

Minnesota Statewide Cardiovascular Summit

May 21, 2021

8:30am – 4:30pm



American
Heart
Association.



Conference Planning Committee

(Mindy Cook	BSN RN	Senior Quality Improvement Manager Quality, Outcomes Research & Analytics – National Center American Heart Association
Stan Sadenwasser	RN, BSN, CFRN	Cardiovascular Services Coordinator St. Luke’s Duluth, MN 55805
Scott Mikesell	DO, FACC, FSCAI, FSVM	Director, Cardiac Catheterization Laboratory St. Luke’s Cardiology Associates Duluth, MN
Richard Mullvain	R.Ph., BCCP, BCPS (AQC), CCCC	Board Certified Cardiology Pharmacist STEMI Program Manager & Chest Pain Center Coordinator Essentia Health Heart & Vascular Center Duluth, MN
Matt Pavlovec	BSN RN	Manager, CV EP Labs & Prep Recovery Clinical Coordinator, Cardiovascular Emergencies Program Minneapolis Heart Institute at Abbott-Northwestern Hospital
Denise Buxbaum	RN, BSN, CHFNP	Essentia Health Ambulatory Care Supervisor Heart Failure Program Heart & Vascular Center Duluth, MN
Jim Peacock	PhD, MPH	Epidemiologist Supervisor Senior Cardiovascular Health Unit Minnesota Department of Health
Catherine Johnson	Paramedic	EMS Coordinator Minnesota Department of Health





Agenda

8:30-9:00am	American Heart Association: MN Cardiac Programs and System of Care Updates Mindy Cook BSN- American Heart Association
9:00-9:40am	Benefits of Pre-hospital ECG in Recognition of STEMI Dr. Scott Mikesell DO, FACC, FSCAI, FSVM- St. Luke's Hospital
9:40-10:20am	Setting the Standard in MN for Optimal Chest Pain and Heart Attack Care Richard Mullvain RPH, BCCP, BCPS (AQC), CCCC- Essentia Health
10:20-10:30am	Break / Exhibits
10:30-11:00am	STEMI Case Review and Lessons Learned Kalah Erickson BAN RN- Sanford Medical Center
11:00-11:40am	Minnesota Mobile Resuscitation Consortium, ECMO CPR – The New Frontier of Resuscitation Kim Harkins, MPH- Center for Resuscitation Medicine, University of MN
11:45-12:30pm	Lunch / Exhibits TBA The Joint Commission
12:30-1:10pm	Heart Failure: Management and Referral for Specialty Disease Services Dr. Eric Fenstad MD MSc FACC- Minneapolis Heart Institute
1:10-1:50pm	Technology in Heart Failure and Clinical Practice Guideline Updates Kimberly Salo, APRN, CNP, CHFNP- Essentia Health Jessica Zweifel, CNP, CHFNP- Essentia Health
1:50-2:30pm	Antihypertensives, Antilipidemics and Antithrombotics. Oh My! Updates in Pharmacotherapy for Secondary Prevention of ASCVD Matthew Lillyblad, PharmD, BCCCP, BCCP- Abbott Northwestern Hospital
2:30-3:10pm	Anticoagulation Periprocedural Management: Less Bridging and More Decisioning! Richard Mullvain RPH, BCCP, BCPS (AQC), CCCC- Essentia Health
3:10-3:20pm	Break / Exhibits
3:20-3:50pm	Pregnancy: The Fourth Trimester and Cardiovascular Risk Dr. Retu Saxena MD- Minneapolis Heart Institute
3:50-4:20pm	Spontaneous Coronary Artery Dissection: Time to Improve Our Systems of Care Dr. Christina Thaler MD PhD- Minneapolis Heart Institute, Hennepin County Medical Center
4:20-4:30pm	Summary / Adjourn



FACULTY



Dr. Scott Mikesell DO, FACC,
FSCAI, FSVM- St. Luke's
Hospital



Richard Mullvain RPH, BCCP,
BCPS (AQC), CCCC- Essentia
Health



Kalah Erickson BAN RN-
Sanford Medical Center



Kim Harkins, MPH- Center for
Resuscitation Medicine,
University of MN



Dr. Eric Fenstad MD MSc
FACC- Minneapolis Heart
Institute



Kimberly Salo, APRN, CNP,
CHFN- Essentia Health



Jessica Zweifel, CNP,
CHFN- Essentia Health



Matthew Lillyblad,
PharmD, BCCCP, BCCP-
Abbott Northwestern
Hospital



Dr. Retu Saxena MD-
Minneapolis Heart Institute



Dr. Christina Thaler MD
PhD- Minneapolis Heart
Institute, Hennepin County
Medical Center



CONFERENCE WEBSITE RESOURCES

CONFERENCE HANDOUTS: HANDOUTS WILL BE AVAILABLE FOR PRINTING/UPLOADING ON OUR [CONFERENCE WEBSITE](#).

EXHIBITORS: WE HAVE [VIRTUAL EXHIBITORS](#)! PLEASE TAKE SOME TIME AND CHECK THEM OUT.

CMES: INSTRUCTION SHEET TO CLAIM AND REGISTER FOR CREDITS IS AVAILABLE ON THE [CONFERENCE WEBSITE](#).

PRESENTATION SLIDES: WILL NOT BE AVAILABLE AS HANDOUTS. YOU CAN ACCESS THE [CONFERENCE WEBSITE](#) AFTER THE CONFERENCE TO PRINT PRESENTATIONS.

