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| **Agenda** |  |
| Introductions | * Introductions were made. |
| 2020-2022 Goals and Gap Analysis | The KHDSP Task Force Strategic Map and Plan are updated every three years. Megan reviewed the current plan for 2020-2023 Heart Systems of Care strategies   1. Identify and improve current heart systems of care 2. Engage receiving hospitals to work with its referral base to improve outcomes 3. Continue collaboration among healthcare systems and public health to standardize messaging 4. Continue to engage EMS in heart systems of care   Progress has been difficult due to lack of awareness and purpose of HSOC committee, as well as infrequent meetings, inconsistent attendance and participation. Megan Switzer recommended that we identify 1 or 2 goals to focus on since there are so many. HB 512 legislation is something we can focus on moving forward and allow us to gain the momentum we need.  **Strategy 1: Identify and improve current heart systems of care**  **Action Item: Identify and disseminate map of 24/7 STEMI receiving facilities capable of PPCI.**  **DISCUSSION:** Currently Stroke Systems of Care has a statewide map designation hospitals as a Level I, II, III and thrombectomy certified. Megan Switzer shared data related to the progress the Stroke Systems of Care has been able to achieve over the years.  **ACTION**: HB 512 will help Heart Systems of Care achieve this goal.    **Strategy 1: Identify and improve current heart systems of care**  **Action Item: Promote dissemination and utilization of current guideline-based statewide STEMI protocols for rapid transport from non-PCI capable to primary PIC-capable facilities.**  **DISCUSSION:** Megan Switzer shared information related to the STEMI Accelerator II project. The most important finding from the study results was that coordinated care between EMS and hospitals on a regional level led to a significant reduction in treatment time. This included pre-hospital activation of the cath lab and bypassing the ED. A STEMI protocol was approved for use during these projects. The protocol needs to be reviewed and updated. Courtney Blankenship agreed to draft a new protocol and share with the group for review. There is currently a “Shared Practices” page on the KHDSP Task Force website under HSOC and documents can be shared with others.  **ACTION:** Courtney will send the document to Breanna Walker and it will be uploaded to the shared practice page for us to review.  **Strategy 1: Identify and improve current heart systems of care**  **Action item: Expand the use and adoption of national quality assurance initiatives/registries, which address systems of care for acute CV care.**  **DISCUSSION:**   * At the last HSOC meeting with Kari Moore, she recommended selecting one metric to focus on and members liked this idea. Greg Brislin stated he thought this was an excellent recommendation. Megan Switzer and Lonna Boisseau agreed. * Shannon Smith, AHA Advocacy, presented earlier in the day that a bill adding a registry requirement was being discussed. Megan Switzer stated this was the first time she had heard about this. No one else was aware of any discussion of this either. * Megan Switzer asked if excel spreadsheets with ACC and AHA data could be downloaded by someone and select key measures to monitor. Lonna Boisseau stated she would be happy to help in any way she could but currently there is no state funding for the DPH to provide this service. It is 100% federally funded. There is not funding for an epidemiologist to run data. State funding is definitely something we need to move forward with HSOC. Kari Moore asked Andy Barr earlier this morning if he could help with promoting the need for state funding for KHDSP Task Force for this reason. * Robin Mayberry asked if it was possible for AHA and ACC to compile statewide data. No one has this answer. * Megan Switzer shared that a Quality Task Force within the KY Chapter of ACC was sharing and discussing quality reports with individual hospital (de-identified) data. Cardiac rehab referral rates for AMI patients was very poor. Also use of GDMT at discharge. She is not sure if this is something that would be helpful as it has many hospitals data. * The importance of data definitions when looking at AHA vs ACC metrics was emphasized. * Keri Morris, ACC Accreditation Product Manager reported that ACC has recently launched an EMS dashboard and it encompasses many incremental time factors in the STEMI process and care. It is available to all hospitals participating in the CP-MI Registry. Megan stated that AHA has had a Mission Lifeline registry for EMS for some time and it is very helpful and provides recognition for EMS. * Megan Switzer recommended that we schedule a HSOC meeting and ask ACC and AHA to share their EMS platforms. All agreed. Keri Morris said she would be happy to provide additional information.   **ACTION:** Megan Switzer and Breanna Walker will work with AHA and ACC to plan a meeting.  **Strategy 2:** **Engage STEMI receiving hospitals to collaborate with STEMI referring hospitals to improve patient outcomes.**  **Action Item: Continue to utilize evidence-based practices for education and development of transport protocols.**  **DISCUSSION:** A KBEMS Destination Protocol was also developed during the STEMI Accelerator Project II and it is currently an approved protocol on KBEMS website.  **Strategy 2:** **Action Item: Continue to support reperfusion therapy to remove barriers to non-PCI capable facilities**  **DISCUSSION:** Megan Switzer said she has noticed an improvement in the use of lytics when patients experience transportation/other delays and shared a recent example. Transportation in parts of Kentucky can be very difficult, if not impossible, during inclement weather.  **Strategy 2:** **Action Item: Provide continuous EMS education, training and feedback**  **DISCUSSION:** Courtney Blankenship stated her experience has been that EMS does not need CP or STEMI training as they have been providing this for years. Greg Brislin shared that he has a new EMS Director that would really benefit and welcome learning more about our protocols and processes.  **Strategy 2:** **Action Item:** Provide and disseminate a feedback tool for all receiving and referral hospitals to improve outcomes and  **Action Item:** Continue to promote collaboration between non-PCI capable and PCI-capable facilities using feedback to improve outcomes  **DISCUSSION:** Do we want a single feedback tool for all to use? Erica Calulot and Kelli Conley shared their experience with feedback tools and the importance of including key metrics and timely feedback. EMS really likes this feedback as well. All agreed it doesn’t need to be an identical tool.  The meeting convened prior to completing a review of Strategy 3 and 4. |
| Committee Meeting Scheduling | **DISCUSSION:** In the past, the HSOC committee has only met twice a year in conjunction with the KHDSP Task Force Biannual meetings. We are hoping with House Bill (HB) 512 legislation, we will gain momentum. At the May 2022 meeting, it was recommended that we survey members on meeting preferences. The results included frequency: bimonthly meetings, Day: Tuesdays (or flexible), Time: 10 AM or flexible, Length: 1 hr, Suggested topics: community education efforts, routing EMS to heart attack and stroke centers, successes, STEMI/NSTEMI/ACS patients and implementation of the strategic plan. It was recommended that the current members be surveyed since we have many new members.  **ACTION:** Breanna Walker will send out the survey to the new members and report results. |
| Strategies to Increase membership | **DISCUSSION:** We need to initiate routine and more frequent meetings and use a similar template that the Stroke Systems of Care has used. Greg Brislin stated that Kari Moore’s presentation at the last HSOC meeting was excellent and adopting a similar structure would help us progress. Additionally, we need to include EMS and identify at least one metric. Others in the group were in agreement. It was also identified that we need representation from hospitals/other in south east KY.  Each hospital was asked to reach out to their referring or receiving hospitals and EMS agencies they routinely work with and educate them on HSOC committee and invite them to the next meeting. Anyone can be a member. Members in attendance shared examples of interaction with EMS and other hospitals and the importance of feedback tools and outreach.  **ACTION:** Members will send names and pertinent info to Breanna Walker to add to our membership. |
| House Bill 512 | The meeting convened before we reviewed HB 512 in detail. Members were provided a copy of the bill. Discussion occurred at various times throughout the meeting. This included the following:  Megan Switzer stated the regulations are currently being written and will be posted as soon as available. The public will be able to provide comments. HB 512 is voluntary. The designation of a Level I, II and III heart attack centers is similar to what we do for Stroke and Trauma in terms of designation of a Level I, II and III. Hospitals must have a current heart attack related accreditation and/or certification to apply. Currently, participation in a registry is not required. |
| Next Steps | Schedule another meeting in about 2 weeks.  **ACTION:** Once survey is completed, a HSOC meeting will be scheduled by Megan Switzer. |

Respectfully submitted,

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Chair Heart Systems of Care Committee