

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



**Summer 2024
Thursday, August 22, 2024
10:00 am**

Those present were: (All present via Zoom)

Name	Agency/Hospital	User Email
Michelle Ludeman	Northern VAEMS Council	michelle@vaems.org
Amber Brown	AHA	amber.brown@heart.org
Andrew Sanders	Prince Wm Co Fire Dept	asanders@pwcgov.org
Becca Wilson	City of Manassas Fire Dept	rwilson@manassasva.gov
Beth Adams	Fairfax County Fire & Rescue	beth.adams@fairfaxcounty.gov
Brian Orndoff	City of Fairfax Fire Dept	brian.orndoff@fairfaxva.gov
Catherine Moore	UVAHealth	rpf7zn@uvahealth.org
Dan Avstreich, MD	Fairfax County Fire & Rescue	dan.avstreich@fairfaxcounty.gov
David Reich	Inova	david.reich@inova.org
Eddie Fonner	VCSQI	cefonner@gmail.com
Eric Simenson	MMT	eric.simenson@mmtamb.com
Gary Riggan	LifeCare Medical Transports	griggan@lifecare94.com
James Maneval	Prince Wm Co Fire Dept	jmaneval@pwcgov.org
Jamie Cooper	Loudoun County Fire & Rescue	jamie.cooper@loudoun.gov
J'nay Harshbarger	Inova	jnay.harshbarger@inova.org
Kate Kramer	Arlington County Fire Dept	kkramer@arlingtonva.us
Kate Passow	PTS/GMR	kate.passow@gmr.net
Laura Vandegrift	Northern VAEMS Council	laura@vaems.org
Michelle Graves	HCA	michelle.graves@hcahealthcare.com
Peter O'Brien MD	VHAC/Centra Health	peter.obrien@centrahealth.com
Rocco Alvaro	Fairfax County Fire & Rescue	rocco.alvaro@fairfaxcounty.gov
Shirley Riggsbee	Inova	shirley.riggsbee@inova.org

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

Virginia Heart Attack Coalition – Northern Region

Meeting Minutes

August 22, 2024

APPROVAL OF MINUTES

- The May 23, 2024, meeting minutes were sent via email for review
 - Motion to approve as written by Beth Adams, seconded by Kate Kramer
 - ***Minutes unanimously approved***

CASE PRESENTATION – Prince William County Fire and Rescue

A copy of the presentation is at the end of these minutes.

AHA UPDATE

Amber Brown presented an update.

- Congratulations to 2024 GWTG CAD award-winning hospitals and 2024 Mission: Lifeline EMS agencies.
- Members of the AHA will be attending the state VHAC meeting and providing awards to team members.
- GWTG-CAD Quality Forum is September 11, 2024, from 2-3 PM EST.
- Rural Health Care Outcomes Accelerator is October 8, 2024, from 2-3 PM EST – limited to rural hospitals only.
- Kate Kramer advised she got an email asking if they'd participate in the Chest Pain MI Registry instead of the Mission: Lifeline. Arlington County has done Mission: Lifeline for the last 10 years, but she is unsure if they'll continue because the data seemed skewed this time, so that's a consideration.

VCSQI DATA REVIEW

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

- Eddie reminded the group about the upcoming State VHAC meeting. The minutes include more information.

REGIONAL EMS DATA UPDATE

Michelle Ludeman advised that there is no update at this meeting. The data was skewed due to different software versions being used during the conversion, and there were errors in it. Cat Moore also asked what data the group was interested in receiving to ensure we were presenting the most informative and accurate information.

- FMC to PCI is important
- EMS transmissions of EKGs – what delays are we seeing, what timeframe are they being sent, etc?
- Cath lab activation by EMS
 - Transmissions go to the ED for Loudoun Co., and then they discuss with the cath lab. There is no direct transmission to the cath lab and/or activation by EMS.
 - Are there agencies that do ED Bypass and directly activate the cath lab?
 - Dr. O'Brien said they do about 85% ED bypass for appropriate patients. It's both safe and results in better times for reperfusion and outcomes.

