

**Virginia Heart Attack Coalition
Northern Region
Regional Cardio Workgroup**

**Summer 2024
Thursday, May 23, 2024
10:00 am**



Those present were: (All present via Zoom)

Name	Email
Amber Brown	amber.brown@heart.org
Andrew Duke	andrew.duke@alexandriava.gov
Andrew Sanders	asanders@pwcgov.org
April Brown	april.brown@inova.org
Becca Wilson	rwilson@manassasva.gov
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Orndoff	brian.orndoff@fairfaxva.gov
David Reich	david.reich@inova.org
Eddie Fonner	cefonner@gmail.com
Gary Hubble	gary.hubble@mwa.com
Gary Riggan	griggan@lifecare94.com
Jamie Cooper	jamie.cooper@loudoun.gov
John Morgan	john.morgan@loudoun.gov
Kate Kramer	kkramer@arlingtonva.us
Laura Vandegrift	laura@vaems.org
Leddyanne Dell	leddyanne.dell@alexandriava.gov
Meghan Bozzelli	mbozzelli@vhchealth.org
Michelle Graves	michelle.graves@hcahealthcare.com
Michelle Ludeman	michelle@vaems.org
Philippa Durham	philippa.durham@fairfaxcounty.gov
Tom Arnoto	tarnoto@pwcgov.org
Tracy Lane	ccjlsnl@aol.com

The quarterly Virginia Heart Attack Coalition (VHAC) meeting was started at 10:03 am by Brian Orndoff.

APPROVAL OF MINUTES

- The November 30, 2023, meeting minutes were sent via email for review
 - Motion to approve as written by Leddyanne Dell, seconded by Andrew Sanders
 - ***Minutes unanimously approved***

AHA UPDATE

Amber Brown presented an update.

- The QC team is working to announce the 2024 awards from the 2023 data
- Quality forum is taking place June 12th. Please register in advance.
- The University of Alabama at Birmingham Hospital will present Making Every Minute Count.
- FAQ and live demo of Mission lifeline and time tracker report is working.
- The EMS recognition deadline is 5/31, which is a new deadline. Please reach out if you need help.
- On April 20th, there was an update to the platform, and advanced analytics reports are now functioning.
 - Composite score is now a dropdown available.
- They held a chest pain evaluation and management webinar and received great feedback.

VCSQI DATA REVIEW

Eddie Fonner presented an update. The presentation is at the end of these minutes.

REGIONAL EMS DATA UPDATE

Michelle Ludeman presented a regional data update. The presentation is at the end of these minutes.

HOSPITAL AND EMS AGENCY ROUNDTABLE DISCUSSION

- Hospitals
 - Inova – David Reich advised there was no update
 - VHC – Megan Bozzelli advised there was no update
 - UVA – no representation
 - Sentara – no representation
 - HCA Reston – no update
- EMS Agencies
 - Arlington County – Kate Kramer advised they are trying to finalize Mission: Lifeline data.
 - Alexandria City – Leddyanne Dell advised that they will have a new Deputy Chief of EMS in place soon, and hopefully, we can meet them at the next meeting.
 - Fairfax City – Brian Orndoff advised there was no update
 - Fairfax County – Beth Adams advised that Lee Warner is retiring in June, and Rocco Alvaro will be taking his place. They are also working hard on building a pharmacy
 - Fairfax PD Helicopter Division – no representation
 - Loudoun County – Dr. Morgan advised there are no updates

Virginia Heart Attack Coalition

Meeting Minutes

May 23, 2024

- Manassas City – no updates
- Manassas Park – no representation
- MWAA – Gary Hubble advised there are no updates
- Prince William County – Andrew Sanders advised that they are starting to build a new EMS Admin and have a new Division Chief, Chris Granger. New Battalion Chiefs are coming online as EMS Supervisors and Captains will be in the field.

SAVE THE DATE!

The State VHAC Meeting will take place at the Boar’s Head Inn

- The State VHAC Committee is also actively seeking a physician and other stakeholders for the Northern region

NEXT MEETING TOPIC

Suggestions for upcoming meeting topics

- There were no suggestions at this time

2024 UPCOMING MEETINGS

- August 22, 2024
- November 21, 2024

ADJOURNMENT

The meeting was adjourned at 10:40 am.

