

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

Thursday, May 16, 2013 4:15 p.m.  
Crown Plaza Hotel in Austin, TX

Members attending: Richard W. Smalling, MD, PhD, Catherine Bissell, Loni Denne, Dr. Craig Cooley, Todd Haugen, Dr. David Persse, Karen Pickard, Dr. Robert Wozniak, Christine Yuhas.

Members unable to attend: Chris Briggs and Josie Fillingham

Karen Pickard reported on the Dallas County STEMI Initiative which had been funded by a 3.5 million grant by the Caruth Foundation. They initially started with 15 Dallas County Hospitals and 24 EMS Agencies. Their choice of an endpoint to track in the study was the so-called SOAR which represented the "Symptom Onset to Arterial Reperfusion time". They obtained the baseline data starting in 2010 and formal intervention data collection began in 2012. During their observation period, the SOAR time decreased from 195 minutes to 180 minutes and 50% of the patients were brought in by EMS agencies. During the period of the trial, 4,273 education workbooks were processed by EMT providers. Thirteen percent of the STEMI patients brought in by EMS agencies had "activation without intervention" meaning that, in essence, there was no need for intervention whether the artery had reperfused prior to reaching the hospital or whether it was a false positive STEMI. Currently, 35 PCI hospitals are practicing in the region and 31 are committed to the study. They estimate that approximately 1,900 STEMI patients will be treated in the Dallas County area annually.

Catherine Bissell then discussed the SETRAC website for STEMI educational materials. After some discussion, a working group was formed comprising 4 members of the cardiac committee who will formally review and organize materials submitted for inclusion in the SETRAC STEMI website which will then be linked to the GETAC website.

Dr. Wozniak reported that he had not made progress with his interface with the Cardiovascular Disease Council of DSHS and plans were put in place to make a formal liaison with that council in view of the common interest of both the GETAC Cardiac Care Committee and Cardiovascular Disease Council of DSHS. Dr. Smalling was able to discuss the potential collaboration of the two committees with Dr. Tom Tenner who is the current Chair of the Cardiovascular Disease Council and initial plans were put in place to work with the incoming chair of that council, presumed to be Dr. Neil Rutledge, who was also Chair of the GETAC Stroke Committee. Dr. Wozniak has volunteered to be the Cardiac Care Committee representative who will sit in ex officio status at the Cardiovascular Disease Council meetings and

similarly it is anticipated that Cardiovascular Disease Council will provide a member who will sit in on the Cardiac Care Committee meetings.

Joel Romo then reported on legislative processes including Senate Bill 1177 sponsored by Dr. Deuell and House Bill 2128 sponsored by Dr. Zerwas. Despite significant efforts, an impasse with several stakeholder groups was unable to be overcome, and it is likely that both bills will ultimately not proceed to signing. There was a plan suggested to increase STEMI Care stakeholder interaction, identifying additional groups including the Cardiovascular Disease and Stroke Council, the Texas Chapter of the American College of Cardiology, Texas Hospital Association and Texas EMS Society as well in order to formulate a revised bill for the next legislative session.

There was considerable discussion, led in part by Dr. Cooley, regarding the importance of exclusion of cardiac arrest patients from the CATH PCI/NCDR PCI outcomes data. In many centers, patients who suffer a cardiac arrest and presumed STEMI are brought to the catheterization laboratory with significant electrical and hemodynamic instability. The mortality rates in these patients is non-trivial, however, at least 60% of the patients survive. Nonetheless, the patients who ultimately succumb provide a significant adverse impact on the PCI outcomes data compared to hospitals that rarely treat such critically ill patients. There was considerable discussion regarding potential lobbying efforts with the representatives and professional societies as well as legislative bodies and regulatory agencies regarding this issue and these discussions will continue into the next meeting.

Dr. Smalling then reviewed the Houston area mission lifeline data for STEMI Care and, while the results were similar to the national results, areas of opportunity were obvious. Improving these results will be pursued by the SETRAC RAC and subsequent outcomes will be presented at the next meeting.

Regarding the proposed ranking preferred meeting times, the Cardiac Care Committee ranked option C number 1, option F which remains the same as number 2 followed by option by E, A, & D. Option B was not supported.

The next meeting will occur on August 22<sup>nd</sup> at 4 PM

The agenda will follow in a subsequent communication.

Respectfully Submitted,

Richard W. Smalling, MD, PhD  
Chairman of the Cardiac Care Committee