Exhibitors

The American Heart Association gratefully acknowledges the financial commitment and support of the following organizations for the Conference.



Minnesota Statewide Cardiovascular Summit

Minnesota Statewide Cardiovascular Summit - May 21, 2021 Virtual Program

Minnesota Statewide Cardiovascular Summit Brochure >

Conference Handouts

2021 CHI Focus on Quality (PDF) >

GWTC CAD Receiving Center Measures (PDF) >

GWTC CAD Referring Center Measure Descriptions (PDF) >

HF Recognition Criteria (PDF) >

Quality Tools for Prevention (PDF) >

Instructions for Registering and Claiming CME's (Doc) >

Target Type 2 Diabetes Inpatient HF Stroke 2021 >

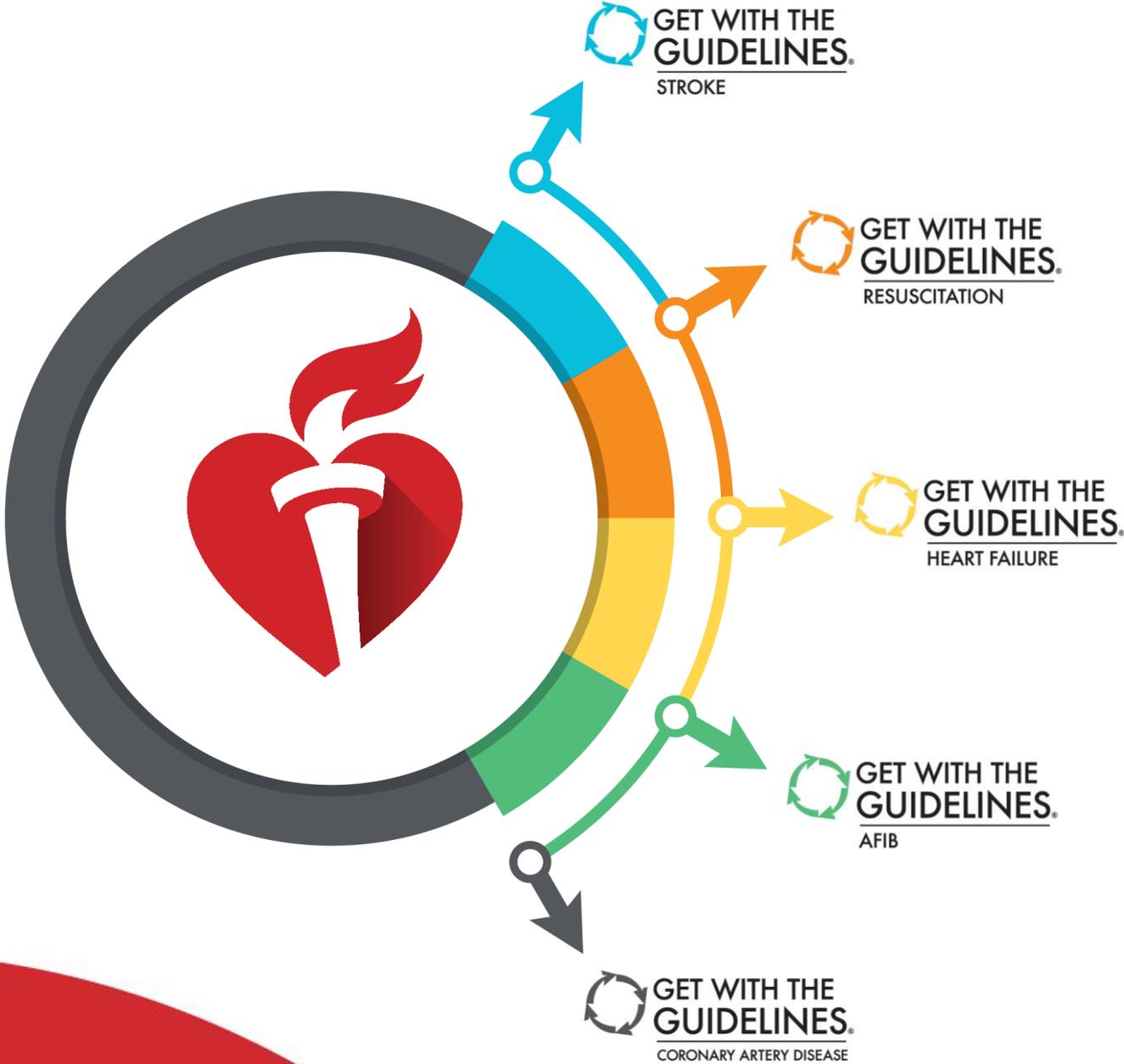
American Heart Association: MN Cardiac Programs and System of Care Updates



Mindy Cook BSN- American Heart Association



QUALITY IMPROVEMENT PROGRAMS



American Heart Association®
COVID-19 CVD Registry™
Powered by Get With The Guidelines®

