



UTILIZING DATA AND FEEDBACK TO IMPROVE CARE IN WEST TEXAS

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DISCLOSURES

FINANCIAL DISCLOSURE:

No financial relationships to disclose

UNLABELED/UNAPPROVED USES DISCLOSURE:

None to disclose

BENCHMARKS FOR STEMI PATIENTS

- DOOR TO ECG (D2ECG) <10 MIN
- FIRST MEDICAL CONTACT TO BALLOON (FMC2B) <90 MIN OR <120 MIN WHEN TRANSPORT TIME IS >45 MIN (AND D2B <30 MIN)

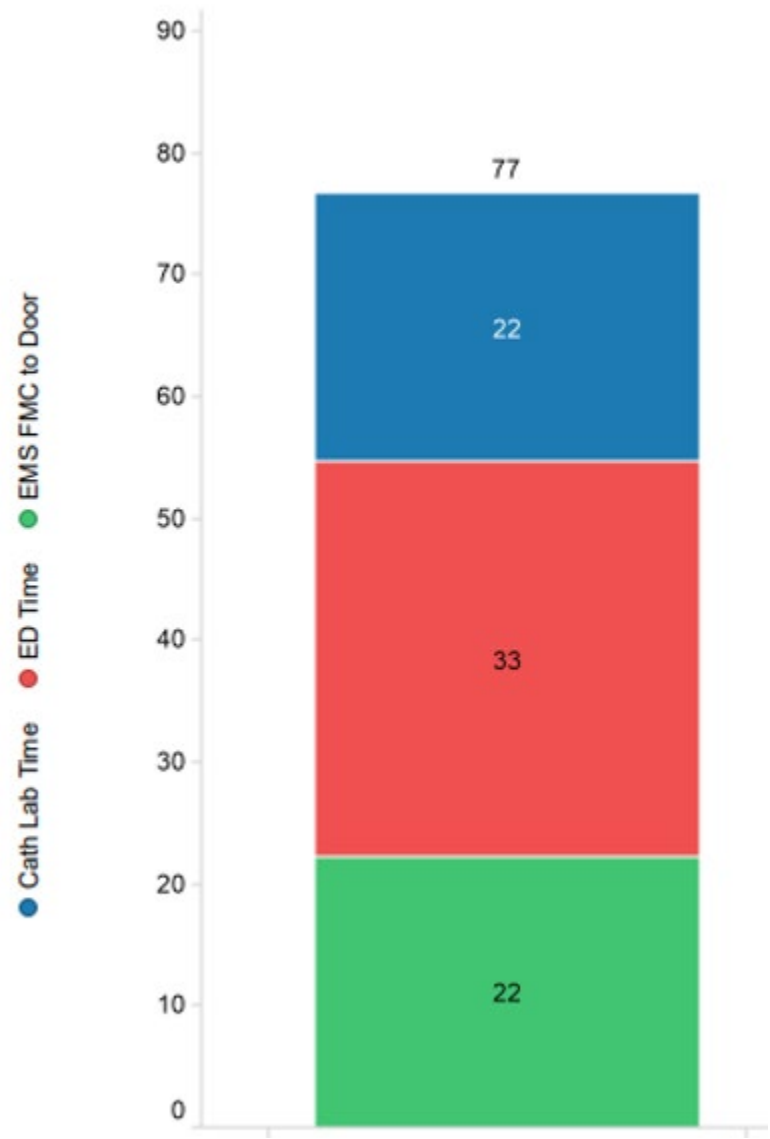
TRANSFER PATIENTS:

- DOOR-IN-DOOR-OUT (DIDO) <30 MIN
- DOOR-TO-DOOR-TO-BALLOON (D2D2B) <120 MIN

IF ANTICIPATED D2D2B >120 MIN PATIENT SHOULD BE
CONSIDERED FOR THROMBOLYTIC

(IF ANTICIPATED SENDING FACILITY DOOR TO RECEIVING FACILITY DOOR >60 MIN CONSIDER LYTIC)