CERTIFICATION OF NORTHERN REGION QUARTERLY MEETING OF THE VIRGINIA HEART ATTACK COALITION

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, Virginia 20155

I, Laura Vandegrift, Interim Executive Director of the Northern Virginia EMS Council, certify that the above minutes are a true and correct transcript of the Northern Region Quarterly Meeting of the Virginia Heart Attack Coalition held on May 23, 2024. The minutes were officially approved on August 22, 2024, at the Committee meeting.

Laura Vandegrift

8/22/2024

Laura Vandegrift
Interim Executive Director

Date



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GWTG CAD

May 2024



AHA Announcements

May 2024

2024 Get with the Guidelines[®] Recognition Notification



The Quality Consultant team is working to validate and finalize 2024 Award Recognition (using 2023 data)

Early this summer, hospital achieving recognition should receive official email notification with a certificate and marketing toolkit link via the automated notification process

LOOKING AHEAD: We have wrapped up Q1 of 2024! It is never too early to review 2024 data for progress toward 2025 recognition

Reach out if you would like to set aside some time to review your data together!



GWTG-CAD Quality Forum

SAVE THE DATE

Wednesday, June 12th 2:00 EST – 3:00 EST



The **Get With The Guidelines® - CAD Quality Forum** is an online quarterly forum, where we focus on quality improvement in the acute care setting, learn about upcoming registry updates, inquire about previous registry updates, collaborate with like-minded peers, and model share to improve patient outcomes and promote high-quality care. Please register for the series in advance as this will allow us to send you the recording even if you are not able to attend during the scheduled time.

AGENDA:

- General Health and IT Update
- Model Share Presentation – “Making Every Minute Count: A Collaborative Approach to Improving EMS FMC to PCI Times” – Presented by Emily Pentecost With the University of Alabama at Birmingham Hospital
- FAQ Poll Questions with Rationale
- Live DEMO: Mission: Lifeline® Advanced Analytics Report & Time Tracker Report

Link for registration is in the [Get With the Guidelines CAD April and May Update](#)



2024 EMS Recognition

Application Period: February 22nd – May 31st Midnight Central Time
Applications will be submitted through the AHA's
Quality and Certification Tool (QCT) Portal (*NEW PROCESS*)

Hospitals: Please let me know if you need any assistance pulling the reports for your EMS Agencies that are requesting the data!



Get With The Guidelines[®] - CAD
April 20th Release

April 20th 2024 Release Notes Highlights



Please view the updated release notes in the library for all the changes that were made.

Remaining Mission: Lifeline Advanced Analytics tabs have been updated to function with Version 3 (v3) patient forms:

- o Affected tabs:
 - M:L Time of LOS in ED, Walk-in versus EMS Arrival
 - M:L EMS FMC to PCI (Stacked Median)
 - M:L EMS FMC to PCI (Box Plot)
 - Trend - % M:L EMS FMC to PCI
 - M:L EMS FMC to PCI > 90 Minutes (Stacked Median)
 - M:L Call to 911 to Cath Lab Activation (Stacked Median)
 - % M:L Transfer-In for PCI <= 120 Minutes
 - M:L Arrival at First Facility to PCI (Box Plot)
 - M:L Transfer In for PCI <= 120 Minutes (Stacked Median)
 - M:L Arrival to Lytics - Median Time

Reports Updates

- Composite Score measures enhanced with Total Patients calculation

Measure Details									
Benchmark Group	Measure Group	Measure	Time Period	Number of Sites	Total Patients	Numerator	Denominator	Exception	% Patients
AHA_Demo_1	Diabetes Composite...	AHACAD73: Overall Diabetes Cardiovascular Initiative Com...	2023	1	195	144	174	5	82.8%



Get With The Guidelines®-Coronary Artery Disease: Composite

Score Drill Down Tip

Looking for a way to drill down to all STEMI Achievement Measure Fallouts for a patient record? Select the appropriate STEMI Composite Score. On the Measure Details Tab, clicking on any number in the row to highlight BLUE to create a case list for “defect free drill down”. On the Case List Tab, each STEMI record will appear with a Patient Score % and each of the STEMI Achievement Measures will have a YES if the measure is met, NO if the measure is not met, or will be BLANK if the record was not included in the measure. You can sort the Patient Score % by clicking on the header to bring scores less than 100% to the top. Click on Access Case to review the record for all STEMI Achievement Measure fallouts.