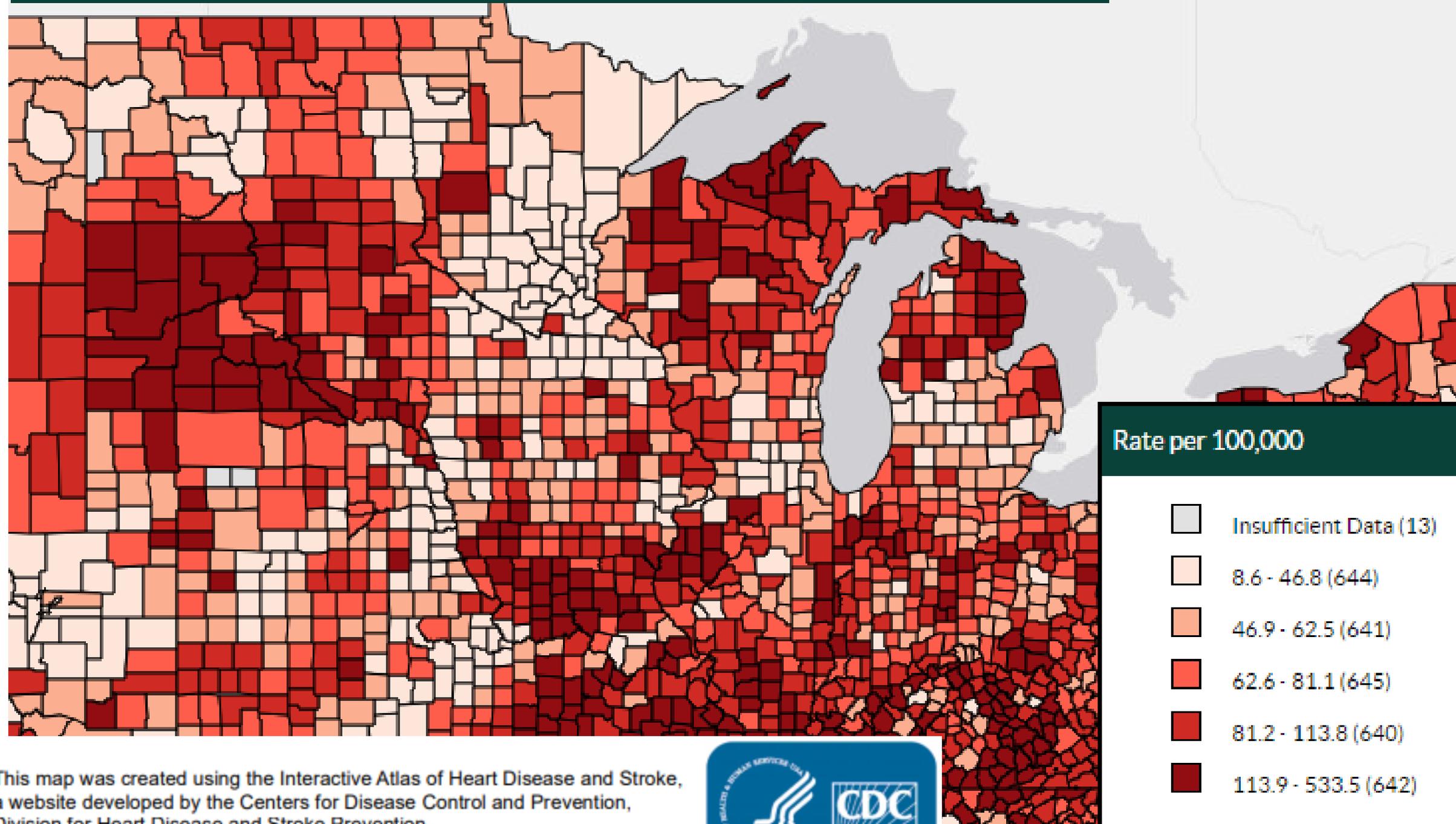


American Heart Association®
COVID-19 CVD Registry™
Powered by Get With The Guidelines®



American Heart Association.

Acute Myocardial Infarction Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2013-2015



