

General Outline

1 Unintended Consequences

False activation is not harmless

3 Method to improve detection

4 Importance of the Story

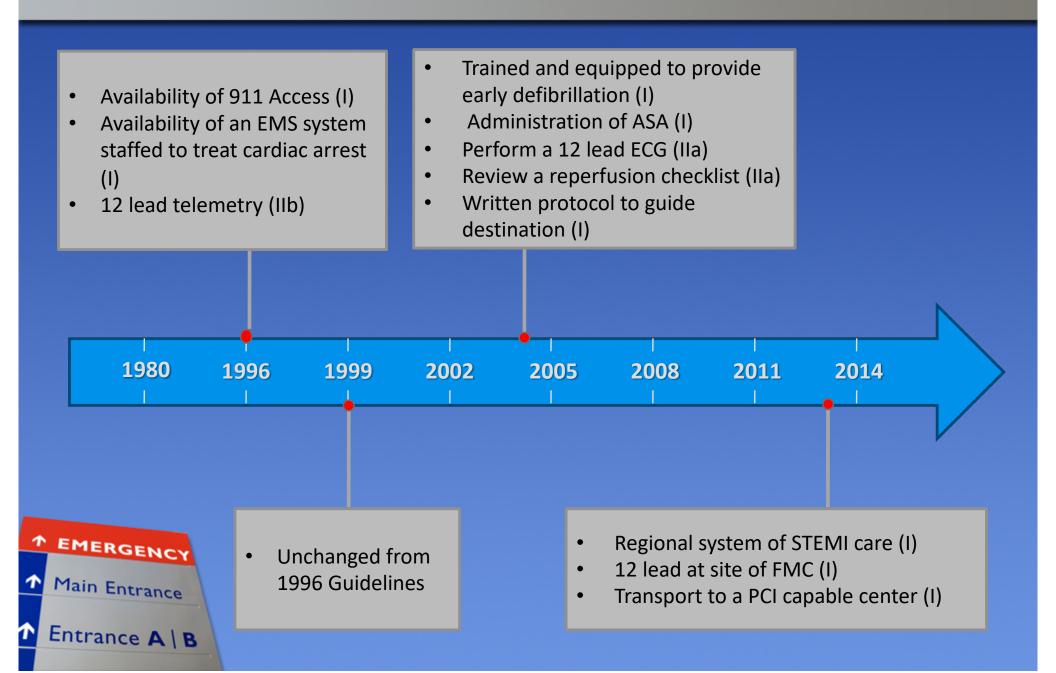
5 What are the Eagles Doing?

