

Cardiac Task Force Meeting

Wednesday October 5, 2022

Welcome/Introductions: Christine Greff, Dr Flisak, Kathy Lonski, Sandy Kovar, Chris Price, Aprille Luger, Kalah Erickson, Ryan Telford, Mindy Cook, Deneille Haberstroh, Erica Erck, Curt Halmrast, Joan Reis, Karla Spence, Dr Jeff Sather and Linda Zahn

Approval of Minutes: Motion to approve made by Deneille and seconded by Mindy. Motion approved.

Update from STEMI Coordinators:

- **Deneille** - Working on regional education. STEMI volumes have been steady
- **Ryan** – Essentia Fargo. Slow last month but had an average amount of STEMIs. Winter will probably bring on more cases. Been doing 5th-grade education on CPR and cardiac stroke education for West Fargo.
- **Kalah** – Sanford Fargo. STEMI volumes are slow but getting ready for the winter season. Rounding out chest pain accreditation. Got married so last name is Brunsvig
- **Erika** – Trinity Minot- Notification that their registry will be audited, so worked on that and got it submitted. Seeing a large amount of STEMI patients. Reached out to some athletic directors on teaching CPR after a player had collapsed on the field.
- **Aprille**- Sanford Bismarck. Education in August Bismarck/Mandan. STEMI numbers. Working on getting Health Care Act for a communication app between EMS and cardiology, and ER. Working on Chest pain accreditation. Having capacity issues with the facility.
- **Joan** -Bismarck. Haven't had a lot of STEMI cases. Working on GWTG data. Challenge With EPIC system down.

DR. Flisak - a cardiologist at ST Alexius in Bismarck, is new to our task force. Some of the members introduced themselves.

Update from Christine – Dept of Health

- Officially changed name to Dept of Health and Human Services.
- Proposed changes to century code. Leadership is still evaluating changes.
- Open position for EMSC coordinator (Emergency Medical Services for Children). Provides pediatric emergency care for children in all areas in ND by assessing needs and providing resources for Hospital and EMS programs and personnel. Federally funded, and it is still a full-time temporary position but hoping to make it full-time permanent. Experience with children and/or EMS preferred.
- Cardiac Ready Community. Capitol Campus in Bismarck and Richardton Taylor are working on this. Program is grant funded and has attained AEDs for communities working on cardiac ready. If you know of a community working towards this they can get in touch with Christine for AED.
- Helmsley Project Hearts on Duty program. If law enforcement officer uses the AED from the grant they will be recognized, and an AED will be donated to the community.

- Stroke System of Care. End of the year the stroke data is reviewed. Can compare ND compliance with national benchmark. They identify areas needing improvement. Created videos on how to complete screening tools. Adopted an algorithm that was created by Kathy Lonski with BEFAST and FASTED to help guide EMS through each screening. Dysphagia screen project. Found that these were not being completed at CAHs as often as they should be. They chose an evidence base dysphagia screening tool, created an infographic and hosting a webinar about dysphagia screening. Will be available for all CAHs to attend, and also will be recorded and available to be sent out for staff not able to attend the webinar. Improvement projects help with patient care and our entire system of care.

Advisory Committee Bylaws - Christine made technical edits to the bylaws adding change of name with the merger with Human Services. We are now Department of Health and Human Services. If no quorum, majority voting by email is not acceptable. Group should look it over if they see any corrections that may be needed and let Christine know.

GWTG: CAD Registry: - at last task force meeting, there was a lot of discussion regarding the registry. The state chose this registry because it is the best option, and it is affordable.

Tertiary hospitals are not required to change from current registry if you don't want to. But they are required to bridge data into the chosen state registry so all the state data will be in one place.

Required by state statute that designated STEMI-receiving centers participate in state registry.

Budgeted for this registry. The cost is \$750 for the next two years but it will be supplemented by the state.

Should not be time consuming

Mindy went over the CPMI Data Bridging into GWTG CAD and the concerns about it. Shared slides.

Question on why we changed to the new database, but Christine explained that there was a vote taken on going ahead with GWTG CAD.

STEMI Receiving Designation:

- Facility must be accredited by a department-approved national organization and must participate in the registry.
- When the two requirements are met, they will be recognized as a STEMI receiving center.
- Discussion on how and when this was decided and the cost.
- Designation process is voluntary.
- State tries to make it as easy as possible for the hospital.
- Hospitals need to take the next step on how they want to proceed. They can use a different system as long as they still submit data to the state.
- Kalah will try to set up a meeting with Mindy, and Sanford heads.

Discussion on meeting in person again

It would be a good idea to meet in person again, just have to decide a place in the middle of the state and the time of the year.

Update from Mindy, AHA

- **Rural Healthcare Outcomes Accelerator program – shared slides**
 - Started July 1 and looked at burden of mortality from cardiovascular disease and stroke. Shared a map showing rate of mortality.
 - North Dakota is doing a good job of mitigating risk and treating patients well.
 - Expanding and enhancing stroke and cardiac quality and equitably addressing the needs of hospitals in rural areas.
 - Looked at the outcomes of widening gap in patients living in rural areas versus urban areas.
 - Launched a new initiative Called Heart Corpse that is aimed at helping communities address risk factors for individuals in small areas.
 - Looking at what they can do on community side, especially small areas
 - Funds were allocated for working with rural hospitals
 - Hospitals that are eligible are all CAHs and hospitals located and classified by rural-urban commuting area code. Working with stroke, heart failure, and coronary artery disease. Providing resources and education in GWTG program for these three modules.
 - Rural recognition program - Launched Rural Acute Stroke Composite Score Criteria. Based on care opportunities. Align with ASR hospital designation program.
 - Developed and improved Cardiac program also.
 - Revived EMS recognition program
 - You can connect with Mindy on any questions.
 - She shared the educational recording links.
 - Dr. Sather will be presenting at the Scientific sessions in Chicago in November.

ACRH Designation Awareness

- 1 hospital is designated, and four hospitals are working on designation application
- Working with team to identify how to encourage them to work on designation
- How to get CAH engaged in this. Maybe working with STEMI coordinators
- Christine is meeting with communication about working on video.
- Work on a flyer to send out. Can use it when working with CAHs.

Quorum is now met. Minutes and Bylaws were voted on and approved.

Bylaw vote approval - Motion made by Mindy to approve changes to bylaws, seconded by Joan, motion approved.

Next Task Force meeting will be January 4, 2023