HOSPITAL AND EMS AGENCY ROUNDTABLE DISCUSSION

- Hospitals
 - UVA Northern VA– Did go live with a re-designed cath lab in April. It has two state-of-the-art labs and has brought on a new interventionalist with Carient, who is working with their team. Doing a lot of work with cath lab and ER for EKG recognition
- EMS Agencies
 - Loudoun County – Thanks for the excellent presentation from PW. Chief Cooper looked at incident notes, and it was a tremendous collaborative effort.
 - Not sure if all agencies are using High-Performance CPR yet. This is one example of when we have agencies operating across borders routinely. This is a specific case where the outcome was positive, and the interaction between crews was good. Intermixing protocols and allowing providers to perform at the maximum of their abilities is a great example.
 - Thanks to the Council and support for the EMS Supervisor program for their regional award, pushing that forward for the state for recognition.
 - Prince William County – Andrew Sanders EMS supervisors will go on soon and have four supervisors soon.
 - Will build out the clinical side, but initially, administrative
 - Switching from 15 medic units down to 9 and increasing BLS units
 - Eight submissions for OMD at this time. The RFP closed last week.
 - Fairfax County – posting job announcement for Senior Pharmacist for Fairfax Co for the FD. If you have any questions, please reach out!
 - City of Fairfax doing cardiac monitor evaluation. On data, what percentage of agencies can transmit EKGs to the hospitals? Where do we stand (Northern Virginia) compared to the rest of the state?
 - Arlington County is about to launch LifePak 35, but it is supposed to be able to transmit EKGs without additional modems. Unfortunately, VHC has difficulty receiving anything from them.
 - One consideration is where the data is located in the reports and how the hospitals find it.
 - Shirley Riggsbee said Documentation from EDPs should include the time of the ECG that confirms STEMI ie., the 1st STEMI ECG - must be determined by MD, not just that the ECG read is STEMI - Acute MI
 - Fairfax County stated that Harmony from Reston Hospital Center provides them with regular feedback and Shirley for Inova.
 - Kate Kramer said she can provide additional information for VHC because they do a monthly cardiac collaboration meeting.

SAVE THE DATE!

The State VHAC Meeting will take place at the Boar's Head Inn September 25-26

- A copy of the flyer is attached to these minutes.
- The State VHAC Committee is also actively seeking a physician and other stakeholders for the Northern region

Virginia Heart Attack Coalition – Northern Region

Meeting Minutes

August 22, 2024

- <https://www.vaheartattackcoalition.org/event-details-registration/vhac-statewide-meeting-1/form>
- Unfortunately, the rooms at Boar's Head Resort are fully booked. However, we have identified several nearby hotels that may have availability:
 - [Country Inn & Suites](#) (\$106)
 - The [Kimpton](#) (\$182)
 - [Hampton Inn](#) (\$164)

NEXT MEETING TOPIC

Suggestions for upcoming meeting topics

- There were no suggestions at this time. Please let Michelle or Cat know if anyone has a topic to recommend or a presentation for the next meeting.

2024 UPCOMING MEETINGS

- November 21, 2024

ADJOURNMENT

The meeting was adjourned at 11:14 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, Administrative Coordinator 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 August 22, 2024. The minutes were officially approved on November 21, 2024, at the Committee meeting.

Laura Vandegrift

11/21/2024

Laura Vandegrift
Interim Executive Director

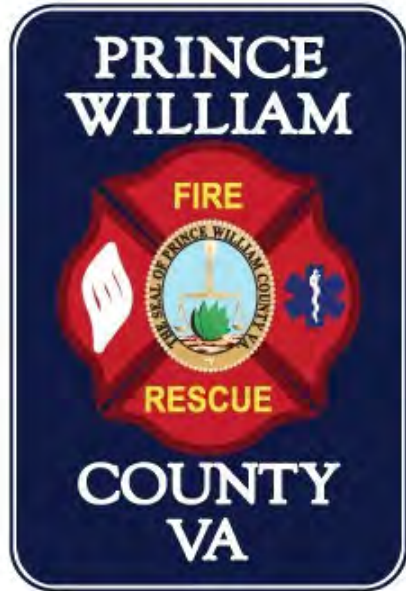
Date

Collaborative Outcomes

Achieving Success Through Teamwork and
Partnership Case Review



Agencies Involved



UVA Health

Haymarket Medical Center

Case Presentation

- Fire and EMS are called for a morbidly obese 65-year-old female patient who suffered a witnessed cardiac arrest in her residence.
- Patient presents in asystole with agonal respirations.
- High-performance CPR is initiated with SGA, IO and IV access established.
- ROSC obtained after 22min of CPR.
- Patient presented logistical and safety issues in packaging and movement due to her size.
- Patient also remained hypotensive refractory to fluid administration, requiring an epinephrine pressor drip.