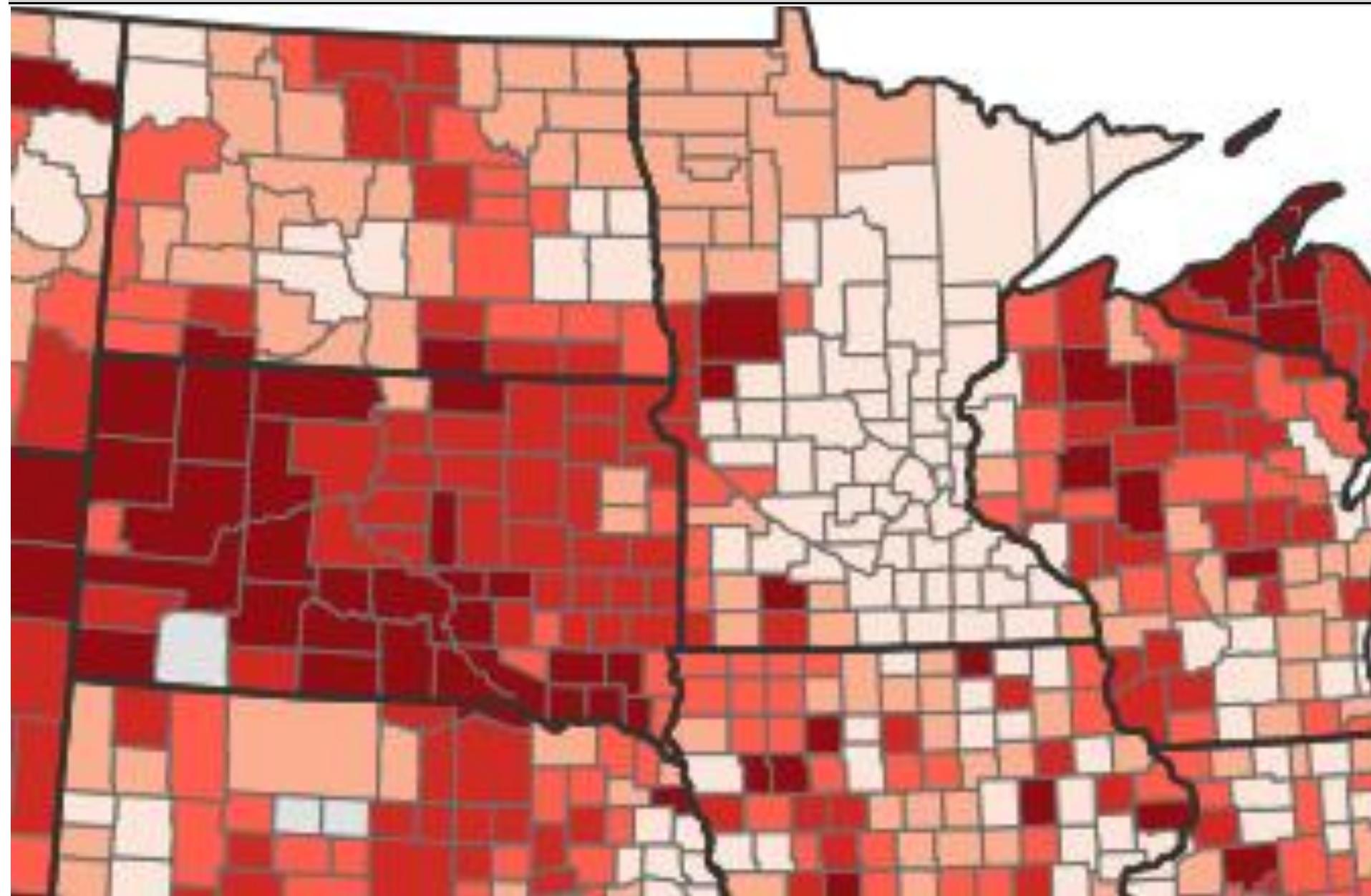
This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention.
<http://www.cdc.gov/dhdsp/maps/atlas>



Acute Myocardial Infarction Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2016-2018



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Value

Insufficient Data (9)
6.8 - 42.4 (648)
42.5 - 56.4 (645)
56.5 - 72.9 (639)
73.0 - 106.3 (642)
106.4 - 578.6 (643)

This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention.
<http://www.cdc.gov/dhdsp/maps/atlas>



STEMI SYSTEMS OF CARE

2020 Minnesota Statutes

144.4941 ST SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTERS.

Subdivision 1. **Criteria for STEMI receiving center designation.** A hospital meets the criteria for a STEMI receiving center designation if the hospital has been accredited as a STEMI receiving center by the Society of Cardiovascular Patient Care, the Joint Commission, the American Heart Association, or another nationally recognized accreditation entity that provides STEMI receiving center accreditation for the care of ST segment elevation myocardial infarction. A hospital may apply to the Department of Health for designation as a STEMI receiving center by providing relevant and current documentation of STEMI receiving center accreditation by a nationally recognized accreditation entity.

Subd. 2. **Designation of STEMI receiving centers.** If a hospital voluntarily meeting the criteria for designation as a STEMI receiving center applies to the commissioner for STEMI receiving center designation, then, upon the commissioner's review and approval of its application, the commissioner shall designate the hospital as a STEMI receiving center for a three-year period. If a hospital loses its accreditation as a STEMI receiving center from a nationally recognized accreditation entity, the commissioner shall immediately withdraw the hospital's STEMI designation.

Subd. 3. **Coordination among hospitals.** STEMI receiving centers are encouraged to coordinate, through agreement, with STEMI referring hospitals throughout the state to provide appropriate access to care for ST segment elevation myocardial infarction patients.

History: [2016 c 88 s 1](#)



MN STEMI RECEIVING CENTER MDH DESIGNATION

[STEMI Receiving Center Hospital Designation](#)

A STEMI Receiving Center is a hospital with personnel, infrastructure and expertise to diagnose and treat patients who require intensive medical and surgical care, specialized tests, or interventional therapies. The Minnesota Department of Health has the authority to designate hospitals as STEMI Receiving Centers through [Minnesota Statute 144.4941](#). The Minnesota Department of Health recognizes the certification programs listed below as consistent with the Minnesota STEMI Receiving Center designation:

- [ACC Chest Pain Center with Primary PCI](#)
- [ACC Chest Pain Center with Primary PCI and Resuscitation](#)
- [ACE Cath/PCI](#)
- [DNV GL Healthcare Chest Pain Program \(Chest Pain & STEMI Receiving Programs/PCI-Capable\)](#)
- [The Joint Commission/AHA Primary Heart Attack Center](#)
- [The Joint Commission/AHA Comprehensive Cardiac Center](#)

Minnesota Acute Coronary Syndrome Chest Pain Toolkit

Implementing standard guidelines for the treatment of patients experiencing chest pain is a key approach to getting heart attack patients to the right care quickly. The American Heart Association and Minnesota Department of Health convened a group to develop a toolkit for the triage and treatment of patients experiencing chest pain. Based on the most current guidelines from the American Heart Association and American College of Cardiology, this toolkit describes the most appropriate treatment approaches for EMS agencies and hospital emergency departments.