- STEMI Composite Measures
 - AHACAD21: Overall Mission Lifeline® Composite Score - STEMI Receiving Hospital
 - AHACAD27: Overall Mission Lifeline® Composite Score - STEMI Referring Hospital

File

Measure Details

Benchmark Group	Measure Group	Measure	Time Period	Number of Sites	Total Patients	Numerator	Denominator	Exception	% Patients
AHA_Demo_1	STEMI Composite ...	AHACAD21: Overall Mission Lifeline® Composite ...	2023	1	55	183	204	8	89.7%

Measures Summary | **Measure Details** | Case List

File

Case List

Patient ID	Access Case	Patient Score	AHACAD9...	AHACAD8:...	AHACAD3...	AHACAD4:...	AHACAD1: ...	AHACAD5: ...	AHACAD6: ...	AHACAD2: ...	AHACAD7...
689	https://aha.info...	66.67%	NO	NO	YES	YES		YES			YES
100483	https://aha.info...	75.00%			YES	NO		YES			YES
100473	https://aha.info...	80.00%			YES	NO	YES	YES			YES
16	https://aha.info...	83.33%	YES		YES	YES		YES	NO		YES
19	https://aha.info...	83.33%	YES	NO	YES	YES		YES			YES
26	https://aha.info...	100.00%			YES	YES		YES			
10	https://aha.info...	100.00%	YES		YES	YES		YES	YES		YES

Measures Summary | Measure Details | **Case List**



2024 Mission: Lifeline® EMS Recognition

Mission: Lifeline® EMS recognition is designed to promote quality activities in prehospital agencies to improve care and outcomes for heart attack and stroke patients.

ACTION: Please share our [Mission: Lifeline® EMS Recognition Website](#) and the [2024 Mission: Lifeline® EMS Recognition Webinar](#) recording link with your EMS partners so they can take advantage of this recognition opportunity. The EMS deadline is **May 31, 2024**.

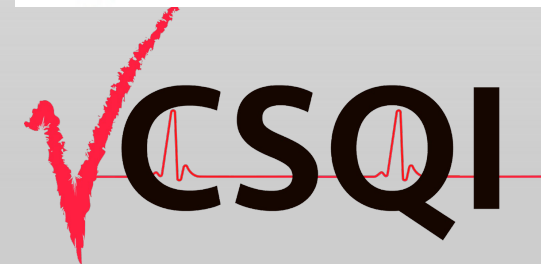


Topic	Recording Link
NEW! Chest Pain Evaluation and Management: Putting the Guidelines into Practice Webinar	NEW! 4/12/2024 Recording
2024 Mission: Lifeline® EMS Award Recognition	1/21/2024 Recording
Race in STEMI: STEMI Quality of Care in Disparate Groups	2/20/2024 Recording
Leveraging Get With The Guidelines® Data: Health Equity	7/11/2023 Recording
Get With The Guidelines® Health Equity Webpage	Heath Equity Webpage
Get With The Guidelines® – Coronary Artery Disease Quality Forum Series	March 13, 2024 Recording Link December 13, 2023 Recording Link September 13, 2023 Recording Link
Target: Type 2 Diabetes Honor Roll Updates in Get With The Guidelines®- Coronary Artery Disease	1/31/2023 Recording Link
Target: Type 2 Diabetes Webpage	TT2D Webpage
2023 RURAL Get With The Guidelines®- Coronary Artery Disease Learning Collaborative Series	NEW! April 9, 2024 Recording January 9, 2024 Recording Link October 10, 2023 Recording Link July 11, 2023 Recording Link April 11, 2023 Recording Link



