



**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
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