- [Minnesota Acute Coronary Syndrome Chest Pain Toolkit with Flowcharts \(Non-accessible PDF\)](#)
- [Minnesota Acute Coronary Syndrome Chest Pain Toolkit Outline \(Accessible PDF\)](#)

Minnesota Community Resources

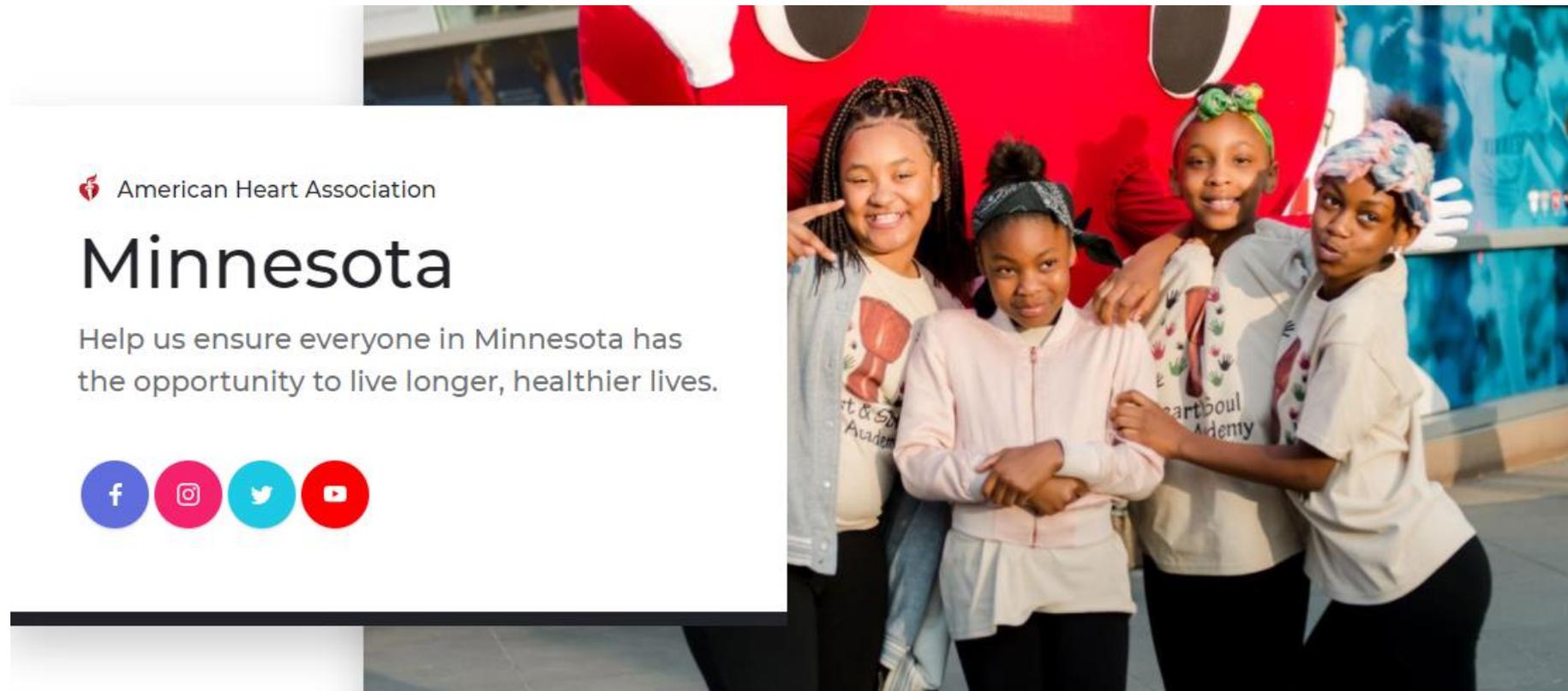
Minnesota Policy Agenda Resources

Clinical Resources

Ambulatory Resources

Volunteering & Fundraising

Minnesota Survivor Stories



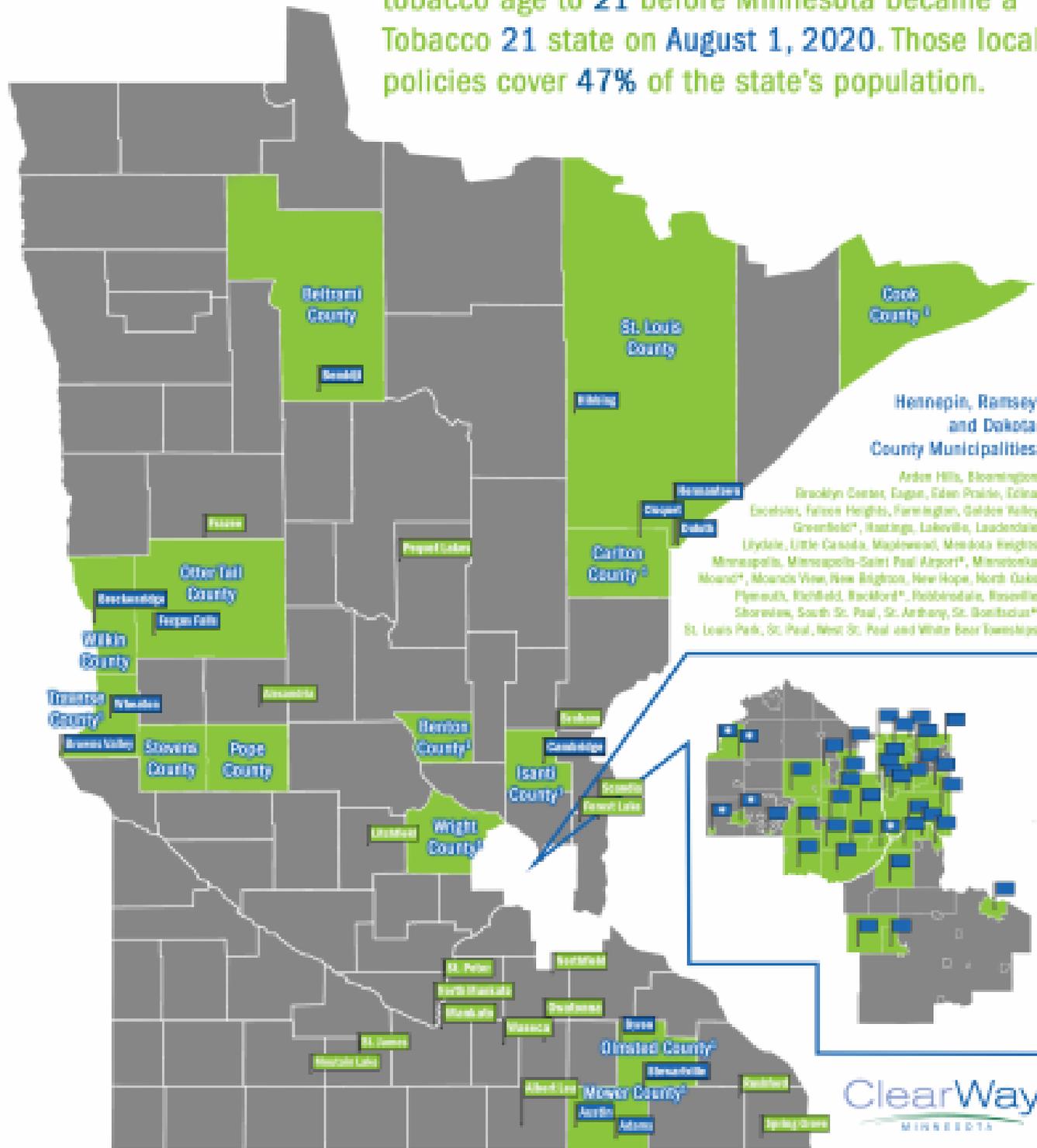
Minnesota Resources

American Heart Association - Our Work in Minnesota



Tobacco 21 Policies in Minnesota