↑ EMERGENCY

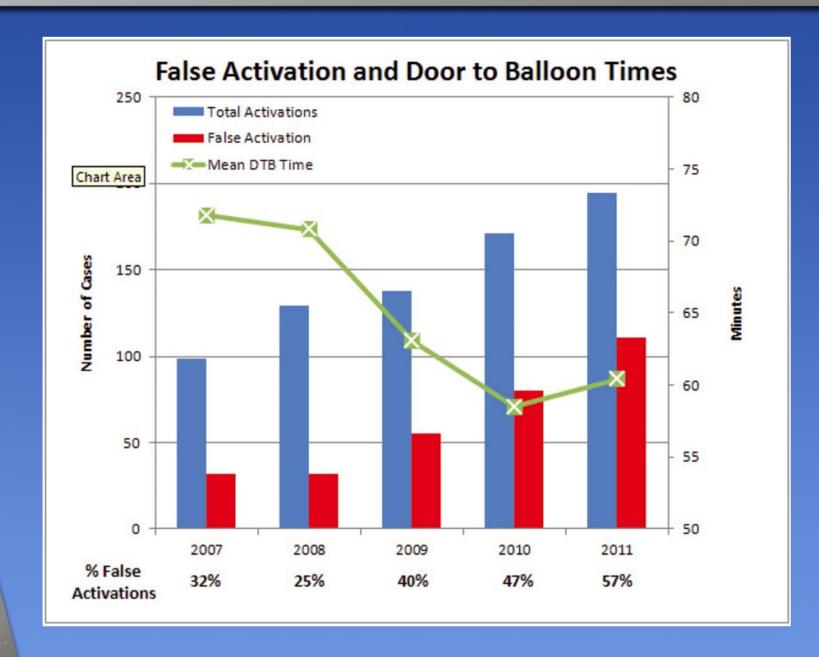
↑ Main Entrance

Entrance A | B

ACC/AHA Guidelines for the Management of Patients with Acute MI

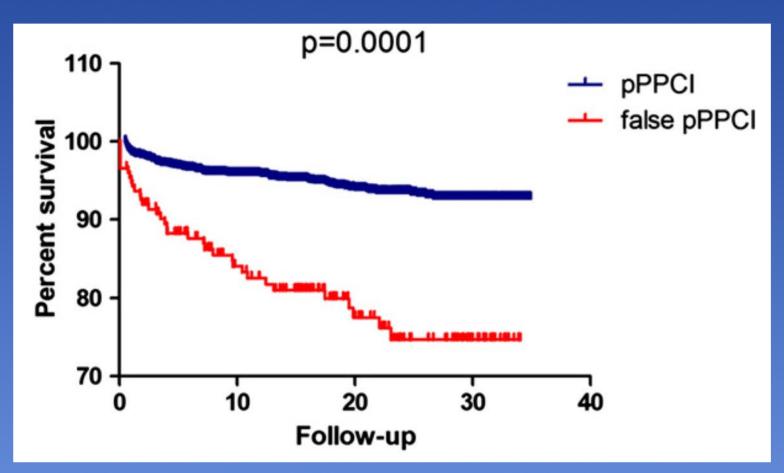


Door to Balloon in 120 Minutes or Less





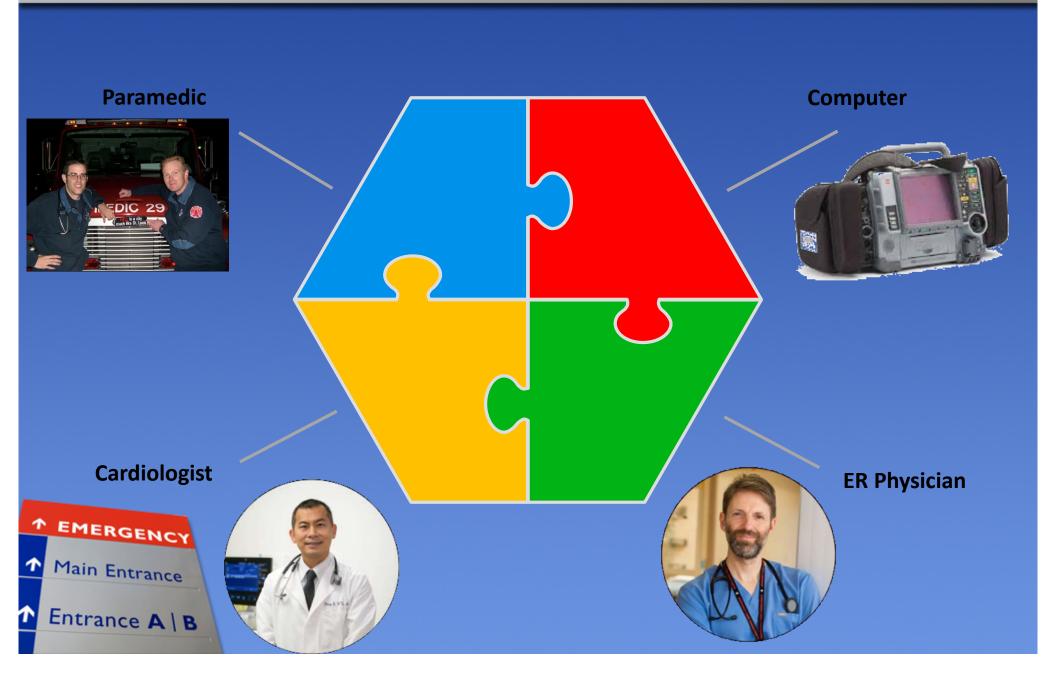
False Activation is Not Harmless





Chaudry U, Mavroudis C, Rakhit RD. Emergency ambulance triggered "false activation" callout for primary percutaneous coronary intervention is not a benign phenomenon. Int J Cardiol. 2013 Oct 3;168(3):3018-9.

