

Virginia Heart Attack Coalition Northern Region

Fall 2024
Thursday, November 21, 2024
10:00 am



VIA ZOOM

**Please update your meeting name in Zoom with
the agency or hospital you are affiliated with.**

Type of Meeting: Collaborative exchange of information to improve the STEMI system of care in the Northern Virginia region

Chairpersons: EMS Battalion Chief Brian Orndoff, City of Fairfax Fire Department
Cat Moore, STEMI Coordinator, UVA Community Health

AGENDA

- Call to order
- Approval of minutes of August 22, 2024, meeting
- Case Presentation
- AHA Update – Amber Brown
- AHA EMS Mission: Lifeline Awards – Alexander Kuhn
- VCSQI Data Review – Eddie Fonner
- Regional EMS Data Update – Michelle Ludeman
- Hospital and EMS Agency Roundtable
- Next Meeting Topic Discussion
 - *Still actively seeking a physician and other stakeholders in the Northern Region*
- Adjournment

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



**Winter 2024
Thursday, November 21, 2024
10:00 am**

Those present were: (All present via Zoom)

Name	Representing	Email
Alexander Kuhn	AHA	alexander.kuhn@heart.org
Amber Brown	AHA	amber.brown@heart.org
Ana Ramon Albors	Fairfax County Fire & Rescue	ana.ramonalbors@fairfaxcounty.gov
Becca Wilson	City of Manassas Fire & Rescue	rwilson@manassasva.gov
Beth Adams	Fairfax County Fire & Rescue	beth.adams@fairfaxcounty.gov
Brian Orndoff	City of Fairfax Fire Department	brian.orndoff@fairfaxva.gov
Catherine Moore	UVA PW Medical Center	rfp7zn@uvahealth.org
Courtney Deihl	Mary Washington Hospital	courtney.deihl@mwhc.com
Gary Riggan	Lifecare Medical Transports	griggan@lifecare94.com
Jamie Cooper	Loudoun County Fire & Rescue	jamie.cooper@loudoun.gov
John Morgan	Loudoun County Fire & Rescue	john.morgan@loudoun.gov
Joseph Marfori	City of Alexandria Fire Department	joseph.marfori@alexandriava.gov
Kate Kramer	Arlington County Fire Department	kkramer@arlingtonva.us
Kate Passow	PTS	kate.passow@gmr.net
Laura Vandegrift	NVEMSC	laura@vaems.org
Leddyanne Dell	City of Alexandria Fire Department	leddyanne.dell@alexandriava.gov
Michelle Graves	Spotsylvania Medical Center	michelle.graves@hcahealthcare.com
Michelle Ludeman	NVEMSC	michelle@vaems.org
Peter O'Brien, MD	VHAC	peter.obrien@centrahealth.com
Rocco Alvaro	Fairfax County Fire & Rescue	rocco.alvaro@fairfaxcounty.gov
Serdar Serttas	PHI	sserttas@phiairmedical.com
Sherri White	VSCQI	sherri@vcsqi.org
Stephen Day	Inova Heart	sday@tcg.md
Tracy Lane	Loudoun County Fire & Rescue	tracy.lane@loudoun.gov

The quarterly Virginia Heart Attack Coalition (VHAC) meeting was started at 10:05 am by Catherine Moore.

Virginia Heart Attack Coalition – Northern Region

Meeting Minutes

November 21, 2024

APPROVAL OF MINUTES

- The August 22, 2024, meeting minutes were sent via email for review
 - Motion to approve as written by Leddyanne Dell, seconded by Beth Adams
 - ***Minutes unanimously approved***

AHA UPDATE

Amber Brown presented an update. A copy of her update is found at the end of these minutes.

AHA EMS MISSION: LIFELINE AWARDS - Alexander Kuhn

Alexander Kuhn provided

VCSQI DATA REVIEW

Sherri White presented an update. The presentation is at the end of these minutes.

REGIONAL EMS DATA UPDATE

Michelle Ludeman provided 3rd quarter data. A copy is at the end of these minutes.

HOSPITAL AND EMS AGENCY ROUNDTABLE DISCUSSION

- Hospitals
 - UVA Northern VA– Onboarded another new interventionalist. Dr. Bakhshi is part of Carient.
- EMS Agencies
 - Fairfax County – Continue to monitor STEMI and stroke data regularly.
 - Arlington County is trying to reinstate its direct-to-cath program, but they are currently working through some issues.

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.
- Still actively seeking a physician and other stakeholders in the Northern region.

2025 UPCOMING MEETINGS

- February 2025

ADJOURNMENT

The meeting was adjourned at 10:59 am.