Call Timeline

- Dispatch: 18:52 [PE515, M607, PE627]
- On Scene: 18:59
- CPR in progress: 19:01 [EMS601]
- ROSC: 19:23 [AA627 with MAB627]
- Depart Scene: 20:37 (74min post ROSC)
- Arrive Haymarket MC: 21:00 (97min post ROSC)

Call highlights

- Interagency response with Prince William County Department of Fire and Rescue (PWCFRS) and Loudoun County Combined Fire and Rescue System (LC-CFRS).
- Utilization of resources not commonly called for.
- EMS protocols from both System's used to provide a higher level of care.



Call highlights

- **Early identification of extended on scene time allowed units to focus on patient care and safety.**
- **Early notification of patient, conditions and complexity of the case relayed to Haymarket Medical Center.**
- **Units on scene were able to overcome obstacles that they were presented with and use equipment and training to aid in patient care and safety.**

Area of improvement

- Upon arrival at Haymarket Medical Center, turnover to hospital staff was delayed due to equipment set-up to remove patient from MAB.
- Different equipment: EMS utilizes Lifepak 15, while the hospital is equipped with ZOLL defibrillators.
- Communication failures at the hospital resulted in a disorganized handoff of patient care.

Identification of Next Steps

- EMS and Hospital leaders met to discuss case, adopting a blame-free culture.
- Root cause(s) identified:
 - Education/knowledge gaps
 - Ineffective communication/lack of process with EMS for patient care handoff
- Shared goal mindset: *"How can we (EMS & Hospital) do better next time?"*.

Next Steps Implemented

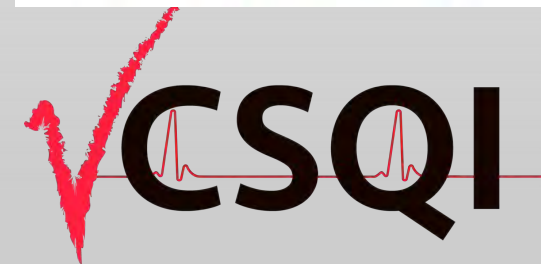
- External pacing procedures reviewed with hospital staff; highlighting care transitions and equipment barriers.
- Collaboration with EMS:
 - Education & Implementation of “Silent Codes”
 - Standardized report hand off
 - Standardized transition of patient & equipment (stretcher to stretcher)
- Quarterly drills (EMS & hospital staff).
- Feedback and re-evaluation.

Outcomes

- Fostered a culture of mutual understanding and strengthened working relationships between EMS and hospital teams.
- Enhanced communication and patient care handoffs.
- Reduction in complaints.

