

Cardiac Task Force Meeting

Wednesday, July 13, 2022

Welcome/Introductions: Christine Greff, Alana McClellan, Erica Erck, Kalah Erickson, Sandy Kovar, Dr. Jeff Sather, Curt Halmrast, Joan Reis, Liz Albers, Mindy Cook, Dr. Jason Go, Deneille Haberstroh, Ryan Telford, Karla Spence, and Linda Zahn.

Approval of Minutes: Motion to approve last meeting minutes by Sandy, seconded by Joan.

Brief Update from STEMI coordinators

April – Sanford Bismarck. Working on chest pain accreditation.

Kalah – Sanford Fargo. Also working on chest pain accreditation. Getting ready for heart walk in August to raise awareness and have a guest speaker.

Sandy-Altru. Working on chest pain accreditation. Doing STEMI education, and things are going well.

Joan-Bismarck. Working on an audit.

Erica -Minot. Working on summer events and awareness of stroke and cardiac. Doing hands-on CPR training and blood pressure checks. Have the state fair to attend and National night out. Christine suggested that their community might be ready to be Cardiac Ready Community.

Alana –Valley City. Doing community days, hands-on CPR, and blood pressure checks.

Update from Christine, Dept of Health:

Dr. Michael Flisak is a new member of the Cardiac task force. He is a cardiologist at CHI ST Alexius and will be taking the place of Dr. Oatfield on the Task Force. Motion approved to add Dr. Flisak to the Task Force.

Cardiac Ready Community Program update. Two newly designated communities are Glen Ullin and Medora Billings County. Hopefully will be acquiring more AEDs to distribute.

Stryker and Helmsley have implemented the Hearts on Duty program. This program recognizes law enforcement officers after utilizing the AED that was granted to them, and if they save a life, then they get to donate an AED back to their community to a non-profit organization. With these AEDs, Christine receives reports from the AEDs.

Still waiting on ESO upgrade. Hopefully, through Helmsley for a year and then continue it through general funds. Also hoping to purchase Pulse Point for our state through Helmsley for a year and then use general funds.

Century code changes. Getting ready for the merging of our division with Human Services. Christine has been working on language changes to make them more generic and to remove the Action Registry. Submitted a request to the governor that the advisory committee could get reimbursement for miles and expenses for traveling.

Informed that votes by email cannot happen. We need to think about the quorum because we do not have a quorum to vote on some meetings. Think about if we have too many meetings or if they are too long. Option to have two main meetings per year and have executive meetings. We need to encourage Physicians to attend meetings. We must decide the number of people on the task force and how many people make a quorum. The length of the meeting and how often to meet. Look at the committee to see if there are people who haven't attended very often.

Working on Bylaws. Maybe have a dedicated hour for voting on items and change the meeting time.

Working on budget. Adding more money for Cardiac Registry reimbursement to ensure we can continue to supplement this expense.

In September, we will be merging with Human Services and under the division of Public Health. Not sure what our division will be called.

Some coordinators have been asked what the options are for a registry, but the decision has already been made by the state after lots of discussions and the recommendation made by the Task Force.

Some are having problems bridging info to the state registry because of cost, but Christine mentioned that the state is helping supplement the cost. Just need to bridge the data into the state. There had been many discussions on this, and everything had been taken into consideration, and the committee chose to go with GWTG. Lots of review and discussion on this.

Mindy and Christine will work together on any miscommunications regarding the registry's costs. It was suggested that people in higher positions in their facility be part of the discussion.

Site visit – Acute Cardiac ready hospital. Everything went smoothly. The outreach from coordinators will help get this designation going.

ND Cardiac Guidelines Discussion on changes made

- Changes made to highlight Troponin.
- Heart score
- Added TTE box
- High Sensitivity Troponins are preferred but not required
- Page 6 -Highlighted Code Status
- Page 6 -Thrombolytic Therapy added
- Page 7- added bottom section for state STEMI registry
- Page 8 – Added High Sensitivity Troponin
- Page 8 - Hold nitro, Hold Beta Blocker explanations
- Page 9 – added in algorithm

Motion made by DR Sather to approve the updated version and seconded by Dr. Go. Changes approved. Christine will send out the completed guidelines.

ACRH Site Visit Review: Done by Ryan, Christine, and Aprille

- Christine went over the review and the recommendations

- They did a really good job and met all the quality measures.
- They have a comprehensive performance improvement program.
- Meeting their door to ECG to activate transport when STEMI code was called.
- Door to needle.

Motion made by Joan to approve a 3- year designation and seconded by DR. Go. Motion approved

AHA Update from Mindy Cook: Discussed many new things coming up.

- Expanded Rural Stroke and Cardiac programs. Will be sending out a press release nationally.
- Call to Action for Rural Health. Develop a strategic plan
- Awarded a Rural Health Care Outcomes Accelerator grant. Includes all CA hospitals and a lot of community hospitals in rural communities. Average bed size is 42.
- Developed heat maps to capture mortality for rural areas by county.
- Rural Health Care Outcomes Accelerator Components.
 - AHA LIFELONG LEARNING CENTER
 - RURAL LEARNING COLLABORATIVE AND MODEL PRACTICE SHARING
 - AHA MEMBERSHIP
 - RURAL COMMUNITY NETWORK
- HOSPITAL RECOGNITION CRITERIA WAS DISCUSSED
- 11 PERFORMANCE METRICS
- CAD IS BEING REVAMPED
- SHARED SOME MAPS.

Next meeting will be Wednesday, October 5, 2022

10:00 AM – 2:00 PM