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

Northern Virginia EMS Council

Virginia Heart Attack Coalition – Northern Region

Meeting Minutes

November 21, 2024

PO Box 648
Gainesville, Virginia 20156

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 November 21, 2024. The minutes were officially approved on _____ 2025, at the Committee meeting.

Laura Vandegrift
Administrative Coordinator

Date

DRAFT



American
Heart
Association®

Mission: Lifeline® EMS Recognition

November 21, 2024

Measure Development

Based on AHA guideline recommendations for heart attack and stroke

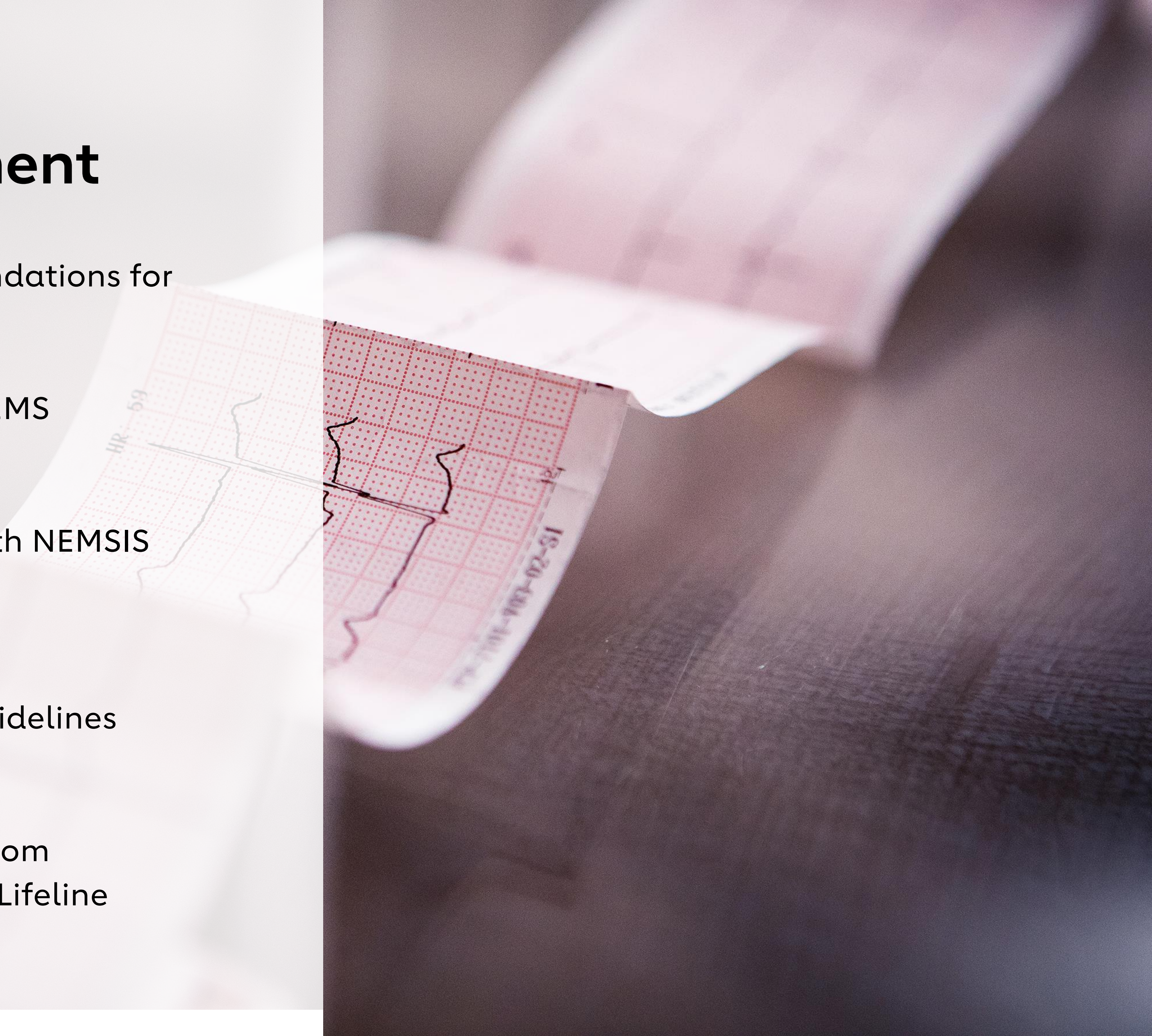
Developed and approved by AHA EMS volunteer committee

