



Des Moines Metro Stroke-STEMI Task Force
Thursday, March 21, 2019, 8:00am
Meeting Notes

The following are the notes from today's task force meeting

Note from the task force chair: We plan to rename the STEMI Task Force, to be more representative of both time critical conditions (STROKE & STEMI) Effective immediately we will rename the task force the "Des Moines Metro STROKE & STEMI Task Force".

While this will be representative of our current task force I do think we need to consider changing the name to be more representative of our Service Area. CIEMSD currently represents the 21 counties in Service Area 1. ([Service Area Map](#))

The service areas were developed based on patient pathways to hospitals managing Time Critical Conditions (STEMI-STROKE-TRAUMA). Perhaps we need to consider renaming it the Service Area 1 STROKE/STEMI Task Force. Perhaps we can discuss further at our April meeting.

See you in April, Frank Prowant

- Health System Data Reports: STEMI** (Mercy Data not available for this meeting, will update it when provided)

Facility	# STEMI Alert	# EMS	#Priv vehicle	Door to Device	FMC-Device
Mercy					
Unity Point	12	8	4	64	81

- Health System Data Reports: Stroke** (Unity Point Data not available for this meeting, will update it when provided. We are also reaching out to determine an appropriate contact for Unity Point Stroke Coordinator)

Facility	#Alert	# EMS	#Thrombolytic	# to Thrombectomy	Door to CT	Door to Needle
Mercy	54	49	22	5	12	40
Unity Point						

3. **Data Points for Stroke & SEMI:** Transfer Data Tracking: Discussion focused on what data points we need to be tracking.
 - a. STEMI Tracking:
 - i. # STEMI Alerts
 - ii. # Alerts by EMS
 - iii. # Alerts arriving by POV
 - iv. # STEMI Transfers received
 - v. Average Transfer time
 - vi. If thrombolytic was administered
 - b. STROKE Tracking:
 - i. # STROKE Alerts
 - ii. # Alerts by EMS
 - iii. # STROKE Transfers received
 - iv. Average Transfer time
 - v. If thrombolytic was administered
 - vi. Door to CT Time
 - vii. Door to needle time

Note the addition of "Transfer Data" to both conditions. The task force felt that we should try to determine how many transfers are occurring and if lytics were or should have been administered. We can then determine needs for additional education or procedural changes.

4. **EMS Improvement discussion:** The Task Force discussed what EMS can improve upon to assist in decreasing time to cath lab or CT Scan:
 - a. Get the patient in a gown, remove clothing and get patient in gown will greatly assist. Gowns should already be available as part of the STEMI kits on ambulances.
 - b. Minimum IV of 18 gauge in the AC when possible. Preferable to saline lock the site unless fluids are required.
 - c. Notification – early notification via PULSARA is essential for STROKE & STEMI Alerts
5. **Develop Stroke Education self-directed learning,** Mercy Stroke Coordinator Teresa Hamm will review the STEMI self-directed learning tool on the CIEMSD website and develop a similar tool for Stroke that we can review and discuss at our April Meeting.
6. **Mission Lifeline Stroke Educational Resources:** I received an email from Katie Bergen with Mission Lifeline listing the following Stroke Training Resources

Here are several stroke related CEH offerings that you can share with EMS (and nursing, if desired). They are all free of charge with free continuing education, and should each be easy to complete in 15-30 minutes apiece. A participant would need to create a login with our AHA Professional Education Center, but once they create a free account, they have access to a large number of other free (and low cost) continuing education opportunities as well. (All are hyperlinked to the Mission Lifeline Website)

[Reducing Door to Needle Time \(0.25 CEH\)](#)

[Disparities in Acute Stroke Treatment \(0.5 CEH\)](#)

[General Health Disparities \(0.5 CEH\)](#)

[Intracerebral Hemorrhage \(0.5 CEH\)](#)

[Disparities in Stroke Risk Factors and Cardiovascular Health \(0.25 CEH\)](#)

[Stroke Disparities in Women \(0.25 CEH\)](#)

[Stroke Disparities for EMS \(0.25 CEH\)](#)

[Stroke Burden and Disparities \(0.5 CEH\)](#)

7. Education Presentations Planning – Discussed upcoming STEMI Educational Offerings:

a. STEMI Road Show

May 10 – St. Anthony's, Carroll, working on CEU issues, St. Anthony's is trying to obtain Nursing CEU's locally. Brian Helland, Frank Prowant are scheduled for this event. Mercy is trying to see if Amy DuShane is available and a Des Moines physician who could present a case study over the ZOOM system (this would allow the case to be presented from Des Moines). We would then ask local cardiologists to be present and answer questions at the class site as well.

Creston – Working on a date for Creston, Unity Point will see who they have available and potential dates for May.

b. IENA, Friday, April 19, 2019, IMMC Virginia Thompson Auditorium – Amy DuShane and Brian Helland are scheduled to present. Frank Prowant and several other Task Force Members will be in attendance as well.

8. Pulsara Update – David Edgar, Operations Committee, The Pulsara user group is meeting on Monday so we will have an update at the next meeting.**9. Heart Safe Community Program** – Lee Richardson & Rebecca Morris, Rebecca reports they are moving forward with the project, additional reports at the April Meeting.**10. 2019 Goals:**

a. Improve the acquisition and monitoring of event data for Stroke and STEMI patients

b. Monitor & Improve 1st medical contact to device activation or initial CT scan time

c. Review patient outcome data:

d. Monitor patient transfer data from outlying facilities for Stroke and STEMI patients

e. Improve Stroke and STEMI patient encounters at Urgent Care Centers/Clinics

Next Meeting: Thursday, April 18, 2019, 8:00am, Polk County EMA.