Who Should Interpret the ECG



4 Step Algorithm in ECG Diagnosis of STEMI

Hartman SM, Barros AJ, Brady WJ. The use of a 4-step algorithm in the electrocardiographic diagnosis of ST-segment elevation myocardial infarction by novice interpreters. Am J Emerg Med. 2012 Sep;30(7):1282-1295

Step 1

Step 2

Step 3

Step 4

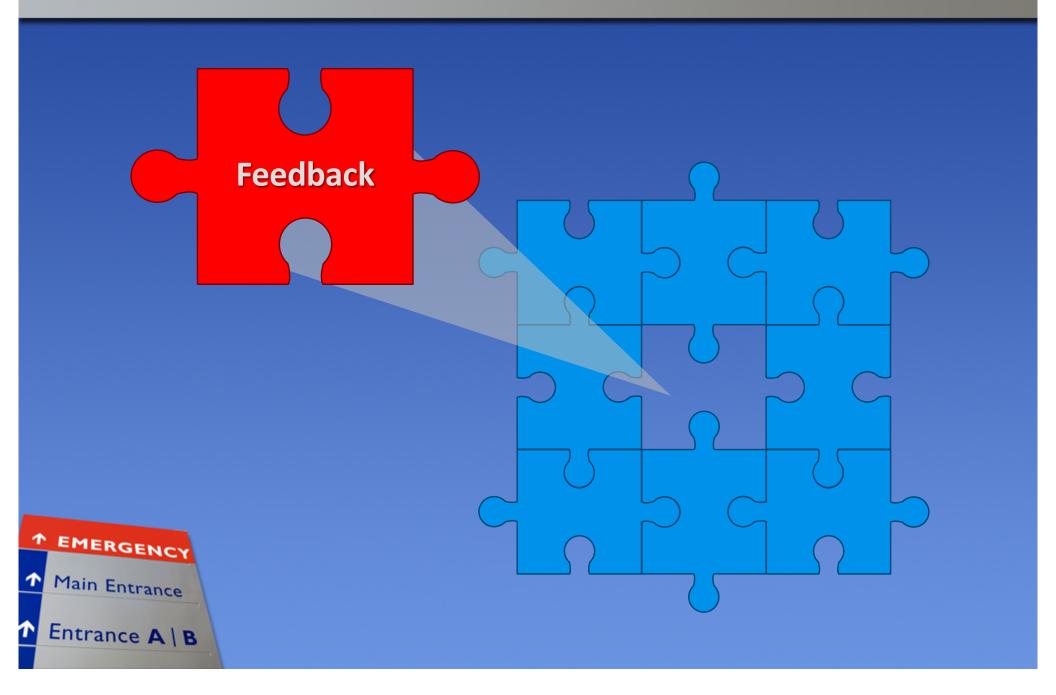
ST segment
elevation of at
least 1-2 mm in 2
anatomically
oriented leads?

QRS complex normal size? Q wave in lead V1/V2 + R wave in lead V5/V6 < 35 mm QRS Complex normal width? QRS complex < 0.12 seconds

ST segment depression present in at least 1 lead?



Missing Piece Concept



Performance Analysis

Hospital				
EMS		Yes	No	Total
	Yes	16	2	18
	No	0	1,835	1,835
	Total	16	1,837	1,853

Sensitivity	94%
Specificity	100%
False Positive	11%
False Negative	0%



How & Why?







STEMI Alert: It's not just the ECG

Story	ECG	STEMI Alert?
Convincing	Convincing	Yes
Convincing	Meh	Yes
Meh	Convincing	Yes
Meh	Meh	No



CASE 3) EMS HPI

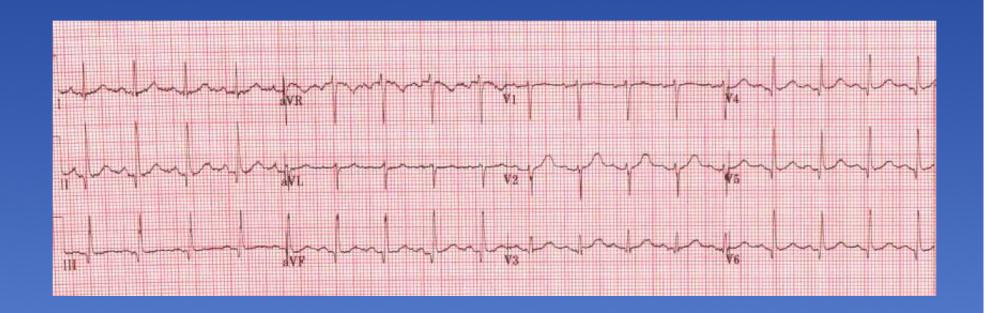
Pt is a 61YOF CC of <u>Weakness</u>. Pt states she was walking to the bathroom when she suddenly felt ill and weak then proceeded to have a <u>syncopal</u> episode and fell to the ground. Pt denies any recent illness, <u>no Chest pain</u>, Shortness of Breath, <u>abd pain</u>, vomiting, diarrhea, extremity pain. Pt states she takes morphine for diabetic neuropathy but states there is no way she took too much