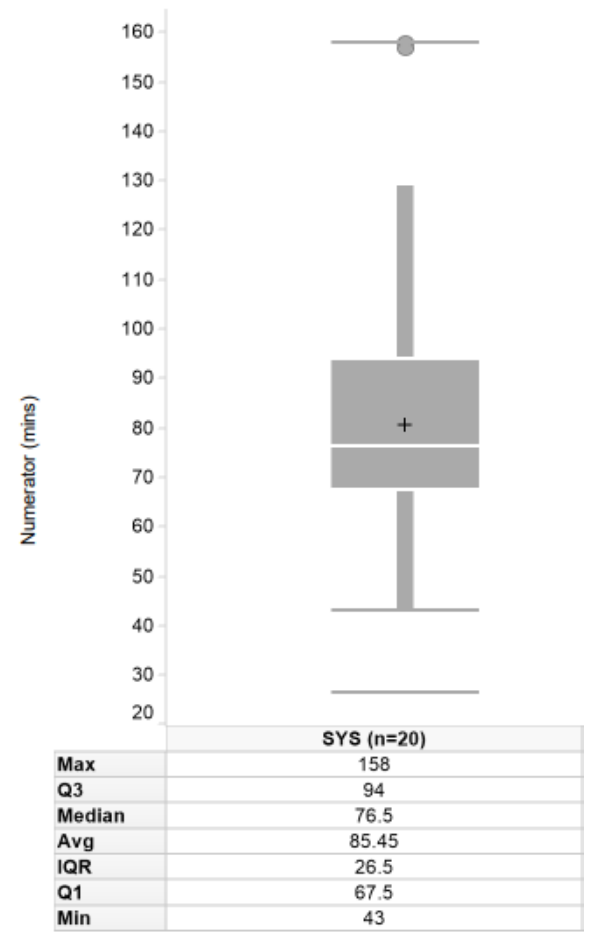
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M:L EMS FMC to PCI (Stacked Median)

M:L EMS FMC to Primary PCI Median Time (minutes). Direct Presentation, Arriving by EMS

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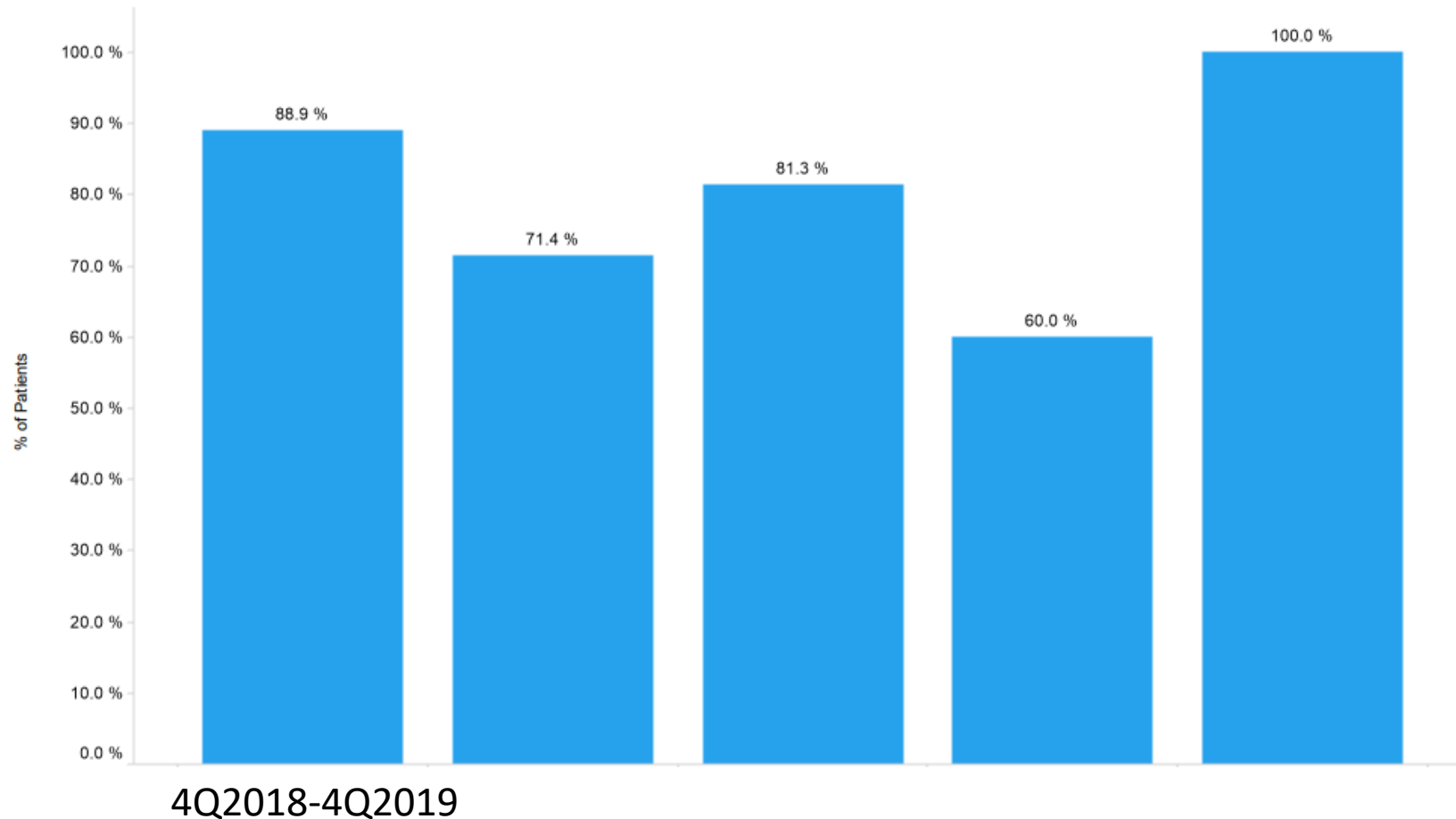
Regional Trend - % M:L EMS FMC to PCI