Efforts to align measure criteria with NEMSIS data values

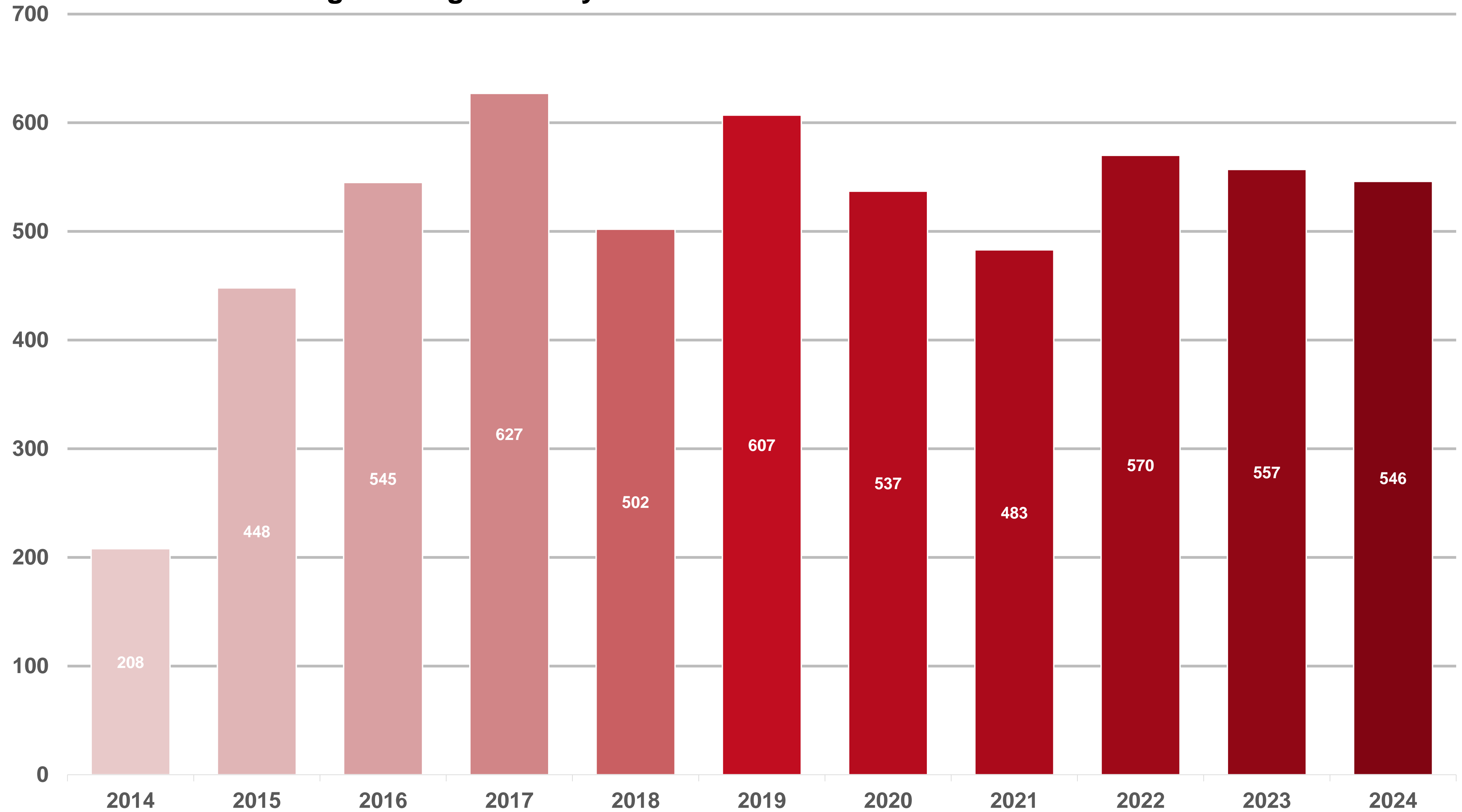
- Measures adopted by NEMSQA

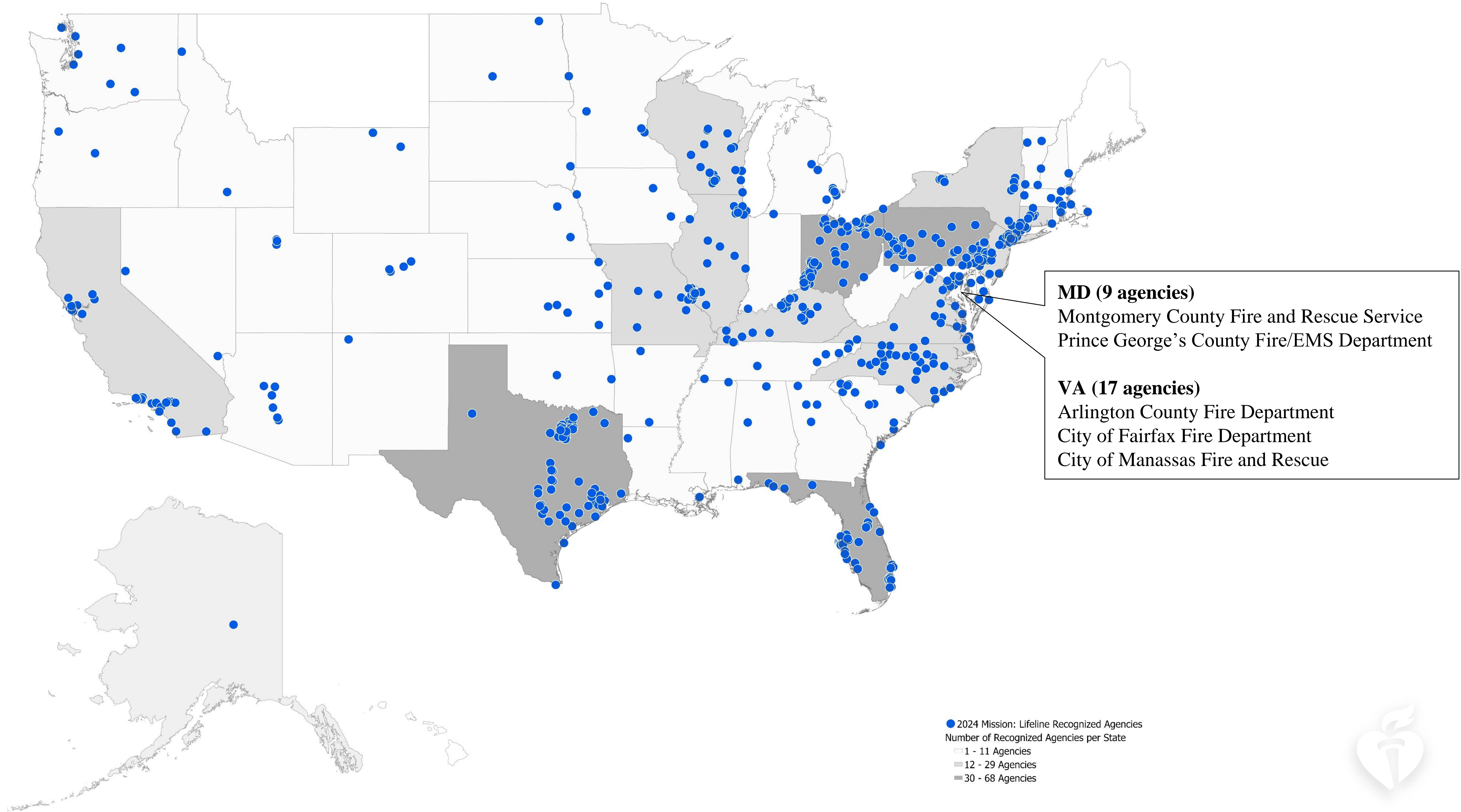
Harmonizing with Get With The Guidelines hospital data and measures

Feedback and recommendations from volunteer workgroups and Mission Lifeline participants (measure users).



Number of Recognized Agencies by Year





2025 M:L Measures At-a-Glance

Stroke Measures

- AHAEMS1: Pre-Arrival Notification for Suspected Stroke
- AHAEMS2: Documentation of Last Known Well for Patients with Suspected Stroke
- AHAEMS3: Evaluation of Blood Glucose for Patients with Suspected Stroke
- AHAEMS4: Stroke Screen Performed and Documented

STEMI Measures

- AHAEMS5: 12-Lead ECG Performed within 10 minutes for Suspected Heart Attack
- AHAEMS6: Aspirin Administered for STEMI-positive ECG
- AHAEMS7: Pre-Arrival Notification within 10 minutes for STEMI-positive ECG



Updates to 2025 M:L Measures At-a-Glance

Optional Reporting Measures

- **AHAEMS6b: Aspirin Administered for Suspected Heart Attack**
 - Sunsetting 2026 AHAEMS6: Aspirin Administered for STEMI-positive ECG
- **AHAEMS11: EMS FMC to Endovascular Therapy within 120 minutes for Patients with Stroke (extended transport)**
 - May become a Target Stroke Award measure in the future
 - About 30% of stroke patients nationally meet this measure (source – GWTGS, 2024)