VS: BP <u>65/41</u>, HR 92, RR 30, SpO2 93%, EtCO2 37

Tx: ASA, IV 500 ml



EMS ECG

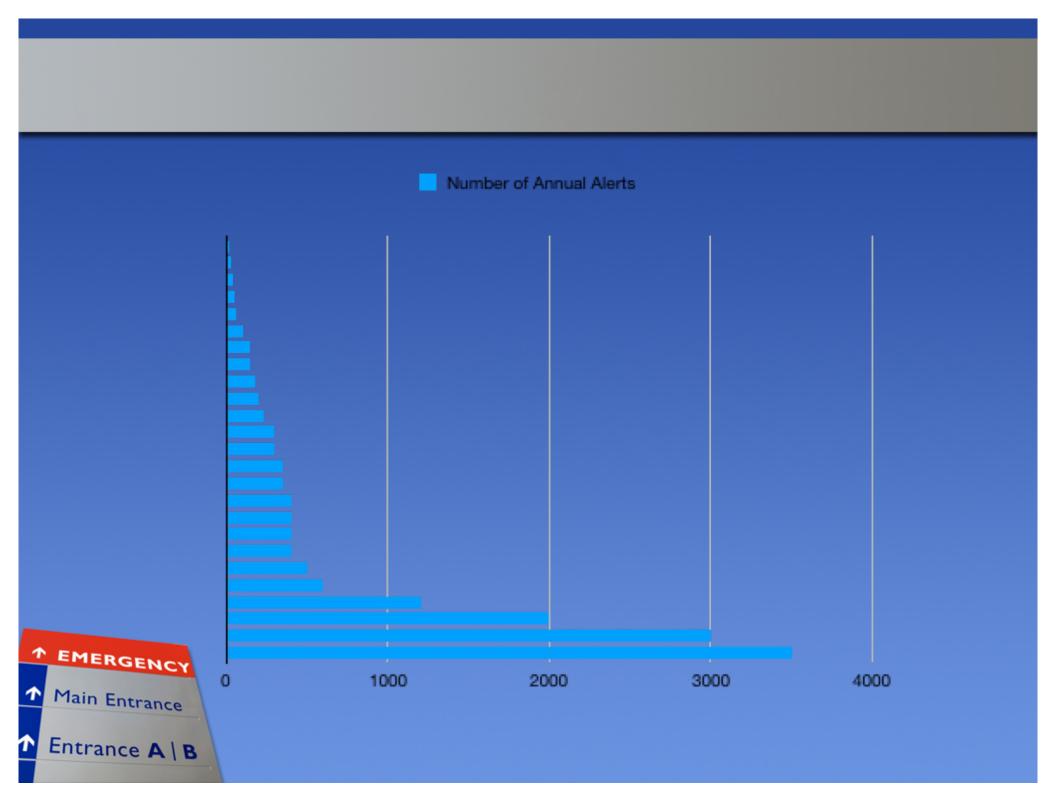


Meh Story + Meh ECG =



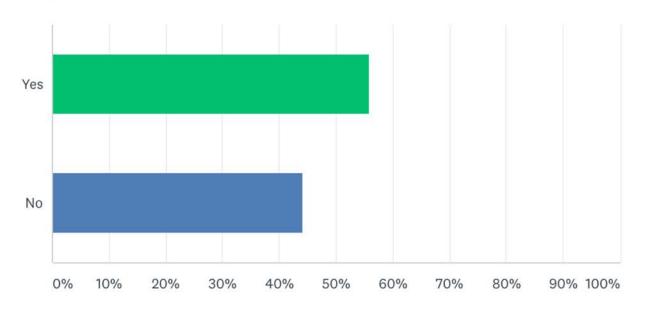






Are cardiology and cath lab activated solely on EMS call (or is activation determined by ED)?

Answered: 34 Skipped: 0

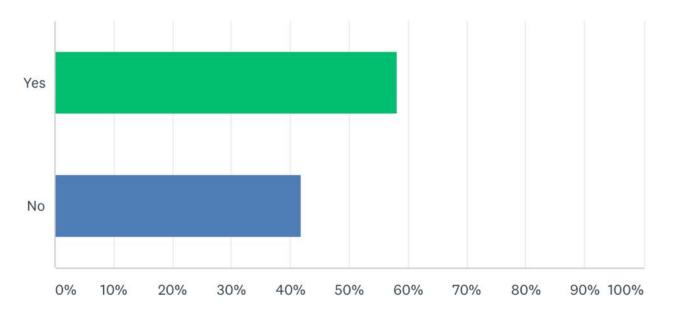


1	EMERGENCY
1	Main Entrance
1	Entrance A B

ANSWER CHOICES	RESPONSES	
Yes	55.88%	19
No	44.12%	15
TOTAL		34

If yes, does someone else other than EMS read to activate?

