

Minutes

Cardiac Task Force Meeting

Wednesday, October 4, 2023

10:00 am-2:00 pm

Virtual Meeting via Microsoft Teams

- I. **Welcome/Introductions:** Christine Greff, Tamara Harvey, Sandy Kovar, Joan Reis, Nicole Threadgold, Chris Price, Aprile Luger, R.J. Benth, Ryan Telford, Tony Burke, Kerry Krikava, Tawni Harvala, and Linda Zahn.
- II. **Approval of Minutes:** No corrections to minutes, no quorum, minutes not approved.
- III. **Brief updates from STEMI Coordinators:**
- IV. **Update from Christine**
 - a. **EMSU Update**
 - EMS Rules went to public comment. Lots of comments were submitted.
 - Anticipate EMS rule adoption at the beginning of the year.
 - EMS Study will review North Dakota EMS funding, workforce, retention, rural EMS, etc.
 - EMS grant going out next week. Agencies will receive grant awards. \$13.8 million in budget to support EMS operations in the state.
 - The trauma conference will be in Grand Forks this week.
 - New EMSC contract must be a pediatric-prepared designation process in emergency departments.
 - Stroke system is completing some educational outreach, dysphagia screen infographic, a reference guide to help critical access hospitals with the designation process.
 - b. **Update from Mindy by Christine**
 - GWTG CAD – IQVIA help desk can upload a hospital's exported CPMI data into GWTG-CAD account.
 - Stroke and Cardiac conference coming up on October 25 and 26. Educational credits approved for physicians, physician assistants, nurse practitioners, nurses, emergency medical services.

V. **Cardiac Task Force Business**

a. **Membership changes**

- Working on membership goals.
- Acute Cardiovascular Emergency Medical Systems century code requires committee members who represent referring and receiving hospitals, physicians who treat patients, and members who represent emergency medical services operations that provide service in rural and urban areas in the state. The goal is to have two CAH representatives per region.
- EMSAC nominated RJ Benth to serve as EMSAC representative on the Cardiac Task Force. RJ is a paramedic and fire chief and works in Williston.
- Christine will contact the ND EMS Association to see if they have a member to serve on the task force.

b. **Election of Officers** – No quorum, will move to next meeting agenda.

c. **Bylaws**-Revised bylaws reviewed. Member alternates were added as recommended by the task force at the July 12, 2023, meeting. Member Alternates added under Article III. Membership. Revisions as follows:

Section A. Member Alternates

1. Each member of the Acute Cardiovascular Emergency Medical System of Care Advisory may designate one member alternate. The member alternate must be previously identified by the committee member and approved by the Department of Health and Human Services. The selected alternate must have at least equal credentials and may attend regularly scheduled meetings on behalf of the committee member in the event the committee member is unable. The alternate must be added to the committee roster and be included in committee communications. The alternate does not add to the advisory committee quorum but may vote on behalf of the task force member/organization in the absence of the committee member.
2. If the advisory committee member desires to elect or change their delegated alternate, they must contact the chair and/or Department of Health and Human Services representative prior to any regularly scheduled meeting to allow for the DHHS approval process before voting rights are granted.

Section BA. Voting

1. Each member will have one (1) vote. Proxy votes are not permitted. If present, the previously identified alternate may vote on behalf of the absent committee member. If a quorum is not present, a majority vote via email is not acceptable.
2. Each cardiac coordinator from the tertiary hospitals is considered an advisory committee member with voting rights.

Section C. Attendance

Subsection 3.

3. If an advisory committee member or the identified committee member alternate is unable to attend a meeting, they may ~~it is their responsibility to~~ assign someone to attend ~~represent~~ in their place ~~during the meeting~~. This individual does not have voting rights.

- Although we did not have a quorum, no one voiced any recommendations for changes to the revisions after review and ample time to voice questions, concerns, or edits.
- Joan voiced her support for the recommendations. Tony stated they reflect changes other committees have made to ease the burden of committee participation.
- The bylaw revisions will be voted on at the next scheduled meeting, January 10, 2023.
- A two-thirds majority vote of all members is needed to pass the proposed amendment.

d. ND Cardiac Guidelines: Guidelines were revised to reflect changes recommended at the previous task force meeting on July 12, 2023. The revisions include changing the NSTEMI IV heparin drip dose to be the same as the STEMI IV heparin drip dose. Now, the recommended STEMI and NSTEMI IV heparin dose is 12 units/kg/hour. The physician attestation letters were sent out. Received one signed attestation letter so far, awaiting for the remaining to be signed off.

VI. Rural vs Urban EMS Performance Improvement Data:

- a. The study period was 9/1/2022 -8/31/2023.
- b. 2708 reports ND 911 responses for patients with suspected chest pain. 51% were in rural areas 49% were in urban areas. Christine reviewed quality metrics, including 12-lead ECG performed for suspected chest pain, prehospital ECG within 10 minutes of first medical contact or on-scene time to first 12-lead ECG, EMS prenotification of STEMI, EMS prenotification of STEMI within 10 minutes of positive ECG, and aspirin administered for suspected cardiac chest pain.
- c. Is the quality metric not being met, or is this a documentation issue?
- d. Some pre-hospital training may be required for documenting in the NEMSIS field vs. in the narrative where we cannot collect the data.

VII. Cardiac System of Care:

- a. Accomplishments-
 - ND approved cardiac certification program for STEMI receiving center designation.
 - Provided an Acute Cardiac Ready Hospital webinar.

- Completed site visit material, which included an application, agenda, and documents to submit before a site visit.
 - Had first site visit and designated first Acute Cardiac Ready Hospital.
 - Reviewed, revised, and approved ND Cardiac Guidelines.
 - Added more money to our budget for the statewide cardiac registry for tertiary and critical access hospitals.
 - Completed our cardiac coordinator orientation manual.
 - Holding cardiac conference with continuing education credits.
 - ACRH awareness.
- b. Goals-**
- Increase awareness of Acute Cardiac Ready Hospital Designation
 - Designate more STEMI referring centers Acute Cardiac Ready Hospitals
 - Increase participation in the statewide cardiac registry.
 - Start a STEMI referring and receiving centers state map.
 - Cardiac Task Force quarterly case review
 - Sustainable cardiac education (including EMS)
 - Develop and provide outreach (EMS and critical access hospital)
 - Re-engage members in the Cardiac Task Force
- c. Model-**
- Cardiac System is closely modeled after trauma and stroke, which is proven to reduce mortality.
 - Developed many aspects of the cardiac system.
 - Registry chosen to collect data for performance improvement.
 - Designation program developed.
 - Outreach created for critical access hospitals.
 - Coordinators made objections to participating in outreach efforts at previous STEMI Coordinator meeting.
 - Question posed, what can we do to make things work?
 - What can we do to reach our goals?
 - No questions, comments, or concerns made.
 - Tony gave a shout-out to Christine and the group for the work they have accomplished.

Next Meeting: Wednesday, January 10, 2024, from 11 am-1 pm