Systems of Care Measures

Target Heart Attack Award Requirements

AHAEMS8: EMS FMC to Primary Percutaneous Coronary Intervention within 90 minutes **or EMS first medical contact to PPCI time of less than or equal to 120 minutes when transport time is greater than or equal to 45 minutes and door to PPCI is within 30 minutes** for Patients with STEMI (align with GWTG AHACAD8)

- AHAEMS9: **EMS FMC to Thrombolytic Administration within 60 minutes for Patients with STEMI**
- Must have 4 total STEMIs annually
- Must meet AHAEMS8 **or** AHAEMS9
- 75% threshold for recognition

Target Stroke Award Requirement

- AHAEMS10: **EMS FMC to Thrombolytic Administration within 90 minutes for Patients with Stroke**
- Must have 4 total strokes annually
- 50% threshold for recognition (\approx 88% of stroke patients nationally meet this measure (source – GWTGS, 2024))



How to apply

1. Go to the Quality and Certification Tool (QCT) portal <https://qct.heart.org/>
2. Create and submit an account with your agency's demographic data.
3. You will receive an email confirming your ability to submit measure data once approved.
4. Submit measure data to complete your application

Timeline and Next Steps

AMERICAN HEART ASSOCIATION

- November 2024
 - QCT moves agencies from 2024 to 2025
 - Ability to approve new Pending
- January 2025
 - Updated materials/website available
 - Compatible vendor agreements
- February 2025
 - Application open
- Additional webinars and agency assistance

PREHOSPITAL AGENCIES 2024 Agencies in QCT

- Add additional members to agencies (up to 5 allowed)
- Submit measures data
- **2025 New Agencies (not currently in QCT)**
 - Register now in QCT (approval in November)
 - Submit measures data

APPLICATION PERIOD CLOSSES May 31, 2025 at 11:59 pm CST



If you have any questions, please reach out to missionlifeline@heart.org



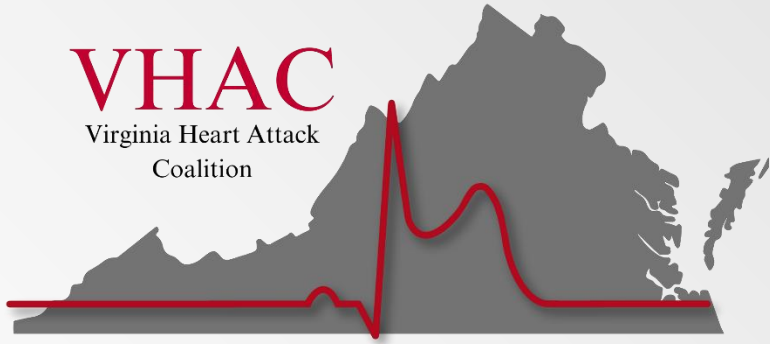
“What’s in it for Me?”

- Better patient care and outcomes
- Legal
 - *“If you didn’t document it didn’t happen”*
- Fiscal
 - Subscription promotion
 - Tax levy
 - Billing
- Staff morale, recruitment, professionalism
- Community impression and awareness
- Contribute to future science and guidelines
- Friendly competition