Regional Trend - % M:L EMS First Medical Contact to Primary PCI \leq to 90 Minutes AND \leq 120 Minutes When Transport \geq 45 minutes AND Arrival to PCI \leq 30 Minutes. Direct Presentation, Arriving via EMS



MISSION:
LIFELINE

West Texas Regional Report: 2019 Q4

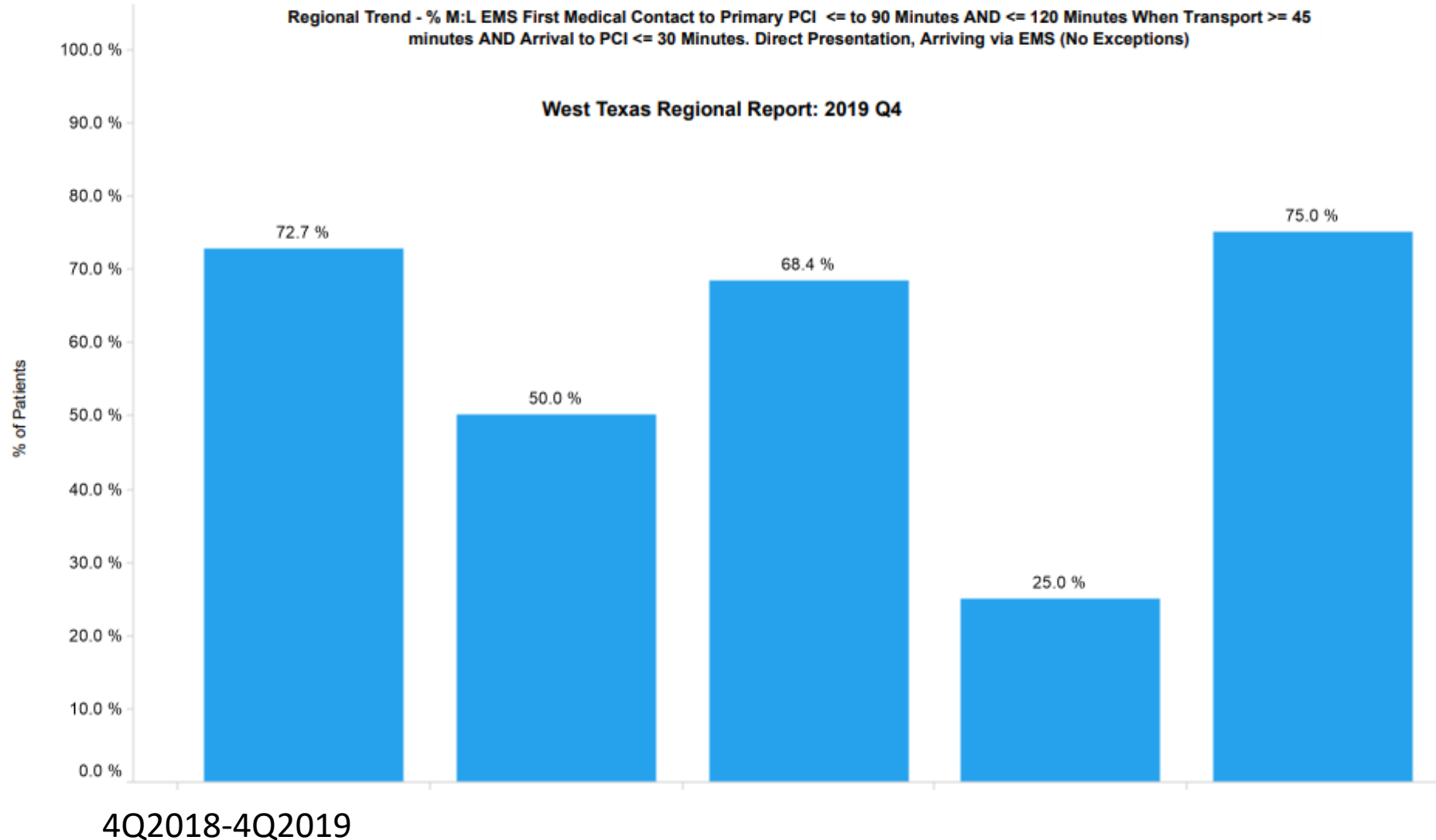


WEST TEXAS REGIONAL REPORT 4Q2019

Regional Trend -M:L % EMS FMC to PCI (No Exceptions)

Regional Trend - % M:L EMS First Medical Contact to Primary PCI \leq to 90 Minutes AND \leq 120 Minutes When Transport \geq 45 minutes