

**Minutes of the Cardiac Care Committee Meeting
Governor's EMS and Trauma Advisory Council
Thursday February 9, 2012**

The Cardiac Care Committee Meeting was called to order immediately following the joint meeting with EMS and the Medical Directors Committees.

1. New committee member, Catherine Bissell, was introduced to the other committee members and briefly reviewed her experience in STEMI Care in the greater Houston area and the SETRAC in Houston.
2. Dr. Smalling presented the new data from the literature and presentations at National Meetings with the following findings:
 - a. A report of 23,000 STEMI patients from the NCDR registry transported to STEMI centers by EMS providers was associated with a 7.2% in-hospital mortality and a greater than 10% incidence of cardiogenic shock on admission. The implication of these data suggests that patients were more likely to call EMS when experiencing more severe symptoms. An additional finding of the report was that over 60% of patients notified EMS when they were having heart attack symptoms which were a significant increase from previous reports.
 - b. Despite dramatic decreases in door-to-balloon times nationally, the STEMI mortality rate in the U.S. has not decreased suggesting that more attention should be focused on pre-hospital/ pre-transfer early treatment to restore infarct related artery patency prior to hospital arrival.
 - c. 3 separate studies, 1 randomized, demonstrated a decrease in mortality from 7% to 10% with primary PCI utilizing traditional EMS transport with protocols to 2% - 3% with reduced dose fibrinolytic administration pre-hospital or pre-transfer followed by urgent PCI. This was particularly a patient treated within 2 hours from onset of symptoms. A summary of the PATCAR pilot trial in Houston revealed that after stopping pre-hospital fibrinolysis the STEMI mortality rate increased from under 3% to over 10% and the instance of cardiogenic shock on arrival to the hospital increased from 2.5% to 22% further underscoring the critical need for pre-hospital treatment to restore patency in the infarct related arteries.
3. Loni Denne from the American Heart Association presented data from the ACTION STEMI Registry that suggested that the Texas STEMI treatment was, on average, on par with national statistics. One of the most important areas of opportunity, in Texas as well as the rest of the nation, is possibly the relatively long dwell times for STEMI patients in the Non-PCI hospitals before they are transferred to PCI capable hospitals. There is tremendous variability in length of stay for suspected heart

attack patients at the Non-PCI hospitals in our state. On a positive note, the first door (arrival at the referral hospital) to device/balloon time, is slightly lower in Texas compared to the rest of the nation in spite of our expansive geography.

4. The committee expended considerable discussion to potential goals for the committee for the coming year. The following points were synthesized:
 - a. The committee members will formulate data to be requested from local RACs regarding various outcomes in STEMI care in that region. The target deadline for these recommendations was the next meeting in the late spring.
 - b. A link to the Cardiac Care Committee website will be established so that video of the committee proceedings from the GETAC committee meetings could be viewed by interested parties.
 - c. A STEMI literature repository will be developed on the same website for references for the local RACs and others interested in improving STEMI care.
 - d. Examples of STEMI treatment case reports from participating STEMI centers across Texas will be distributed to the RACs via a similar mechanism using the website.
 - e. Success stories from the local RACs regarding STEMI organizations various types of medical delivery regions will also be collected and distributed via the website.
5. The discussion of requiring department DSHS-certified EMS personnel to maintain their certification from the National Registry of Emergency Medical Technicians was also touched on after a lengthy discussion the previous joint committee meeting. While there was no consensus reached, the sense of the committee members suggested that national certification might evolve as an optimal way to certify EMS delivery personnel, particularly if the continuing medical education efforts of the National committee evolve as suggested by Dr. Persse's comments.
6. Toward the end of the meeting, public comment was solicited and 2 main issues surfaced:
 - a. There was a perceived need for the local RACs to have access to successful methods for improving STEMI care.
 - b. There was need for State Legislation to regulate STEMI Care similar to that in place currently for Stroke and Trauma.

Following the general public comment and a brief summary discussion the meeting was adjourned.