

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

Thursday, February 19, 2015 4:00 p.m.  
Austin, TX

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

Members attending: Richard W. Smalling, MD, PhD, Craig Cooley, MD, David Wampler, PhD, Neil White, RN, Todd Haugen, Robert Wozniak, MD, Christine Yuhus, Timothy Mixon, MD and Jamie McCarthy, MD

Members unable to attend: Catherine Bissell, RN, Loni Denne, RN

1) Stephanie Chapman, AHA representative from the Border RAC reported on the results of the ACTION Registry comprised of data from 134 of 154 of the STEMI PCI centers in Texas currently participating in the ACTION registry. She reported that the performance of those centers was on par, or better than the national average, in terms of essentially all the performance criteria including first medical contact to balloon and door to balloon time. She also mentioned significant improvements would be possible in the pre hospital phase while opportunities for improvement in the treatment phase in STEMI PCI centers have plateaued.

2) Dr. Roberto Rodriguez of the Department of State Health Services reported on the results of the STEMI Heart attack performance measures from their analysis supported by Rider 97. He reported that 4% of adults in Texas suffer a heart attack each year and for every 100,000 people in Texas, 45 per year died of heart attacks during the years 2008 – 2012. Unfortunately, only 44 out of 134 possible ACTION hospitals participated in this survey representing 30 cities (7 in Dallas and 3 rural sites). A total of 27,568 episodes of care for heart attacks were analyzed, 60% of which were transported by personal automobile and 78% had their first ECG performed in the hospital.

The gaps that were identified were that pre-hospital ECGs were not frequently performed, and pre-hospital ECG transmissions are also not frequent. More troubling was the fact that there was a 45 minute delay, on average, between the time the patient presented to the STEMI referral center to the time the transfer was initiated and the patient had left the referral center for a STEMI PCI center. Additionally, fibrinolysis was not routinely done in referral centers, despite the guidelines which mandate fibrinolysis when timely PCI cannot be performed. Sixty four percent of the patients who presented to referral centers did not have fibrinolysis within 30 minutes.

3) Wendy Secrest from AHA National reported on the Caruth II Project in the Dallas area. The Caruth I Project results produced a 30% decline in first medical contact to balloon time; however, the ischemic times in these patients were not significantly impacted which suggested a need for more rapid transport to reperfusion centers. The Caruth Investigators felt that the pre-hospital phase of care and the importance of calling 911 should be emphasized. In the surveys of these

patients, the ambulance was not considered a point of care and the EMS personnel were not considered professionals, and therefore, that drove the patients to transport themselves by private automobile rather than calling 911 for an ambulance. Accordingly, the Caruth II project has adopted the motto, "Don't die of doubt." They have planned media pitches, outdoor advertising, digital media outreach and printed media outreach to carry this out.

4) The GETAC 2002 document entitled, "A Strategic Plan for EMS Trauma System" was discussed next. The committee members had not turned their attention towards revision of this document; and therefore, each committee member will be tasked with a specific section of the document, and they will report their suggested revisions at the next committee meeting.

5) Dr. Mixon reported on the Texas Heart Attack Coalition Legislative Initiatives and suggested that one tactic might be to use the approach similar to Rider 97. Dr. Mixon mentioned that a number of THAC stakeholders were continuing to meet to discuss the possibility, and hopefully, they will achieve a positive result.

6) Dr. Smalling reported that 2 recent large studies demonstrated the superiority of pre-hospital fibrinolysis in STEMI referral centers followed by direct transport for PCI when patients cannot be treated exceedingly rapidly with primary PCI. These articles will be distributed to the committee and posted on the GETAC Cardiac Care Committee website.

The meeting was concluded at 5:30pm. There were no suggested proposals for approval by the GETAC Council.