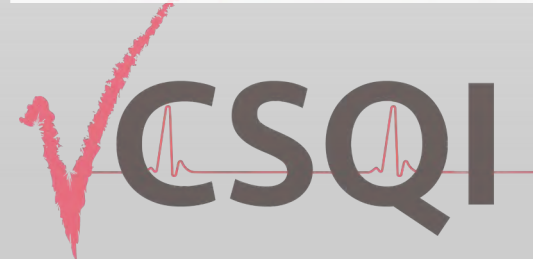
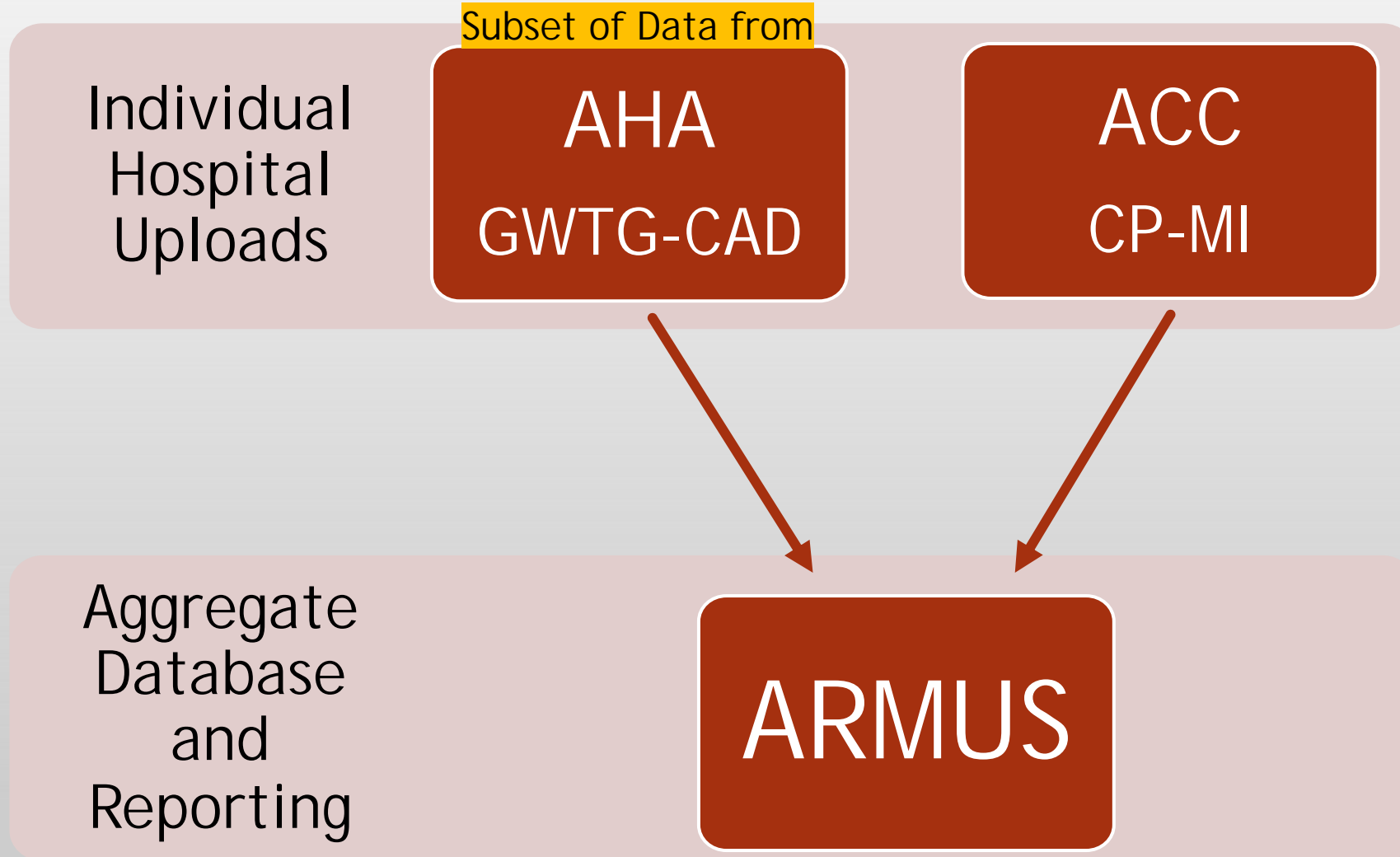
VHAC-VCSQI Statewide STEMI Database