81 Minnesota cities and counties raised the tobacco age to 21 before Minnesota became a Tobacco 21 state on August 1, 2020. Those local policies cover 47% of the state's population.



Join our efforts!

Text MN to 46839

We want to be able to get info to you, on the fly about upcoming events and critical votes and we need your digits (and permission) to get it to ya!

Take just 30 seconds today to opt-in and be the first to know about the great things happening at with AHA Advocacy!



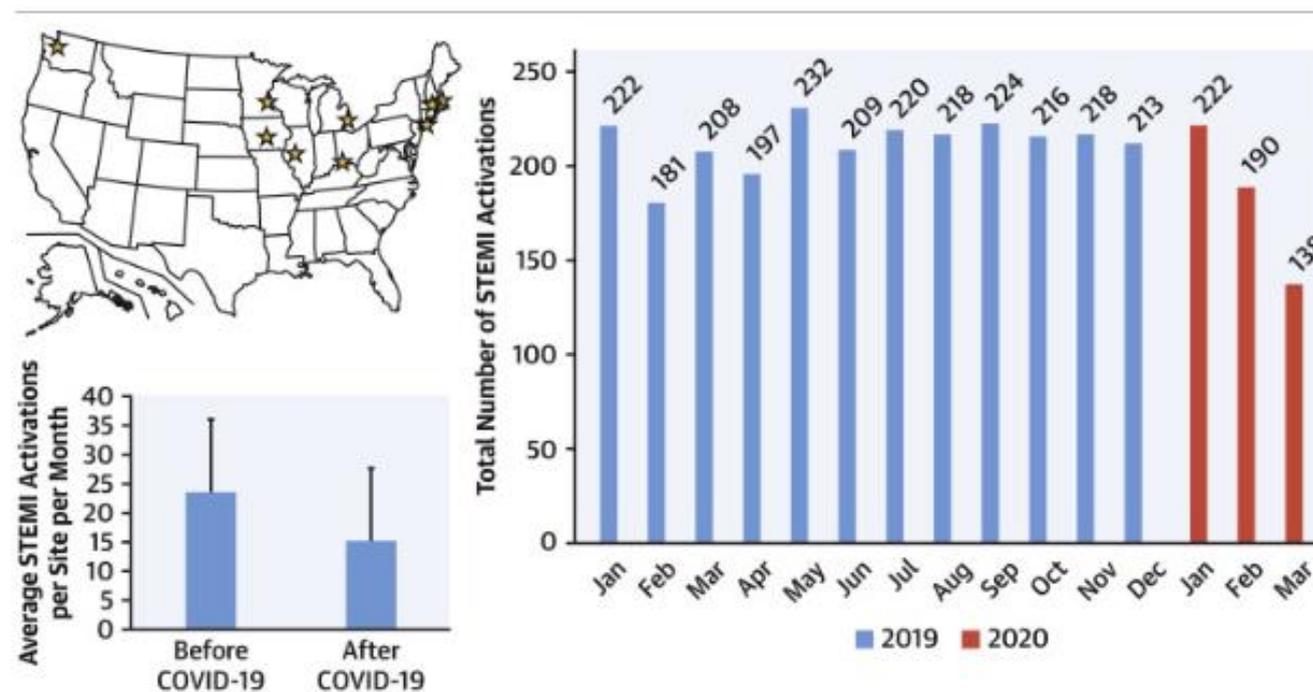
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Top Take aways from the Temporary Emergency Guidance to STEMI Systems of Care During the COVID-19 Pandemic: AHA's Mission: Lifeline

