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

Thursday, August 20, 2015 4:00 p.m.
Austin, TX

The meeting was called to order at 4:15pm.

Members attending: Richard W. Smalling, MD, PhD, Catherine Bissell, RN, Craig Cooley, MD, Loni Denne, RN, David Wampler, PhD, Neil White, RN, Christine Yuhas RN,

Members unable to attend: Jamie McCarthy, MD, Robert Wozniak, MD, Todd Haughen, Timothy Mixon, MD,

1. Dr. Neal Rutledge, Chairman of the Texas Council of Cardiovascular Disease and Stroke, reported on the 2015 Texas STEMI/ Heart Attack Hospital Performance Measures. Fifty five hospitals reported data to DSHS while 135 hospitals participate in the NCDR Action Registry (out of 155 PCI capable hospitals in Texas). Barriers to hospital participation were discussed. The question was raised whether hospitals should be required to report STEMI data to DSHS similar to requirements for stroke patients and trauma. Additional discussion revealed that RACS reported limited outcomes data to DSHS currently. It was mentioned during committee and public comment that RAC reporting to DSHS was limited to 3 items focusing primary on door to balloon time largely due to limited support to the RACS for data collection and reporting. It was suggested by several members of the committee that data sharing among hospitals in the RACS should increase.

2. The strategy of taking comatose cardiac arrest patients to the cath lab emergently received considerable discussion. It was mentioned that a recent article (which will be posted on the GETAC CCC Website) reported that in 748 patients admitted with comatose cardiac arrest, outcomes were much better if they underwent emergency coronary angiography. Additional discussion revolved around an effort to exclude these patients from the NCDR Cath-PCI Registry.

3) Loni Denne discussed the Phase II STEMI Accelerator project of the American Heart Association. An emphasis of that project will focus on the importance of administering full or partial dose lytics to STEMI patients presenting to STEMI receiving hospitals. Currently, less than 30% of patients receive lytic therapy at that time which adversely impacts outcomes given the long transport times and long ischemic times which result from lack of timely reperfusion. Considerable discussion occurred regarding the importance of developing a RAC centered approach to STEMI outcomes reporting to the Cardiovascular Disease and Stoke Council of DSHS and the GETAC Cardiac Care Committee.

4. Finally, several committee members requested follow up on the proposal to list STEMI as a reportable disease.

5. During public comment, it was mentioned that an additional $1.5 million would be provided to DSHS for improved pre-hospital STEMI data collection and potentially other initiatives. It was also mentioned that previous recommendations of the Texas Heart Attack Coalition had requested additional funding from the legislature to provide education, potential measures to improve pre-hospital STEMI detection, obtaining pre-hospital ECGs and transmission of same, as well as improving pre-hospital STEMI care data collection. Additional discussion occurred during the public comment section regarding required versus mandatory fields for NEMSIS reporting of pre-hospital events.

The meeting was concluded at 5:30pm.

Note: After presentation of these minutes to the GETAC Council on August 21, a recommendation was made, seconded and approved by the Council to request recommendations from the GETAC Cardiac Care Committee to the GETAC Council regarding how additional state money from Rider 67 should be optimally utilized to improve STEMI care. These recommendations will be presented to the Council at the November GETAC Council meeting.

Respectfully submitted,

Richard Smalling, MD, PhD

Chairman, GETAC Cardiac Care Committee