VHAC
Virginia Heart Attack
Coalition



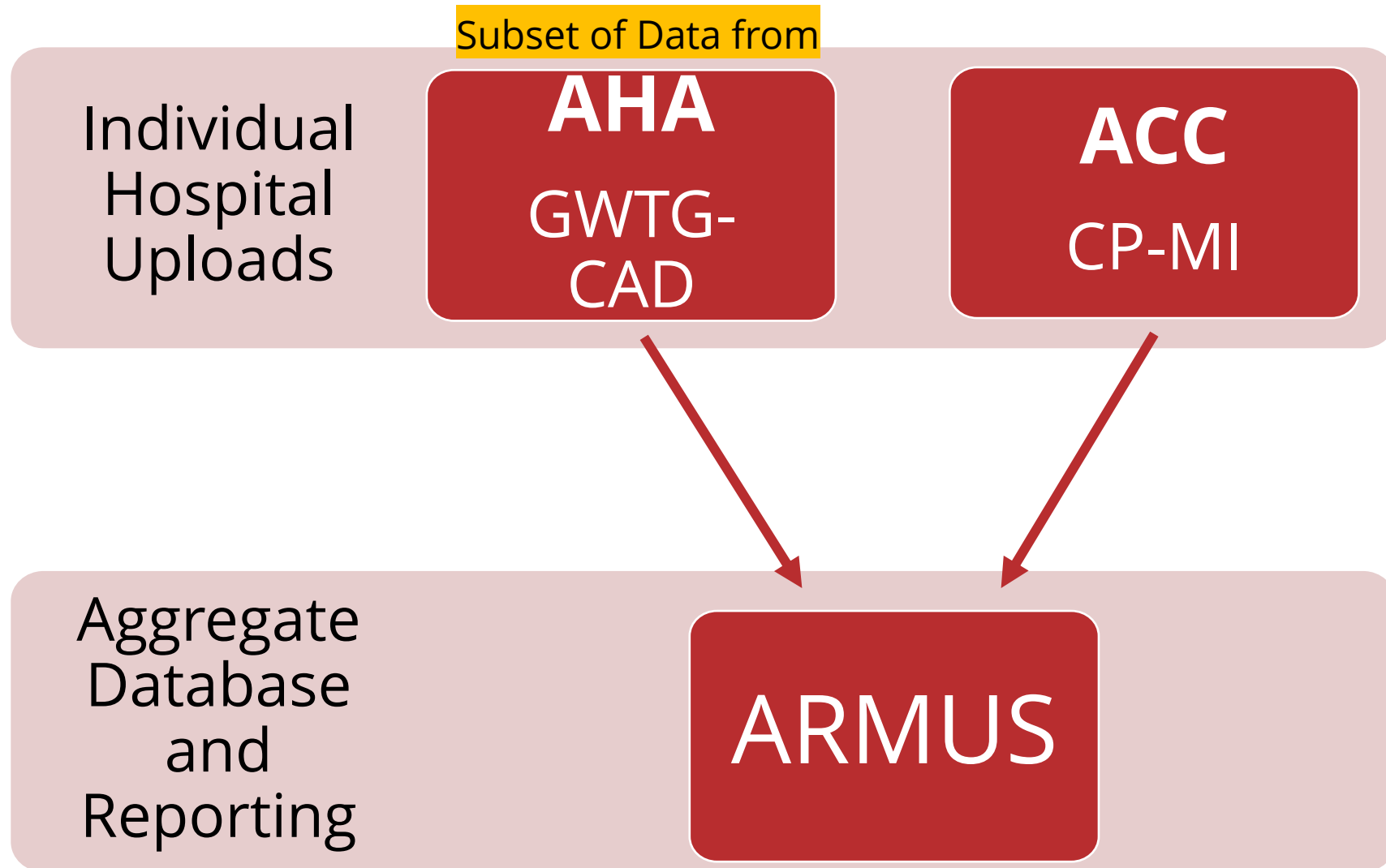
VHAC- VCSQI Statewide STEMI Database

Q2 2024 SUMMARY REPORTS:
NORTHERN REGION

Proud partner of 



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

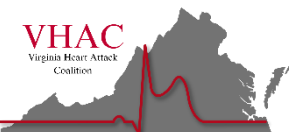
STEMI Reports by Region: Q3 2023 - Q2 2024

Population: All STEMI Patients, Q3 2023 – Q2 2024 (N=1,785)	VCSQI	Central	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	58.5	82.0	62.0	54.5	64.0	47.0	57.0
Median Transfer Time between Hospitals	29.5	31.5	27.5	21.0	47.0	31.0	42.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	88.7%	86.7%	86.6%	93.1%	93.3%	88.0%	74.8%
Median FMC to Primary PCI: Non-Transfer Patients	69.0	63.0	72.0	72.0	62.0	69.0	75.0