Q1 2024 Summary Reports: Northern Region



Transforming Cardiovascular Care to Improve Patient Experience and Value

Data Aggregation Model

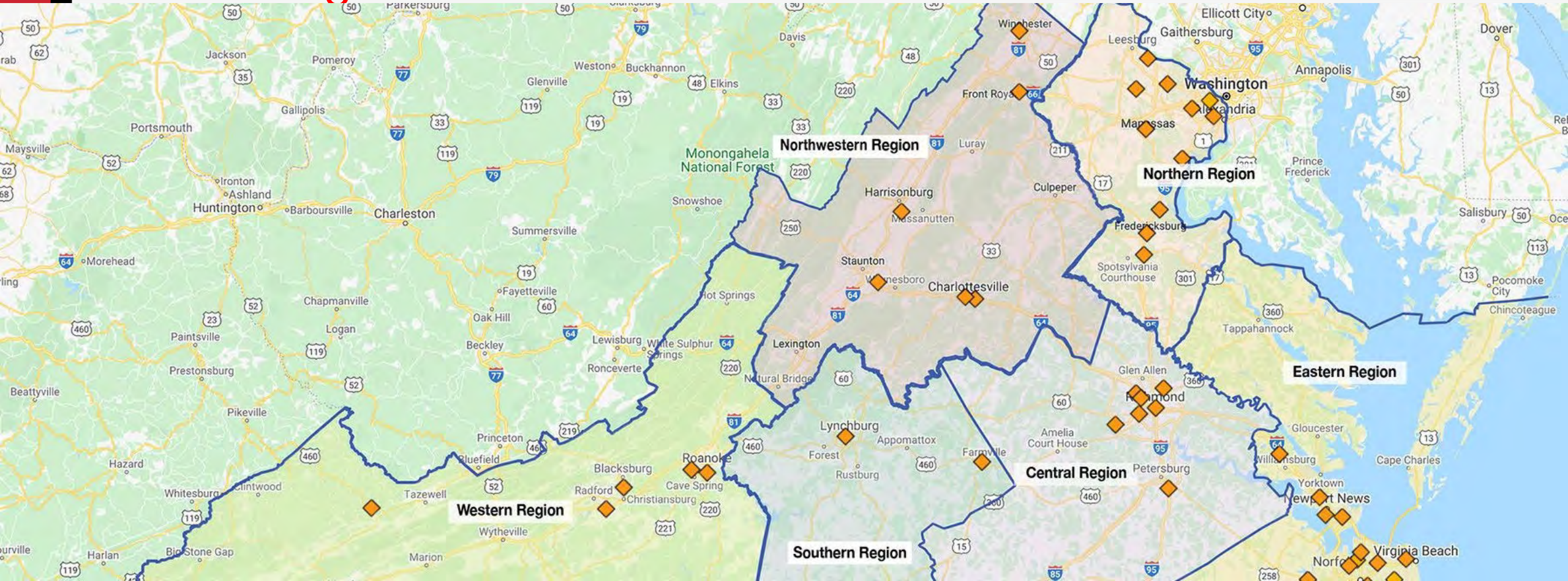


STEMI Database Participation

- 22 VCSQI Programs included in the database
 - 5 New members pending uploads
- 18 Programs currently sharing CP-MI data quarterly
 - 4 Centers from VHAC Northern Region submitting data (one pending)
- 4 Programs from GWTG-Only
 - Sharing a subset from GWTG-CAD



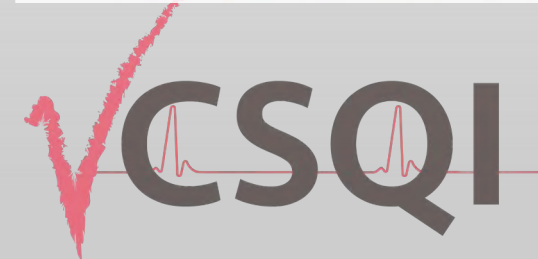
VHAC Regions



STEMI Reports by Region: Q2 2023 – Q1 2024

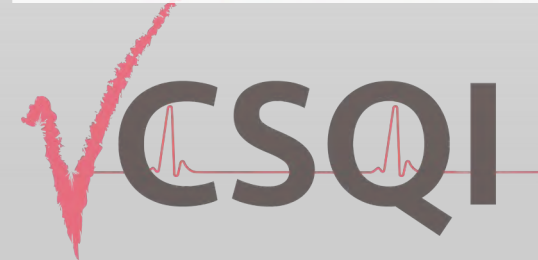
Population: All STEMI Patients, Q2 2023 – Q1 2024 (N=1,891)	VCSQI	Central	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	56.0	40.0	60.0	53.0	62.0	44.0	59.0
Median Transfer Time between Hospitals	29.0	17.0	27.0	21.0	43.0	32.5	39.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	88.1%	86.6%	86.4%	90.8%	91.8%	88.0%	79.2%
Median FMC to Primary PCI: Non-Transfer Patients	69.0	62.0	73.0	73.0	62.0	67.0	75.0