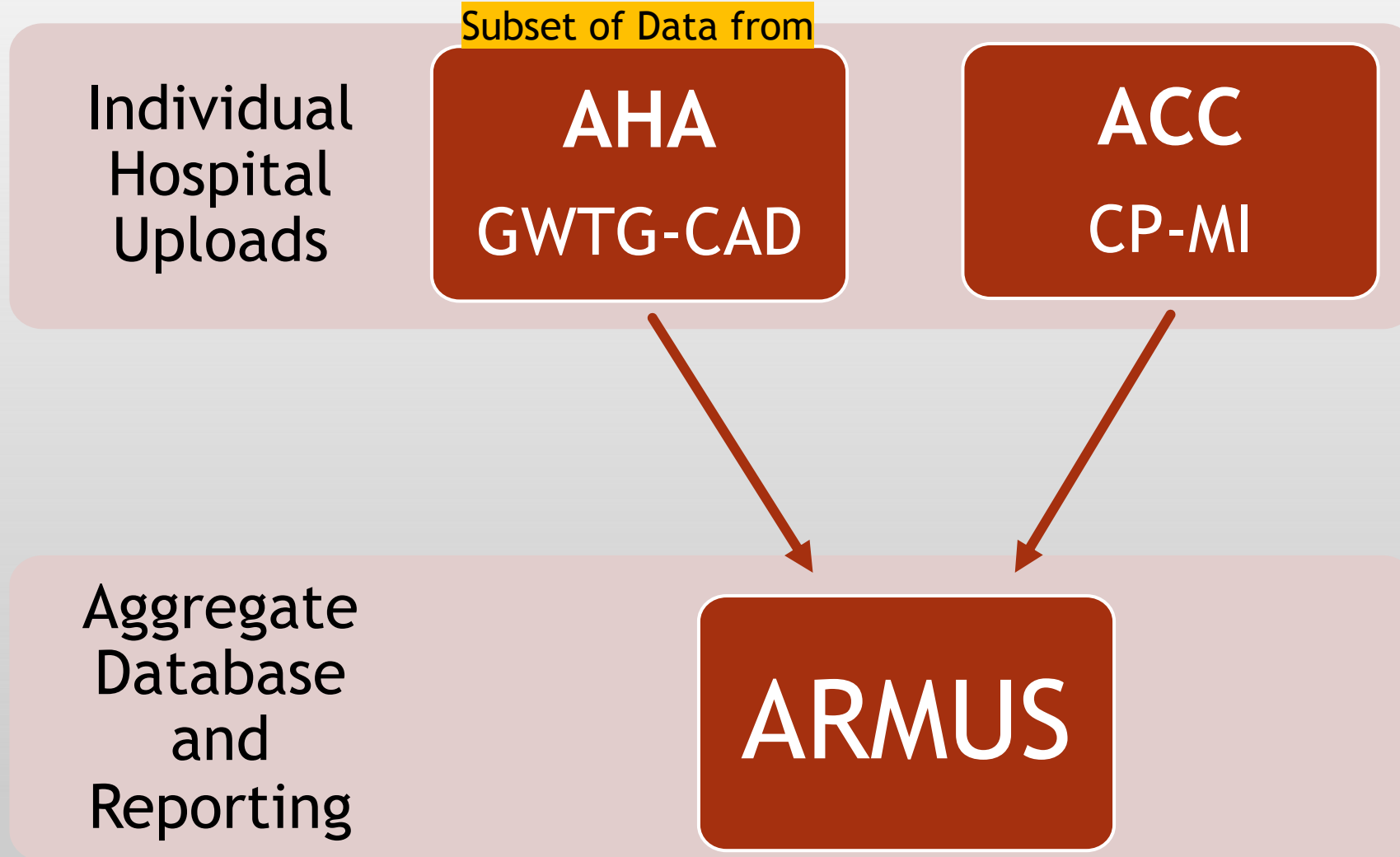
VHAC-VCSQI Statewide STEMI Database

Q3 2023 Summary Reports: Northern Region



Transforming Cardiovascular Care to Improve Patient Experience and Value

Data Aggregation Model

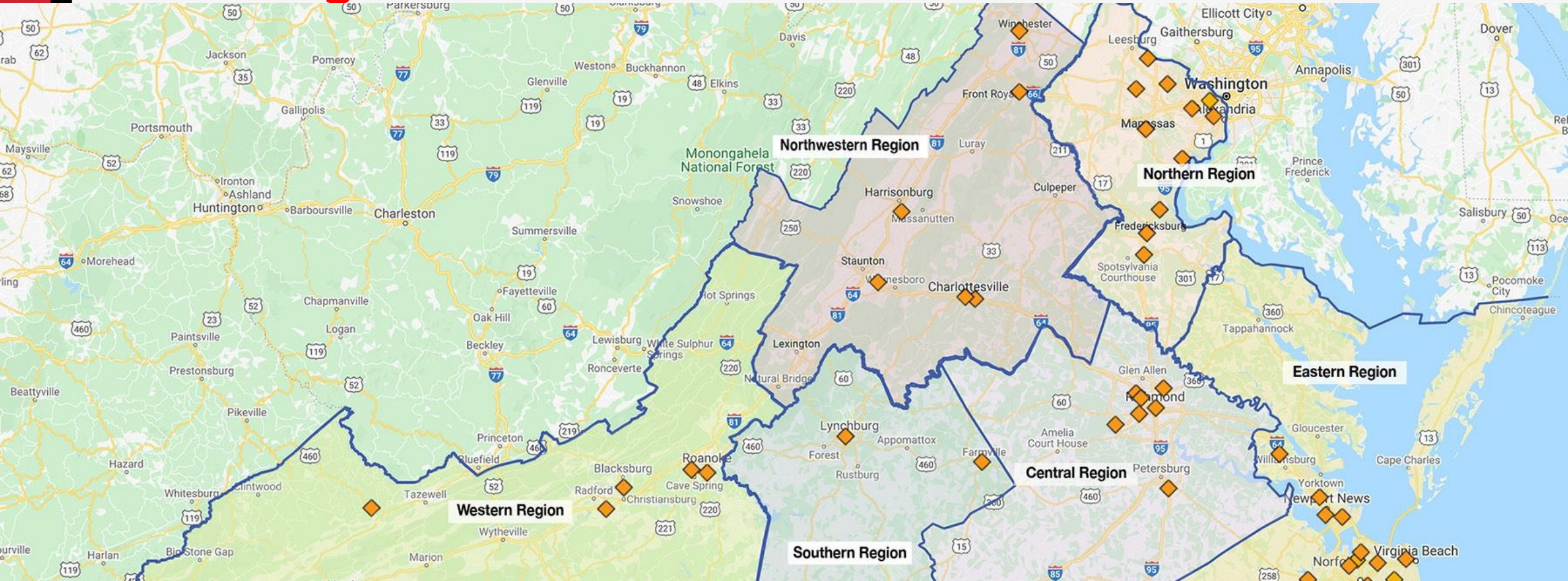


STEMI Database Participation

- 21 VCSQI Programs included in the database
 - 5 New members pending uploads
- 19 Programs currently sharing CP-MI data quarterly
 - 4 Centers from VHAC Northern Region submitting data
- 2 Programs from GWTG-Only
 - Sharing a subset from GWTG-CAD



VHAC Regions



STEMI Reports by Region: Q4 2022 - Q3 2023

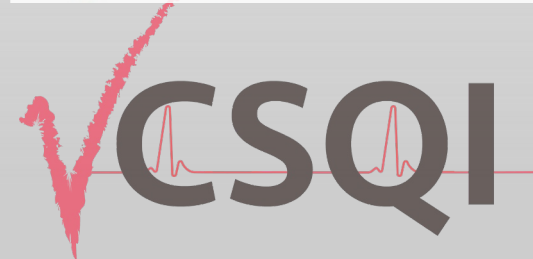
Population: All STEMI Patients, Q4 2022 – Q3 2023 (N=1,651)	VCSQI	Central	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	58.0		60.0	50.0	65.5	37.5	63.0
Median Transfer Time between Hospitals	29.0		28.0	24.0	32.0	37.0	32.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	86.9%	84.8%	84.2%	86.5%	92.0%	90.1%	77.6%
Median FMC to Primary PCI: Non-Transfer Patients	71.0	61.0	75.0	74.0	63.0	66.0	75.5

- = Exceeds VCSQI Average
- = Equal to VCSQI Average
- = Lower than VCSQI Average