- Continue public awareness campaigns – call 911 asap
- Pre-Hospital guidance supporting EMS dispatch to conduct COVID-19 screening with EMS re-screening the patient and for EMS to utilize appropriate PPE
- Pre-hospital activation should continue to occur, especially with the clear cut STEMI positive diagnostic 12 lead ECG.
- With those 12-lead reading that are not as clear cut, continue pre-activation with increased thoughtfulness, coordination and judgement
- For STEMI patients arriving by EMS, a brief stop in the ED may be reasonable for a quick ED assessment for proper throughput of the patient
- Testing for COVID-19 should not delay Primary PCI for those with a clear cut STEMI
- Primary PCI should remain the primary and preferred reperfusion strategy for patients with classic STEMI
- Evidenced based cardiac care and systems of care success should not be abandoned
- Now more than ever, regionalization of STEMI care is as important as ever.
Communication and feedback between STEMI Receiving Centers, STEMI Referring Hospitals and EMS – as well as sharing protocols, resources, data and experiences may prove critically important

Reduction in ST-Segment Elevation Cardiac Catheterization Laboratory Activations in the United States During COVID-19 Pandemic

Author links open overlay panel [Santiago Garcia MD](#) [Mazen S. Albaghdadi MD](#) [Perwaiz M. Meraj MD](#) [Christian Schmidt MS](#) [Ross Garberich MS, MBA](#) [Farouq A. Jaffer MD, PhD](#) [Simon Dixon MBChB](#) [Jeffrey J. Rade MD](#) [Mark Tannenbaum MD](#) [Jenny Chambers MBA](#) [Paul P. Huang MD, MSc](#) [Timothy D. Henry MD](#)
<https://doi.org/10.1016/j.jacc.2020.04.011>



Don't Die of Doubt

Hospitals are still the safest place for you to be when medical emergencies strike. Don't hesitate or doubt: Call 911 at the first sign of a heart attack or stroke.

[Knocking down fears, myths and misinformation](#) >

[Learn more about heart attack and stroke symptoms](#) >



Doctor, It's Been Too Long.

It's time to recommit to my health and my future.

[I'm making an appointment today >](#)

[Llama a tu doctor >](#)

- If you've delayed medical care during the pandemic, the American Heart Association wants you to know it's safe to return to the doctor.
- Getting back to regular health care will help you manage your risk factors for heart disease and stroke and support your mental well-being. Both can help you enjoy a longer, healthier life.
- Heart disease and stroke remain the leading causes of death and disability, even during the pandemic. It's time to reconnect with your doctor if you haven't done so in the last year. Don't trade one health crisis for another.

It's Up To You

Every vaccination brings us closer to a future free of COVID-19. Based on the best science, vaccines are safe, effective and protect you, your loved ones and community. See what we mean.

