

Meeting Minutes for the
Cardiac Care Committee of the
Governor's EMS Trauma Advisory Council (GETAC)

Thursday, August 21, 2014 4:00 p.m.
Austin, TX

Members attending: Richard W. Smalling, MD, PhD, Catherine Bissell, RN, Craig Cooley, MD, David Persse, MD, Robert Wozniak, MD, Christine Yuhas, David Wampler, Todd Haugen, Neil White, RN and Karen Pickard, RN

Members unable to attend: Loni Denne, RN

The meeting was called to order at approximately 4pm. All members were in attendance with the exception of Loni Denne who was attending her daughter's wedding.

The committee reviewed issues, concerns and progress made since its first meeting in February of 2009. The common themes that emerged were:

- Data on regional STEMI care is important but not all RACS have robust data collection and reporting.
- Pre-hospital data collection remains a challenge.
- Very few STEMI patients receive reperfusion therapy within 120 minutes – and the current average is 180 minutes which precludes significant salvage of ischemic myocardium and virtually guarantees the mortality rate will be 10% or more.
- Pre-hospital ECGs improve STEMI outcomes.
- Transfers from non-PCI hospitals take much too long.
- In-hospital mortality in STEMI patients remains unacceptably high.

The following priorities were all voted on and passed unanimously:

1. We need to provide a framework for STEMI referral and STEMI PCI centers
 - a. Designation, re-designation and de-designation
 - b. Q/A and Q/I standards for STEMI centers
2. We need to establish and maintain a Statewide STEMI registry
 - a. Database which is compatible with NCDR/ ACTION Registries and includes pre-hospital critical information
 - b. Blinded or un-blinded feedback on performance

- c. Require designated STEMI PCI Centers to participate in the State and National registries
3. We need to provide mechanisms for standardization and potential funding of STEMI Care in EMS units
 - a. 12-lead ECG machines with capability of transmission to STEMI referral or receiving centers should be required/ provided for all paramedic EMS units
 - b. Capability of stocking and administering advanced pharmacologic agents for STEMI care including fibrinolytics and anti-platelet drugs as well as other drugs identified for pre-hospital STEMI care should be allowed.

Anne Robinson, of CATRAC, gave an update on the ACTION Registry results:

- 87% of STEMI PCI centers in Texas are participating in the ACTION Registry.
- STEMI mortality and cardiogenic shock rates are higher in Texas than the rest of the nation
- Symptom onset to reperfusion remains >180 minutes in Texas on average

Dr. Wozniak reported on his interactions with the DSHS CVD and Stroke Council and introduced Karla Granado and Kiran Bhurtyal who reported on the STEMI Therapy Data collection for the RACs activated by Rider 97 of Senate Bill 1.

The initial results suggested:

- 21 of 22 RACs have executed contracts with DSHS to participate in data collection and analysis
- 76% of RACs share data with participating hospitals
- 1/3 of RACs collect pre-hospital data
- 60% of RACs have administrative help for data collection and analysis

Public comments:

Catherine Bissell, of SETRAC, shared a data survey on non-PCI hospital performance in SETRAC which would be posted on the DSHS website.

Considerable discussion arose regarding the potential acquisition of un-blinded patient level data from NCDR by DSHS according to the instructions of Rider 97, Senate Bill 1.

It was decided that additional information would be gathered regarding specifics such as data requests by Dr. Wozniak and our colleagues in the DSHS Health Promotion Cardiac Disease Prevention Section.

General information:

The STEMI Texas meeting will occur at the Rice Campus in Houston during the period of Oct. 15-17 and all were invited to register for this important event.

After the DSHS business meeting was concluded at approximately 5:30pm, plans were made to attend the subsequent meeting in Fort Worth in November.