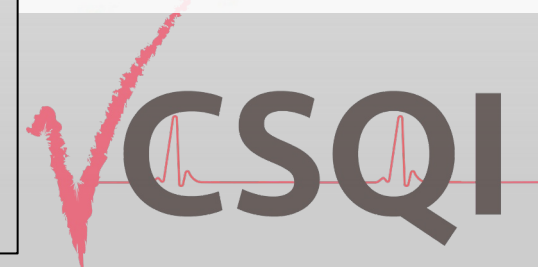
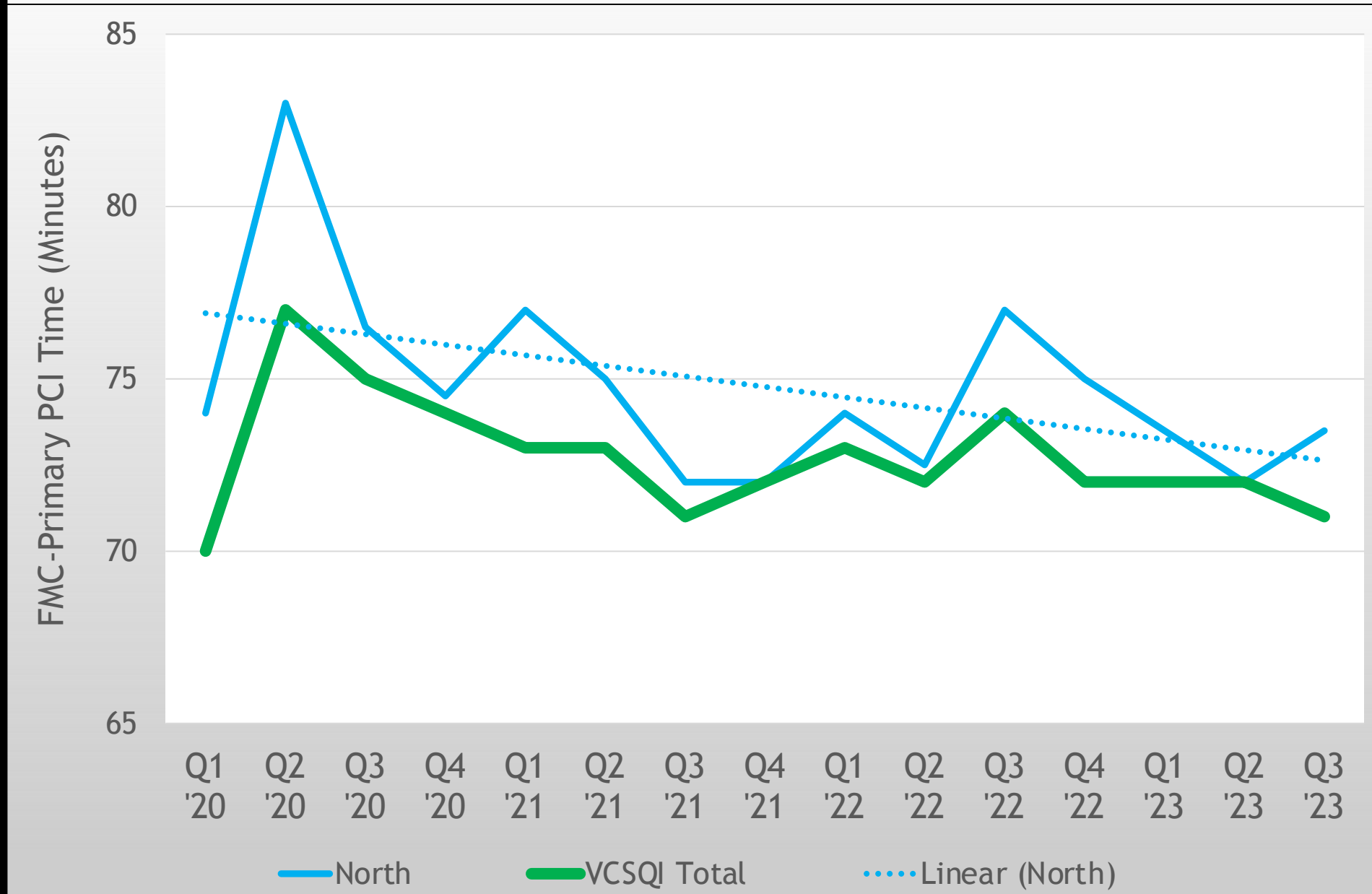