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

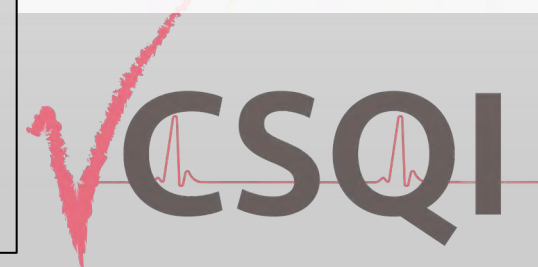
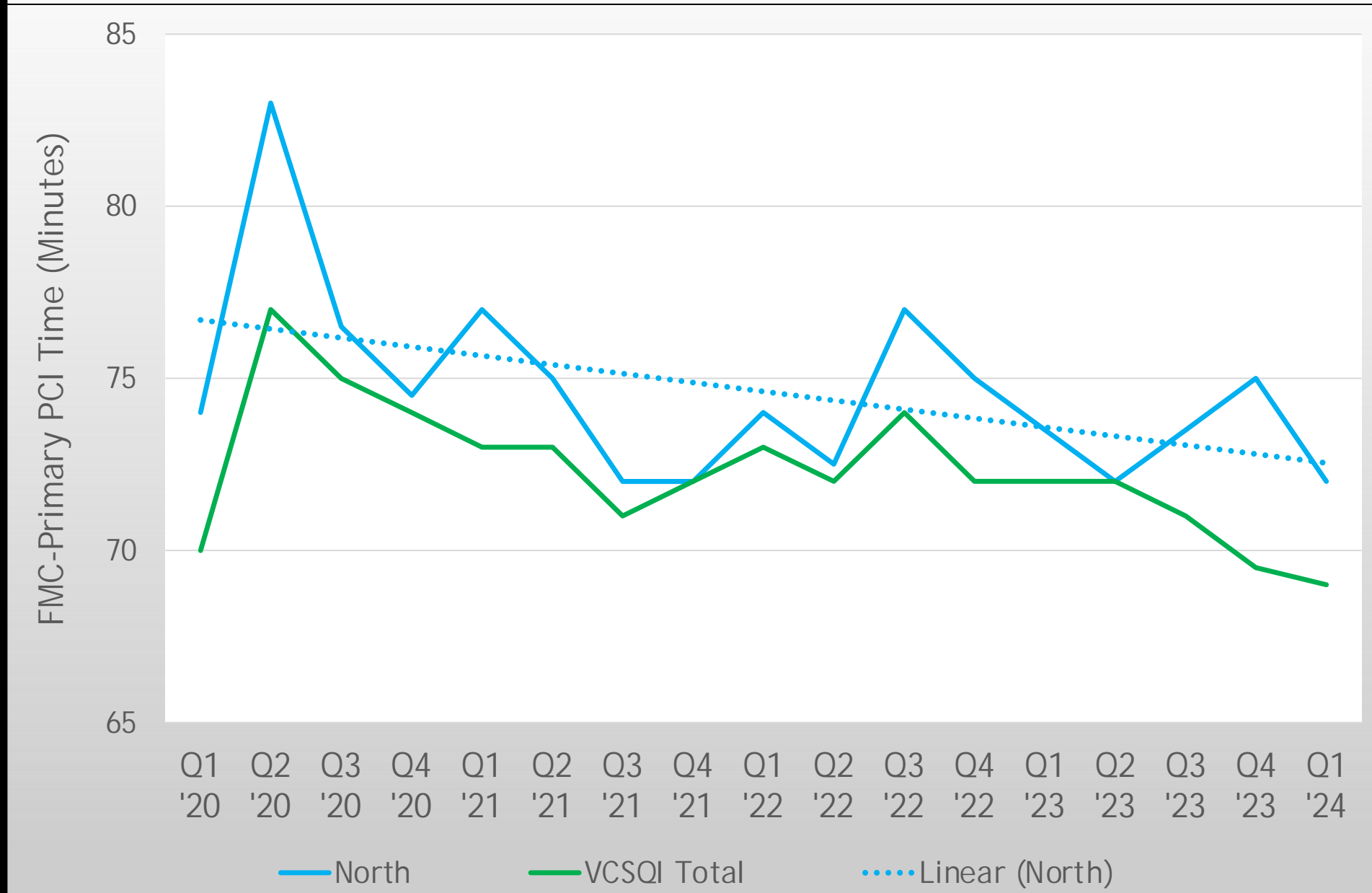