[Check out our infographic to learn more](#) >

[Questions about COVID-19 vaccination](#) >

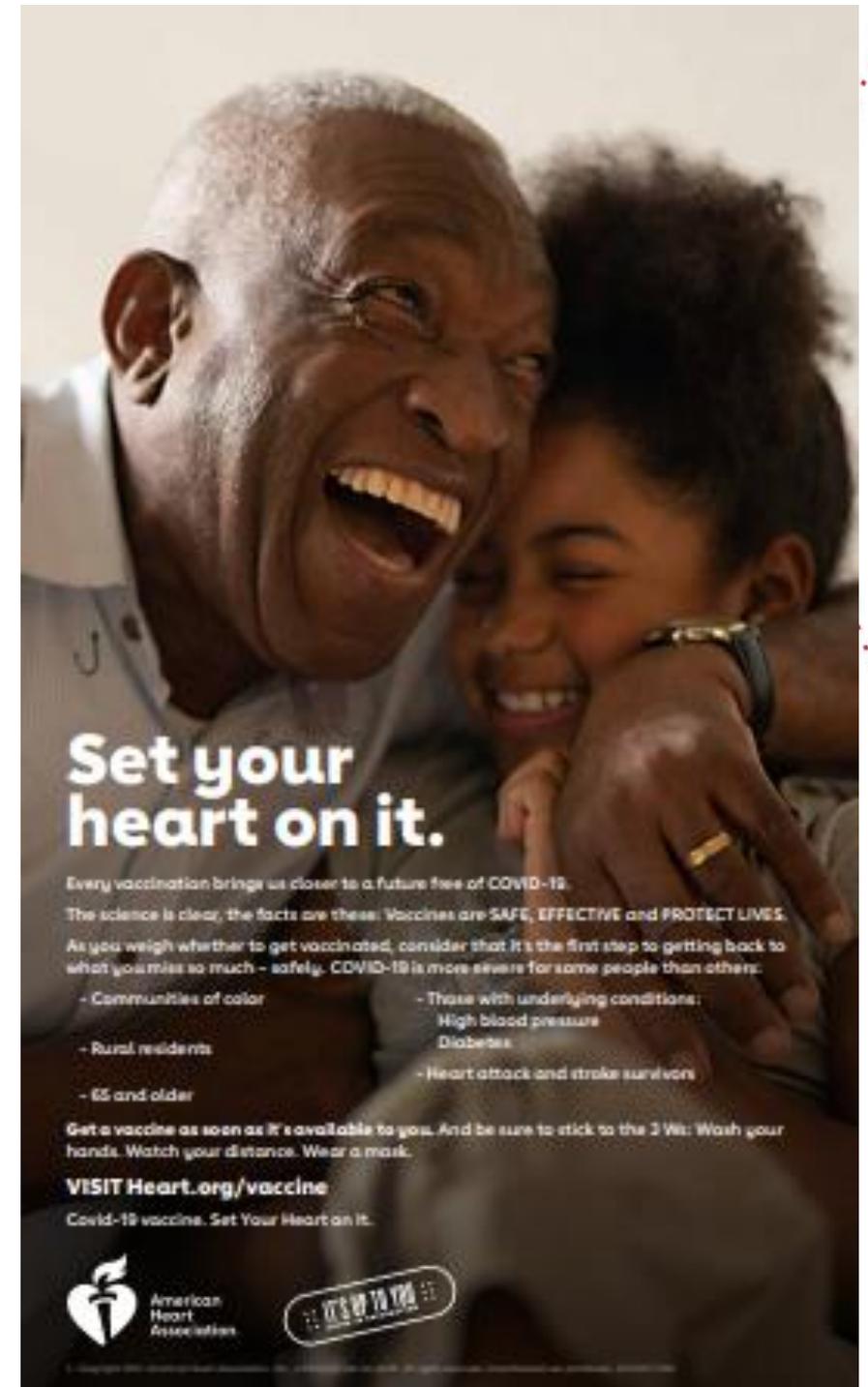
Heart disease and stroke medical experts urge public to get COVID-19 vaccinations

American Heart Association scientific leadership urge vaccinations to end pandemic

 American Heart Association

Coronavirus (COVID-19)

The pandemic is a fast-changing health crisis. The American Heart Association is here to help you with science-based information and answers.



Set your heart on it.

Every vaccination brings us closer to a future free of COVID-19. The science is clear, the facts are these: Vaccines are **SAFE, EFFECTIVE** and **PROTECT LIVES**. As you weigh whether to get vaccinated, consider that it's the first step to getting back to what you miss so much - safely. COVID-19 is more severe for some people than others:

- Communities of color
- Rural residents
- 65 and older
- Those with underlying conditions:
 - High blood pressure
 - Diabetes
 - Heart attack and stroke survivors

Get a vaccine as soon as it's available to you. And be sure to stick to the 3 Ws: Wash your hands. Watch your distance. Wear a mask.

VISIT [Heart.org/vaccine](https://www.heart.org/vaccine)

Covid-19 vaccine. Set Your Heart on It.

 American Heart Association





Oxygenation and Ventilation of COVID-19 Patients



Resources for Frontline Health Care Providers during COVID-19 Pandemic

Health care providers are racing against the clock to test, treat, and care for COVID-19 patients, and many intensive care units are overwhelmed.

Hospitals are recruiting non-ICU personnel to help staff their critical care areas.

Surgeons, nurses, and other health care providers, including returning retirees and medical students, are serving in critical care roles that are outside their routine activities and training.



Oxygenation and Ventilation Modules:

1. Non-invasive Support Overview
2. Airway Management
3. Ventilation Equipment
4. Ventilation Management



Additional Resources:

- Airway Management Video
- Oxygenation and Ventilation Quick Reference Sheets
- Top 5 Things Every Healthcare Provider Should Know
- 8 Airway Equipment Videos



The AHA continues to develop new resources to support healthcare providers during the COVID-19 pandemic. [Visit us](#) frequently to review new resources.

In response, the American Heart Association (AHA) has rapidly developed and curated a suite of "just-in-time" training resources to support these frontline health care providers. These training resources – available through the AHA's new digital hub of online training content – focus on oxygenation and ventilation of COVID-19 patients to improve outcomes.

The AHA digital hub can be accessed [here](#) and includes the following resources:

Nationally Funded by  HELMSLEY CHARITABLE TRUST

American Heart Association and the Global COVID 19 Pandemic

- [COVID-19 Content: An AHA Compendium](#)
- [Focus on Quality Newsletter](#)
- [AHA Extends Deadlines for CPR Instructor and Provider Cards](#)
- [Medicare Telehealth Coverage](#)
- [Oxygenation and Ventilation of COVID-19 Patients](#)
- [Interim Guidance for Basic and Advanced Life Support](#)
- [AHA COVID-19 Professional Forum](#)
- [COVID 19 Newsroom](#)
- [AHA's COVID-19 Guidance for Women's Health](#)
- [QI Program updates in response to COVID-19](#)
- [Guidance for Cardiac Electrophysiology During the Coronavirus \(COVID-19\) Pandemic from the Heart Rhythm Society COVID-19 Task Force; Electrophysiology Section of the American College of Cardiology; and the Electrocardiography and Arrhythmias Committee of the Council on Clinical Cardiology, American Heart Association](#)