

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

Thursday, February 11, 2016 4:00 p.m.
Austin, TX

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

Members attending: Richard W. Smalling, MD, Chair, Timothy Mixon, MD, Catherine Bissell, RN, Todd Hougen, Jamie McCarthy, MD, Christine Yuhás, RN, Lisa Rovedo, RN, Jeffrey Mincey

Members unable to attend: David Wampler, PhD, Neil White, RN, Robert Wozniak, MD

1. Dr. McCarthy discussed the pre-hospital stroke and STEMI data collection effort which originated with a joint collaboration between STRAC and SETRAC. Preston Love from STRAC and Catherine Bissel from SETRAC have met a number of times to outline mutual synergies which have the capability of merging data fields from NEMESIS, ACTION, and the NCDR databases. Dr. Langabeer, who did several activities with the Caruth project in Dallas and at the UT School of Public Health, will serve as a resource from the UT-Houston School of Bioinformatics. Eric Epley and Catherine Bissell reported that 11 RACS, including Dallas, Houston, and San Antonio, have agreed to participate in the effort.
2. Catherine Bissell then reported on SETRAC's protocol for administration of fibrinolytics at non-PCI hospitals prior to transport to STEMI PCI centers and will distribute these as a link for all RACs to use. This link will appear on the GETAC Cardiac Care Committee website.
3. The Committee then discussed the data elements on pre-hospital care proposed for use by DSHS in the pre-hospital data collection activity funded by Rider-67. The document was approved with minor revisions.
4. Additional discussion ensued regarding pre-hospital administration of fibrinolytics and the potential for significant reduction in mortality, shock, and heart failure. Funding has been obtained by UTHealth for a Texas Pilot for a double blind study of ½ dose Retavase or placebo in urban, hub-and-spoke, and aeromedical STEMI care systems. Considerable discussion ensued, but the final consensus was that the trial was feasible and should be explored further.

The following goals for the coming year were proposed and confirmed by the Committee members:

1. The pre-hospital data collection process should continue to be pursued.
2. The Committee will explore mechanisms for administering lytics to STEMI patients identified by pre-hospital ECG in fibrinolytic eligible patients in:

- a. Urban care systems
 - b. Hub-and-spoke care systems
 - c. Aeromedical care systems
3. The Committee will continue to identify gaps in STEMI care in Texas in collaboration with the CV-Disease and Stroke Council of DSHS.

The meeting was concluded at 5:30pm.

Respectfully submitted,

Richard Smalling, MD, PhD

Chairman, GETAC Cardiac Care Committee