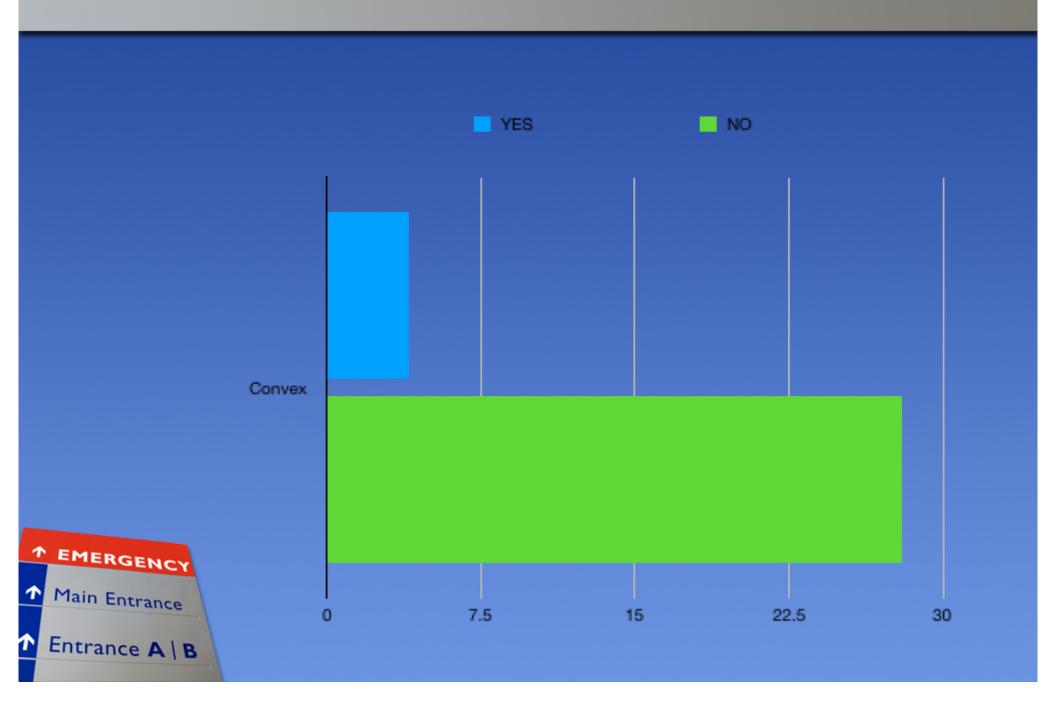
Answered: 31 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	58.06%	18
No	41.94%	13
TOTAL		31

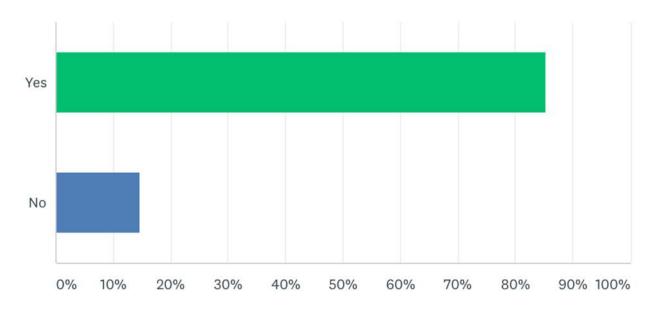


Require Specific ST Morphology?



Do you transmit EKGs?

Answered: 34 Skipped: 0

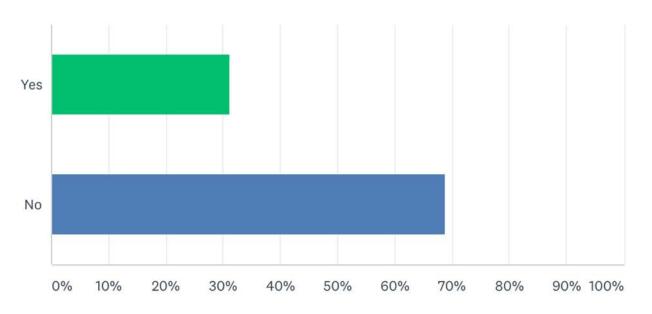


ANSWER CHOICES	RESPONSES	
Yes	85.29%	29
No	14.71%	5
TOTAL		34



Do you transmit EKGs directly to cardiology?