 = Exceeds VCSQI Average

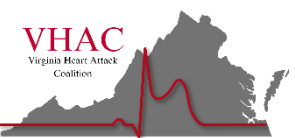
 = Equal to VCSQI Average

 = Lower than VCSQI Average

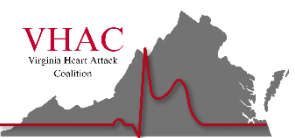
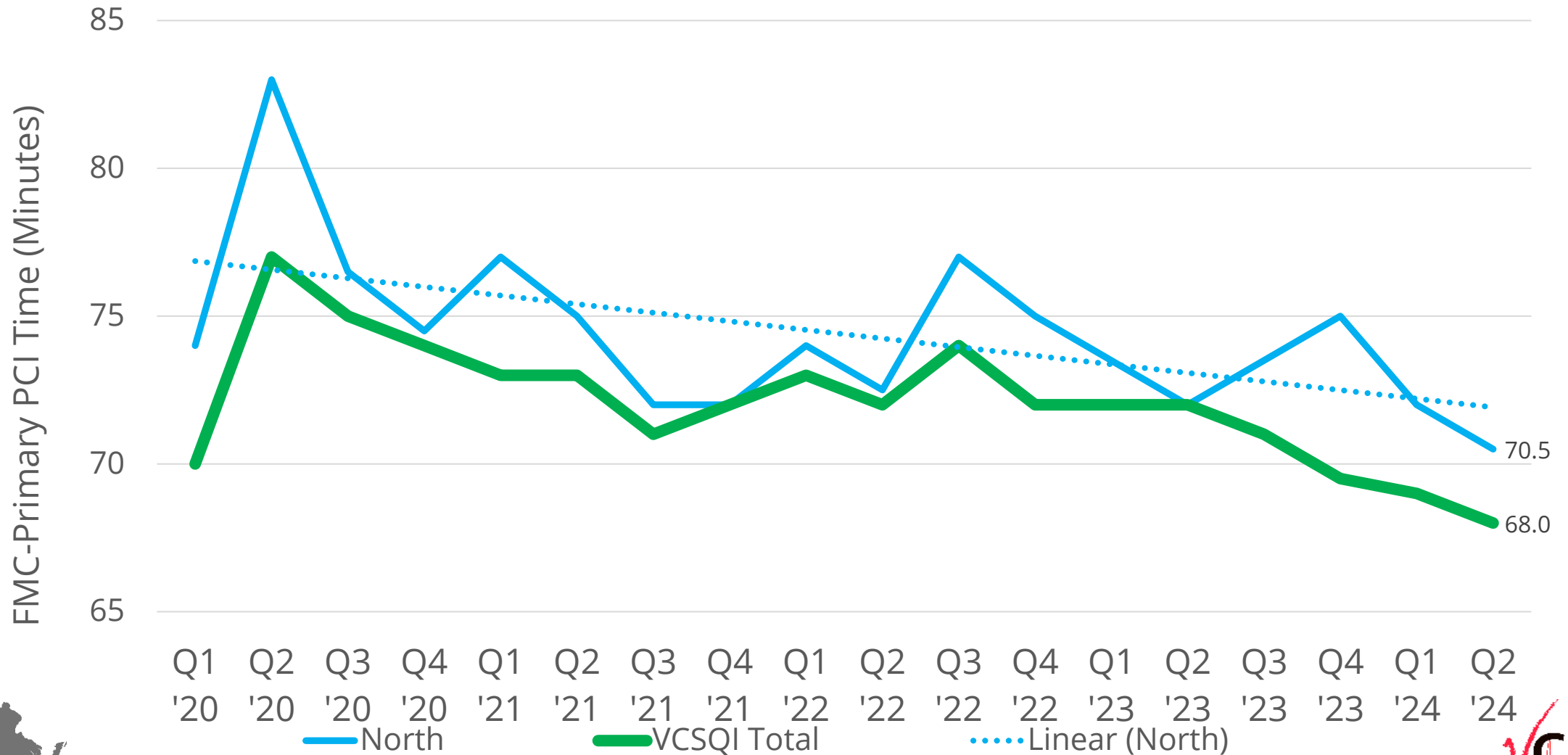