Northern Region: Q2 2023 - Q1 2024

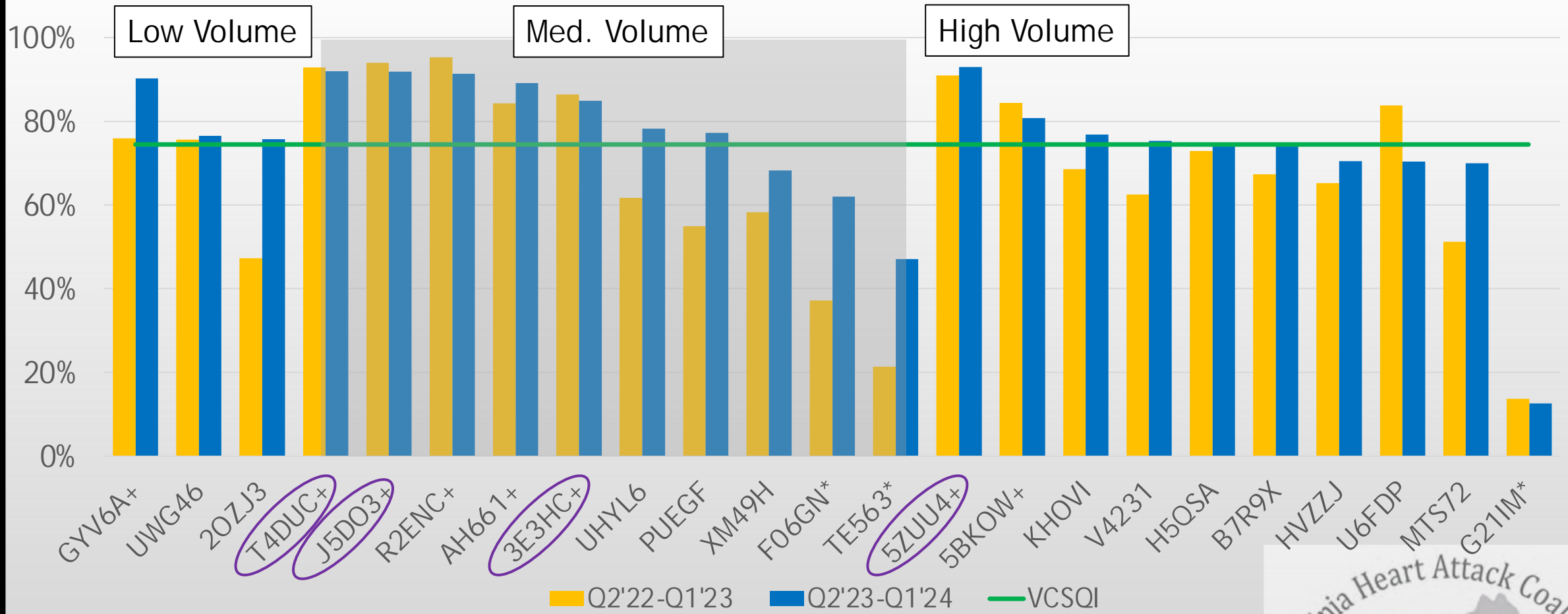
Population: All STEMI Patients, Q2 2023 – Q1 2024 (N=422)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	53.0	85.0	55.0	53.0	44.5
Median Transfer Time between Hospitals	21.0	16.0	25.0	18.0	20.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	90.8%	89.1%	90.0%	95.1%	88.6%
Median FMC to Primary PCI: Non-Transfer Patients	73.0	75.5	72.0	71.0	80.0



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



Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q2 2022 - Q1 2024 (N=4,684)



VCSQI: Femoral - 25.3%

Radial - 74.4%



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

New Measures in Development

- Cardiac Arrest Survival
- FMC to Cath Lab Activation Time
- Cath Lab Activation Cancellation Rate



Upcoming Events

- September 25-26:
- VHAC State Meeting (Charlottesville)