Answered: 32 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	31.25%	10
No	68.75%	22

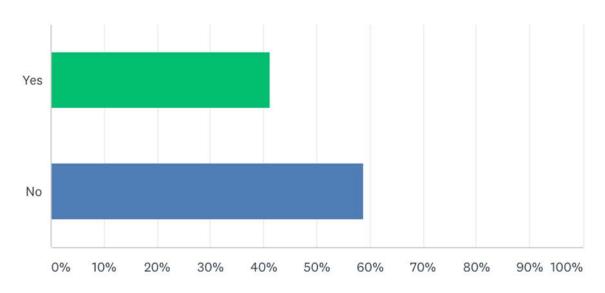
↑ EMERGENCY

↑ Main Entrance

Entrance A | B

Do you bypass ED in most or all cases and go directly to cath lab?

Answered: 34 Skipped: 0

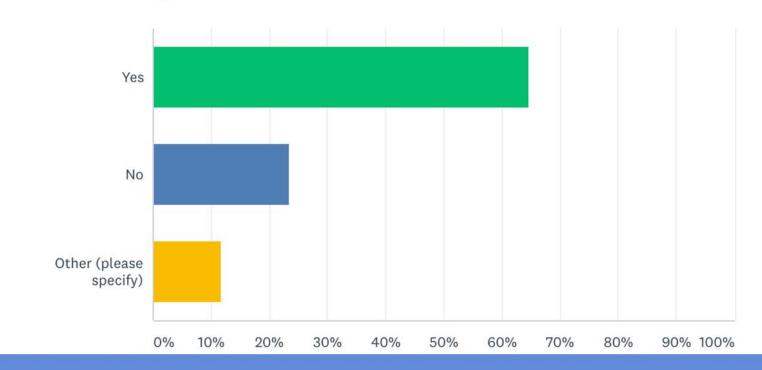


ANSWER CHOICES	RESPONSES	
Yes	41.18%	14
No	58.82%	20
TOTAL		34



Do you use STEMI criteria of 1mm in continguous limb leads, precordial 2mm V2V3 (males) 1.5 mm V2V3 (females) AHA/ACC criteria?

Answered: 34 Skipped: 0



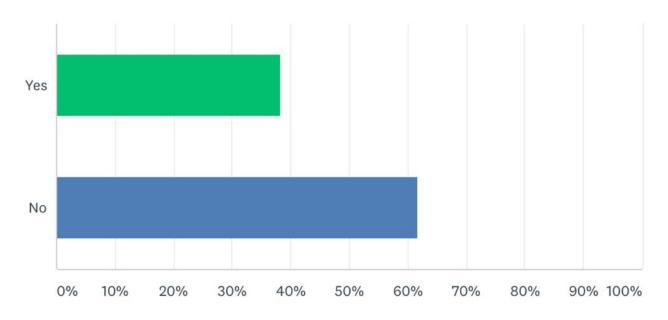
↑ EMERGENCY

Main Entrance

Entrance A | B

Is chest pain/pressure or anginal equivalent such as SOB required for activation?

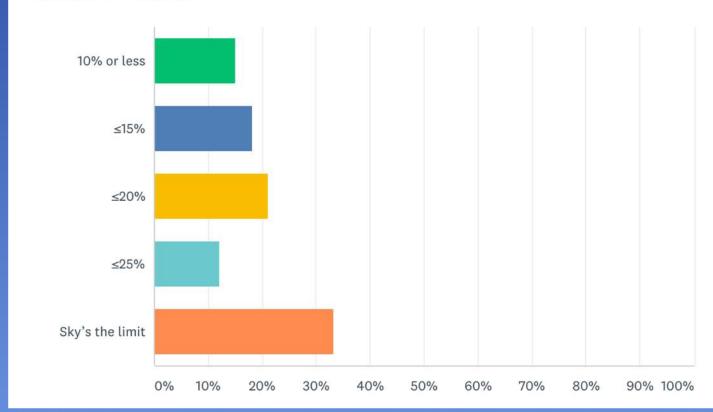
Answered: 34 Skipped: 0





What level of "overtriage", alerts without intervention are considered tolerable in your system?







Do you have any questions?







For More Information

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