



Metro STEMI Task Force – Meeting Notes

Thursday, November 16, 2017, 8:00am

Polk County EMA Office, 1907 Carpenter Avenue, Des Moines, Iowa

In attendance

Elizabeth Brant, Mercy

Amy DuShane, Mercy

David Edgar, EDM EMS

Crystal Glazebrook, Unity Point

Chris Heintz, Iowa Clinic

Brian Helland, Clive FD

Katy Hill, Unity Point

Steven House, Unity Point

Anthony Magalski, Unity Point

Frank Prowant, Ankeny FD

Lee Richardson, Altoona FD

Karla Sukut, Unity Point

(Abbreviated minutes this month since Frank had to leave the meeting early – Sorry-FP)

- 1. Health System Data Reports for July 2017 were received and Brian will update them on the website.
 - a. Snapshot below, complete reports will be uploaded to the website

Facility	# STEMI Alert	# EMS	Door to Device	FMC-Device
Mercy	13	10	47"	108"
Unity Point	16	8	69"	102"

- 2. Pulsara Report – David Edgar, Operations Committee
 - a. Implementation is continuing, more services are being added including in Dallas and Madison Counties.
 - b. Mary Greeley is looking into utilizing the application.
 - c. Questions should be submitted to David Edgar at Dedgar@wdm.iowa.gov
- 3. Issues with Conference call system – we think we have resolved them, the new participant code is 6119831.

Next Meeting: Thursday, December 21, 2017, 8:00am, Polk County EMA.

Central Iowa EMS Directors – Metro STEMI Task Force 2017 Task Force Goals

(Revised 6/2017)

1. Improve and increase the acquisition of event data for STEMI patients

Action Item:

Define “False positive”: A false positive is when a STEMI Alert has been requested by EMS by the process was stopped due to clinical presentation

Define the process for receiving reports from EMS: Pulsara will provide this process

2. Provide patient outcome data for improved performance

Action Item:

Define outcome parameters (STEMI recognition, missed STEMI)

Track outcomes of patients arriving by

- *EMS from scene*
- *EMS from referring facility*
- *Private vehicle*

Identify discharge survival rates for STEMI (Check with Mission Lifeline on definition of survival and if this is tracked)

3. Provide STEMI Education and follow-up to Clinic and Urgent Care Centers

Disseminate and provide education on the Mission Lifeline form “STEMI Guideline for Outpatient Care Area’s

Encourage follow-up from EMS Agencies to clinic/Urgent Care Centers/ transferring facilities

4. Develop and monitor benchmark of 12 lead ECG within 10 minutes of patient contact

12 lead shall be completed within 10 minutes of patient contact 75% of the time

5. Develop STEMI Education for EMS, nursing and physicians



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