Northern Region: Q4 2022 - Q3 2023

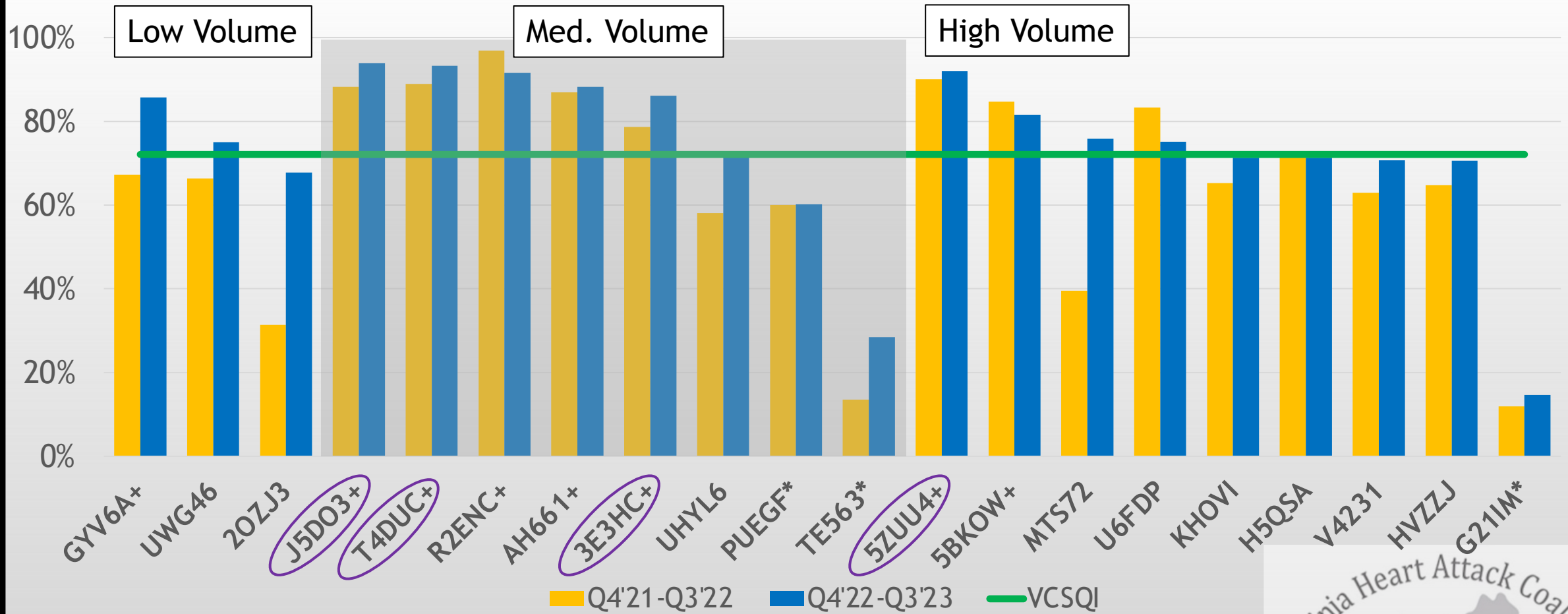
Population: All STEMI Patients, Q4 2022 – Q3 2023 (N=395)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	50.0	64.0	48.0	51.0	49.0
Median Transfer Time between Hospitals	24.0	18.5	25.0	20.0	20.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	86.5%	89.6%	85.9%	92.6%	72.4%
Median FMC to Primary PCI: Non-Transfer Patients	74.0	72.0	73.0	73.5	83.0



Median FMC-Primary PCI (Non-Transfer) by Quarter: Northern



Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q4 2021 - Q3 2023 (N=4,236)



VCSQI: Femoral - 27.7%

Radial - 72.1%



For the latest 4 quarter period:

A plus (+) following the hospital code indicates the hospital is statistically better than the rest of VCSQI

An asterisk (*) following the hospital code indicates the hospital is statistically poorer than the rest of VCSQI



Upcoming Events

- June 20: VHAC Steering Committee (Zoom)
- September 26: VHAC State Meeting (Charlottesville)



NVEMSC Regional STEMI Data from 07/01/2023 – 03/31/2024

Date Range 07/01/2023 – 09/30/2023 (Q3)

STEMI Transports	160
Inova Fairfax Hospital	60
HCA Reston	19
Sentara Northern VA Med	5
Inova Loudoun Hospital	24
Virginia Hospital Center	21
Inova Alexandria Hospital	17
Inova Fair Oaks	1
UVA PW	12
UVA Haymarket	1

Date Range 10/01/2023 – 12/31/2023 (Q4)

STEMI Transports	141
Inova Fairfax Hospital	55
HCA Reston	17
Sentara Northern VA Med	5
Inova Loudoun Hospital	23
Virginia Hospital Center	15
Inova Alexandria Hospital	19
UVA PW	6
Kaiser Permanente- Tysons Corner	1

Date Range 01/01/2024 – 03/31/2024 (Q1)

STEMI Transports	119
Inova Fairfax Hospital	53
HCA Reston	13
Sentara Northern VA Med	3
Inova Loudoun Hospital	19
Virginia Hospital Center	14
Inova Alexandria Hospital	9
Inova Fair Oaks	1
UVA PW	7

The accuracy of the data in this report is limited by system performance and the accuracy of agency data submissions.

Avg Scene Time for Suspected MI and STEMI

Time from first medical contact to reperfusion should be closely monitored to improve outcomes.