AND Arrival to PCI \leq 30 Minutes. Direct Presentation, Arriving via EMS (No Exceptions)

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STEMI Congrats!

Door to Balloon: 44 Minutes

Door to ECG: 1 minute

STEMI Dx to Cath Lab: 14 minutes

Door to Cath Lab: 15 minutes

FMC2B (First Medical Contact to Balloon-Transfer patients): 60 Min

EMS Team:

ED Physician:

Primary & Triage Nurse:

Charge Nurse:

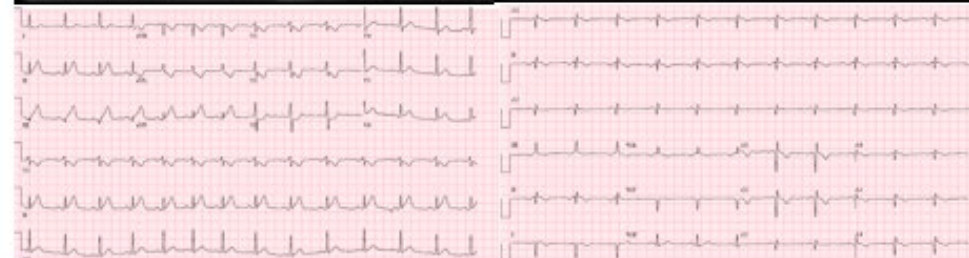
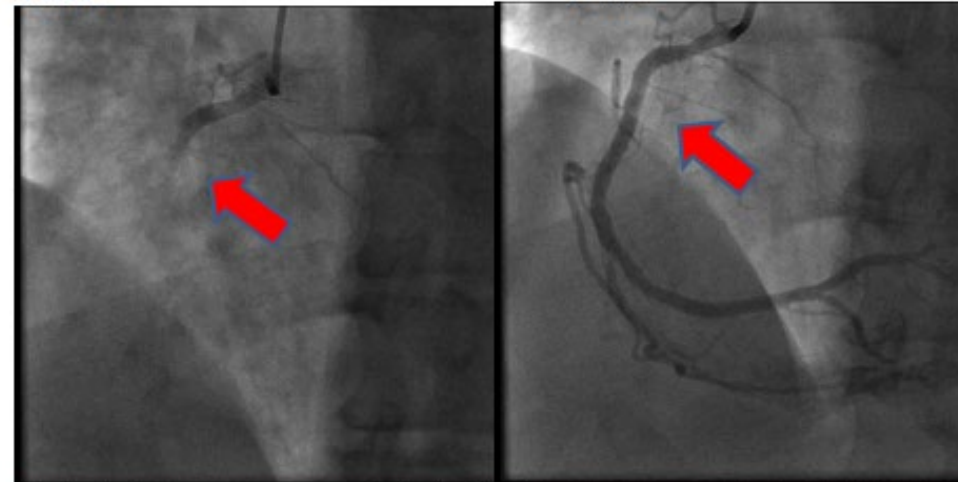
ECG Tech:

Cardiologist:

Cath Lab Team:

