



**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)
- Greg Leitz, Spotsylvania F&R

Attending via the Conference Bridge:

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 what 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 ensued 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
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Rappahannock EMS Council Pre-Alert Procedures (DRAFT) General

Pre-Alerts at First Medical Contact (FMC¹) 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 patient's name over an unencrypted radio if needed for patient care.

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