Date Range 07/01/2023 – 09/30/2023 (Q3)

Average Scene Time for Suspected MI and STEMI **16min2s**

Date Range 10/01/2023 – 12/31/2023 (Q4)

Average Scene Time for Suspected MI and STEMI **23min31s**

Date Range 01/01/2024 – 03/31/2024 (Q1)

Average Scene Time for Suspected MI and STEMI **19min4s**

5.3 ACS - On Scene Time to 12-Lead ECG NOVA

This report shows the percent of patients age 1 year or older with suspected cardiac chest pain/discomfort or other ACS symptoms who received a 12-lead ECG <10 min. from time of arrival on scene by first 12-lead ECG-equipped EMS unit.

Date Range 07/01/2023 – 09/30/2023 (Q3)

Average At Patient to 12 – Lead ECG **5min15s**

Date Range 10/01/2023 – 12/31/2023 (Q4)

Average At Patient to 12 – Lead ECG **4min43s**

Date Range 01/01/2024 – 03/31/2024 (Q1)

Average At Patient to 12 – Lead ECG **4min18s**

The accuracy of the data in this report is limited by system performance and the accuracy of agency data submissions.

(NHTSA 7.0) 12-Lead ECG Performance NOVA

This report indicates the percentage of patients aged 1 year or older with Chest Pain who received a 12-Lead ECG.

Patient Age >= 1 Year

Run Type = 911 Response

Primary and/or Secondary Impression = Chest Pain / Discomfort, Angina Pectoris, ST elevation (STEMI) myocardial infarction of anterior wall, ST elevation (STEMI) myocardial infarction, ST elevation (STEMI) myocardial infarction of other sites of inferior wall or Protocol Used = Chest Pain / Suspected Cardiac Event

Date Range 07/01/2023 – 09/30/2023 (Q3)

On Scene Time to 12-Lead ECG

Average On Scene Time to 12-Lead ECG **6min42s**

Date Range 10/01/2023 – 12/31/2023 (Q4)

Average On Scene Time to 12-Lead ECG **6min44s**

Date Range 01/01/2024 – 03/31/2024 (Q1)

Average On Scene Time to 12-Lead ECG **5min56s**

The accuracy of the data in this report is limited by system performance and the accuracy of agency data submissions.

Cardiac - Time to STEMI Alert NOVA

This report indicates the percentage of patients and the time required to issue a field alert (when documented as a "STEMI ALERT" flowchart treatment) from the point in time a patient is suspected of the condition using the first positive 12-Lead. Please note the time series chart includes only cases that resulted in the STEMI Alert, and if a 12 lead indicating a possible STEMI is acquired before the arrival of the ambulance, then the calculation changes to the on-scene timestamp of the transporting agency to STEMI Alert. The calculation also assumes that the first responder presents the 12 Lead to the EMS crew upon their arrival.

Date Range 07/01/2023 – 09/30/2023 (Q3)

STEMI Alert

Average time from First Positive 12-Lead STEMI Alert **14m1s**

Date Range 10/01/2023 – 12/31/2023 (Q4)

Average time from First Positive 12-Lead STEMI Alert **Unable to retrieve.**

Date Range 01/01/2024 – 03/31/2024 (Q1)

STEMI Alert

Average time from First Positive 12-Lead STEMI Alert **Unable to retrieve.**

The accuracy of the data in this report is limited by system performance and the accuracy of agency data submissions.

(NHTSA 8.0) Chest Pain - Aspirin Administration NOVA

This report indicates the percentage of patients aged 1 years or older with Chest Pain who received Aspirin in the prehospital setting. Early administration of aspirin is believed to provide a beneficial effect in myocardial ischemia and infarction. This report includes all patients with the following criteria: Aged 1 years or older AND Primary and/or Secondary Impression = "Chest Pain / Discomfort" AND Run Type = "911 Response (Emergency)" Calculating a percentage of patients WHERE Aspirin Administration documented in flowchart or as PTA item.

Date Range 07/01/2023 – 09/30/2023 (Q3)

Aspirin Given by EMS **31%**

Aspirin before EMS **13%**

Nitro given before EMS **10%**

Date Range 10/01/2023 – 12/31/2023 (Q4)

Aspirin Given by EMS **12%**

Aspirin before EMS **6%**

Nitro given before EMS **13%**

Date Range 01/01/2024 – 03/31/2024 (Q1)

Aspirin Given by EMS **19%**

Aspirin before EMS **25%**

Nitro given before EMS **17%**

Data retrieved from ESO on 05/22/2024

The accuracy of the data in this report is limited by system performance and the accuracy of agency data submissions.