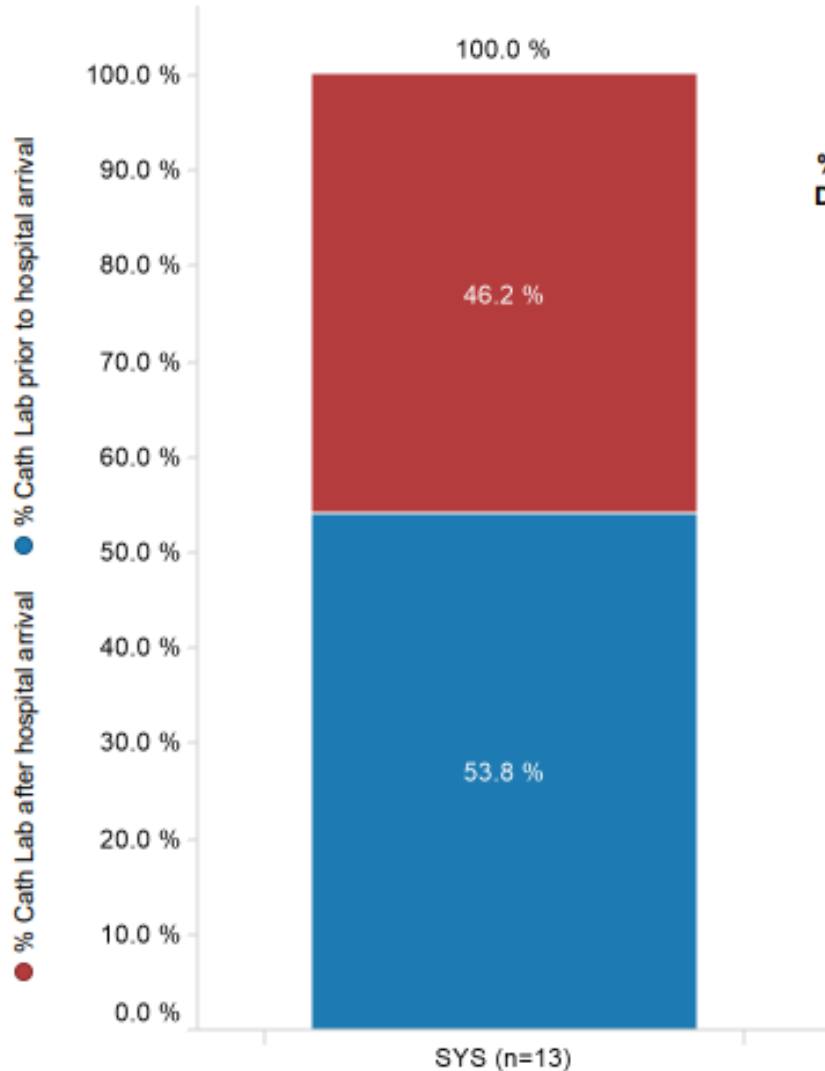
Before

After



Great Job!

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% M:L Pre-Hospital Cath Lab Activation

% M:L Pre-Hospital Cath Lab Activation for STEMI.
Direct Presentation, Arriving via EMS and with Pre-Hospital Notification