STEMI Reports by Hospital: Q3 2023 - Q2 2024

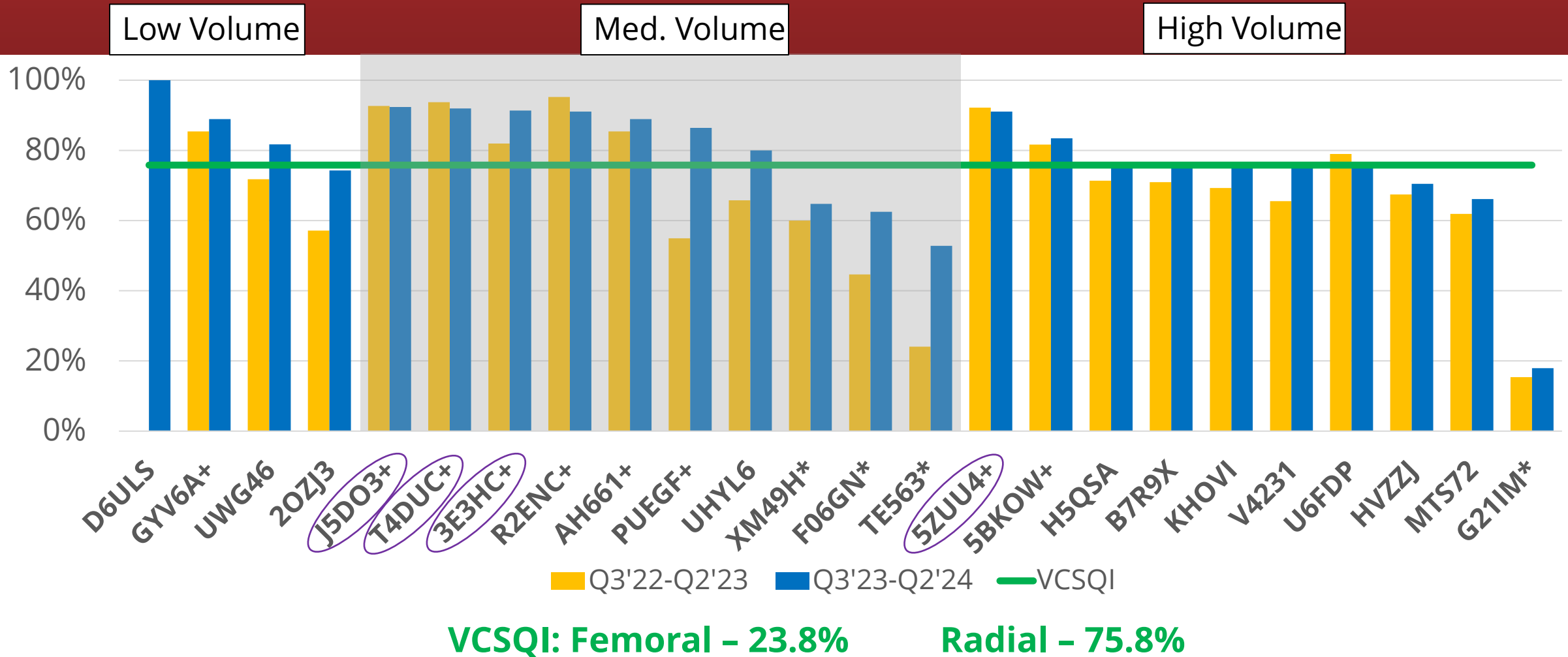
Population: All STEMI Patients, Q3 2023 – Q2 2024 (N=413)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	54.5	77.0	56.0	52.0	47.0
Median Transfer Time between Hospitals	21.0	16.0	24.0	16.0	21.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	93.1%	87.2%	95.9%	95.2%	86.8%
Median FMC to Primary PCI: Non-Transfer Patients	72.0	72.0	72.0	71.0	77.0



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



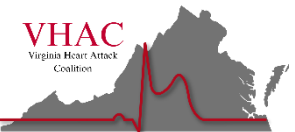
Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q3 2022 - Q2 2024 (N=4,721)



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
- Thrombolytics
- FMC to Cath Lab Activation Time
- Cath Lab Activation Cancellation Rate

New Measures by Region: Q3 2023 - Q2 2024

Population: VHAC STEMI Database Patients, Q3 2023 – Q2 2024 (N=6,968)	VCSQI	Central	East	North	Northwest	South	West
Pre-STEMI Thrombolytics: Non-Transfer Cases	0.1%	0.0%	0.0%	0.0%	0.0%	0.8%	0.7%
Pre-STEMI Thrombolytics: Transfer Cases	23.5%	7.1%	31.3%	0.0%	17.5%	49.2%	43.8%
Median FMC to Cath Lab Activation	17.0	19.5	14.5	16.0	14.0	27.0	24.0
Pre-Hospital Cardiac Arrest Survival	72.0%	58.3%	79.2%	75.6%	55.9%	63.6%	88.0%
Cath Lab Activation Cancelled	1.0%	1.0%	0.7%	2.3%	0.2%	0.6%	1.4%

VHAC Workgroups

- Thrombolytics (Monthly – 1 hr) via Zoom
- Cardiogenic Shock (Monthly – 1 hr) via Zoom
- ED Bypass and False Activation (Monthly – 1 hr) via Zoom
- PE Response Team (PERT) (Bi-Monthly – 1 hr) via Zoom
- ECG Education (Monthly – 1 hr) via Zoom

www.VAHeartAttackCoalition.org

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

Date Range 07/01/2024 – 09/30/2024 Q3

STEMI Transports	149
Inova Fairfax Hospital	44
HCA Reston	15
Sentara Northern VA Med	12
Inova Loudoun Hospital	21
Virginia Hospital Center	24
Inova Alexandria Hospital	15
UVA PW Medical Center	18

Suspected STEMI Transports By Destination Name NOVA

This report is designed to assist agencies in evaluating the appropriate destination of suspected STEMI patients.

Avg Scene Time for Suspected MI and STEMI

Avg Scene time 16min15s

Avg Scene Time for Suspected MI and STEMI

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

Average at Patient to 12-Lead ECG

4min 58s

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.

On Scene Time to 12-Lead ECG

Avg on-scene to 12 lead 7min 36s

(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

Aspirin given 22%

Aspirin before EMS 11%

Nitro before EMS 13%

(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.

Data was retrieved from ESO on 11/20/2024.