/video conference.

Respectfully Submitted:

Emmett Price, Chair
eprice@vaems.org

Rappahannock EMS Council Pre-Alert Procedures (DRAFT)
General

Pre-Alerts at First Medical Contact (FMC[1]) for certain medical emergencies are critical to good patient care. It should occur immediately once the EMS provider determines the patient may be suffering from one of the conditions below. The pre-alert does not replace the standard patient report given enroute, but gives the ED physician and ED Staff enough information and time to activate the appropriate response teams, and look up patient's history, previous EKGs, previous care, etc., as appropriate.

REMS Pre-Alert Guidelines at First Medical Contact			
AMI	**Stroke**	**Serious Trauma**	**Sepsis**
12L EKG taken and transmitted to ED[2]	Cincinnati Stroke Test Conducted	ITLS/PHTLS Assessment indicative of Load and Go Patient	SIRS + suspected infection and/or measured Lactate levels are >4 mmol/L
Initial pre-alert is given at FMC, and consists of the following:			
Time of Symptom Onset	Last Known Well Time	Mechanism of injury[3]	Presentation indicative of sepsis[4]
Age of Patient	Age of Patient	Age of Patient	Age of Patient
Signs and Symptoms	Signs and Symptoms	Signs and Symptoms	Signs and Symptoms
12L EKG interpretation (device or provider)	Results of Cincinnati Stroke Test	GCS + vital signs (if available)	Lactate levels & temperature (if available), and BP
Name of Patient[5] and other pertinent information[6]	Name of Patient[5] and other pertinent information[6]	N/A	N/A
The standard, follow-on HEAR report is given en route.			

[1] FMC = First Medical Contact; in this context, first contact by EMS.

[2] If the 12L EKG cannot be transmitted by EMS or received by the hospital, trained ALS provider interpretation is sufficient to activate the AMI/STEMI response per AHA STEMI Guidelines.

[3] The ED may not have enough information during a pre-alert to initiate a trauma activation; that data may come during the normal HEAR report after a rapid trauma or head-to-toe assessment has been accomplished. Some scenarios may initiate an ED trauma alert during the EMS pre-alert without a complete assessment: gunshot to the chest, flail chest, ejection from a vehicle, multi-system trauma, unconscious, etc.

[4] Systemic Inflammatory Response Syndrome (SIRS) is the body's response to an infection and consists of 4 findings …

[5] HIPAA permits the use of a patients name over an unencrypted radio if needed for patient care.

[6] Other pertinent information includes terminal illness, hospice, etc.

(2016-02)

Minutes of the REMSC Heart & Stroke Committee
June 1, 2016

The Heart & Stroke Committee meeting was called to order on June 1, 2016 at 3:00 pm at the REMS Council Office and via the video and phone conference bridge. The following were in attendance:

- Emmett Price, Chair
- Linda Harris, Recorder
- Jake Marshall, Spotsylvania Regional MC

Via the Phone Conference Bridge:
- Lori Knowles, Stafford Fire & Rescue
- Wayne Perry, Executive Director

Excused were Christina Skinner (MWH), Eleanor Redmond (MWH), and Greg Leitz (Spotsylvania Fire & Rescue).

1. Bedside Notification or Pre-Alerts. We discussed the form we created. It looks ready to coordinate with other appropriate committees. It will be forwarded to Wayne Perry (REMS Executive Director) and Kevin Dillard (REMS President) for forwarding to other appropriate REMS committees that need to review it (i.e., Protocol and Trauma Committees).

2. Heart Session – The following was discussed:

- The Regional STEMI Triage plan was discussed. It incorporates all of the changes to date, is short and readable, and appears ready for approval. It does not contain a patient information form for EMS to complete like the Stroke Triage Plan for two reasons: the area hospital HEAR report forms generally have places for patient STEMI notification information, and adding more paperwork to EMS providers to prepare en route is detrimental to patient care.

- HeartSafe Community Award. One of the area jurisdictions is preparing their submission. A question came up on how long was the award good for. After some discussion it was agreed that the award would be for a 10 year period before renewal was required.

3. Stroke Session – The following was discussed:

- The Regional Stroke Triage plan was discussed. It incorporates all of the AHA recommended changes, eliminates duplicative paragraphs, and was reduced in length from 13 to ten pages. There were some minor changes that were made – namely using areas for the hospital listing versus using a city name, and correcting some typographical errors. The plan will be updated with these changes and resent to the committee via email. We will keep this out for review and comment until the next Committee meeting in September.

- Eleanor Redmond informed the Chair via email that Dr. Alattar had moved from MWH to VCU in Richmond. The absence of her insight with stroke care will be greatly felt. With Dr. Alattar having left, the Chair will reach out to her thanking her for her support, and see if she is willing to provide guidance as needed, upon request. FYI, Dr. Alattar is the Co-Chair of the Virginia Stroke System Task Force.

- The Chair will reach out to the MWH Stroke Center to determine who the new Director is, so we can hopefully add that physician to the Committee.

4. Other business. We still need participation by Fauquier and Culpeper Hospitals. The Chair will reach out to some of our other contacts there to generate interest.

The meeting adjourned at 3:33 pm.

The Heart & Stroke Committee meetings for 2016 are scheduled as follows:

- March 3, 2016 (completed)
- June 1, 2016 (completed)
- September 7, 2016
- December 7, 2016

Members can attend in person or via a video or phone conference bridge.

Respectfully Submitted:

Emmett Price, Chair
eprice@vaems.org