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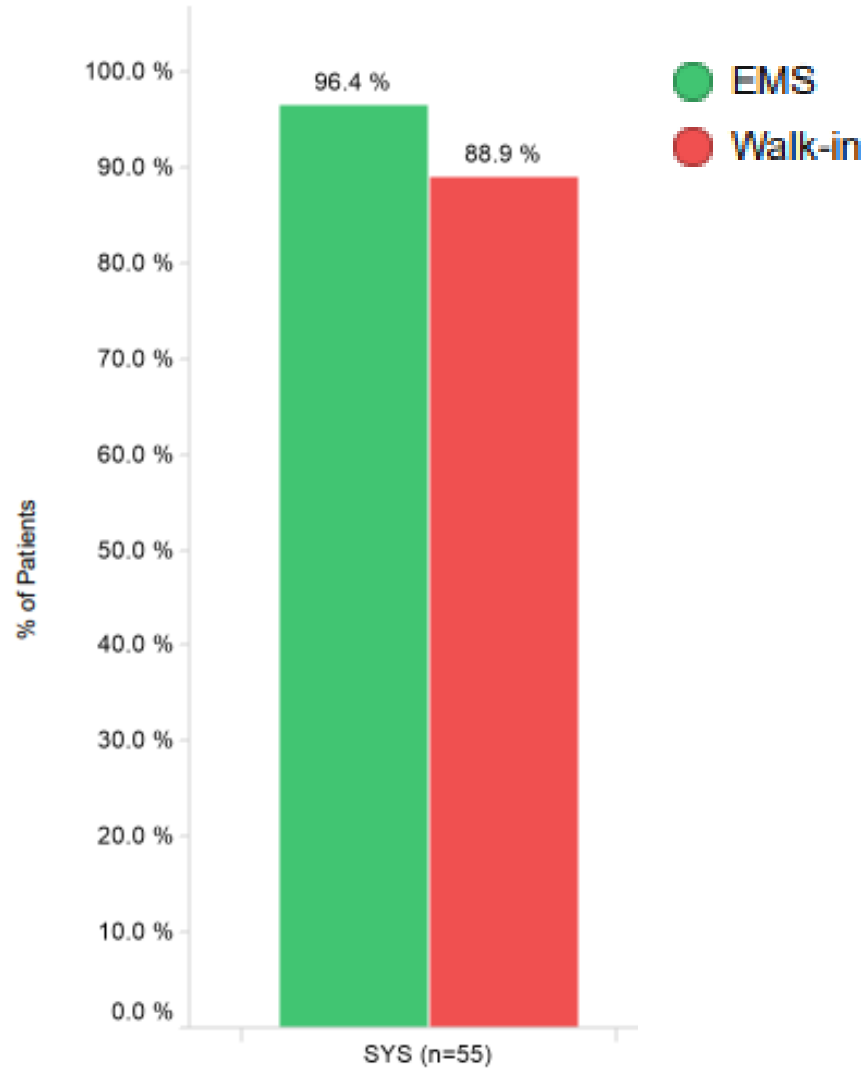
- Field ECG transmitted ASAP
- STEMI Alert via EMS PTA
- Quality ECG
- ED Provider/Cardiologist reading field ECG ASAP

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% M:L Arrival to PCI <= 90 Minutes

% M:L Arrival to Primary PCI <=90 Minutes, Direct Presentation, Walk-In versus EMS Arrival

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PSA: DON'T DIE OF DOUBT-CALL 911



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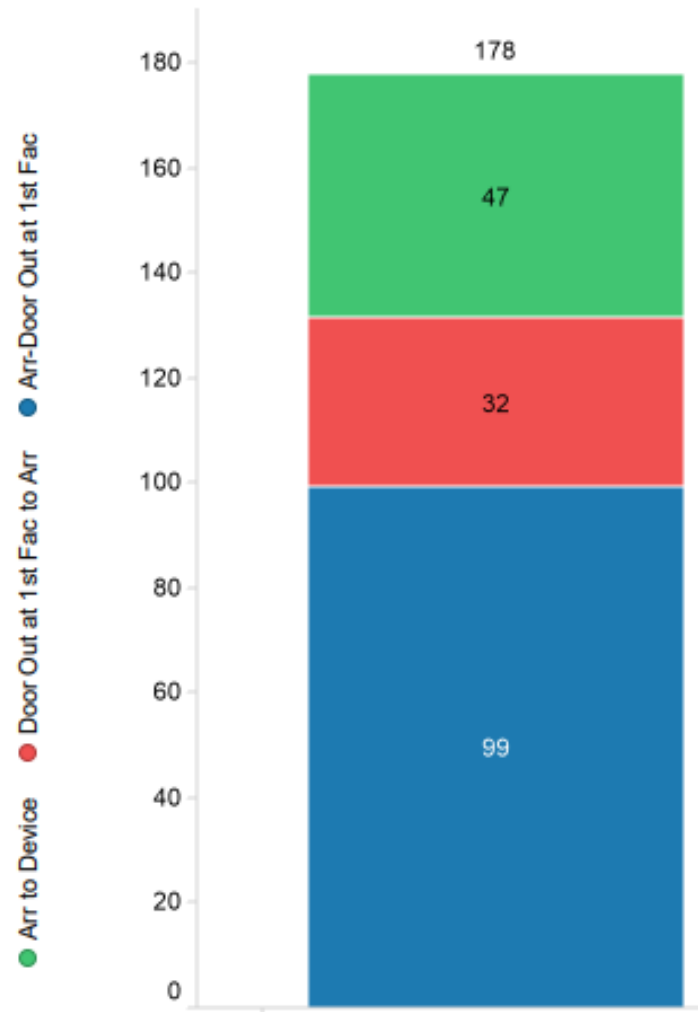
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TRANSFER STEMI PATIENTS

M:L Transfer In for PCI <= 120 Minutes (Stacked Median)

M:L Arrival at First Facility to Primary PCI Median Times (minutes). Transfer-In for Primary PCI

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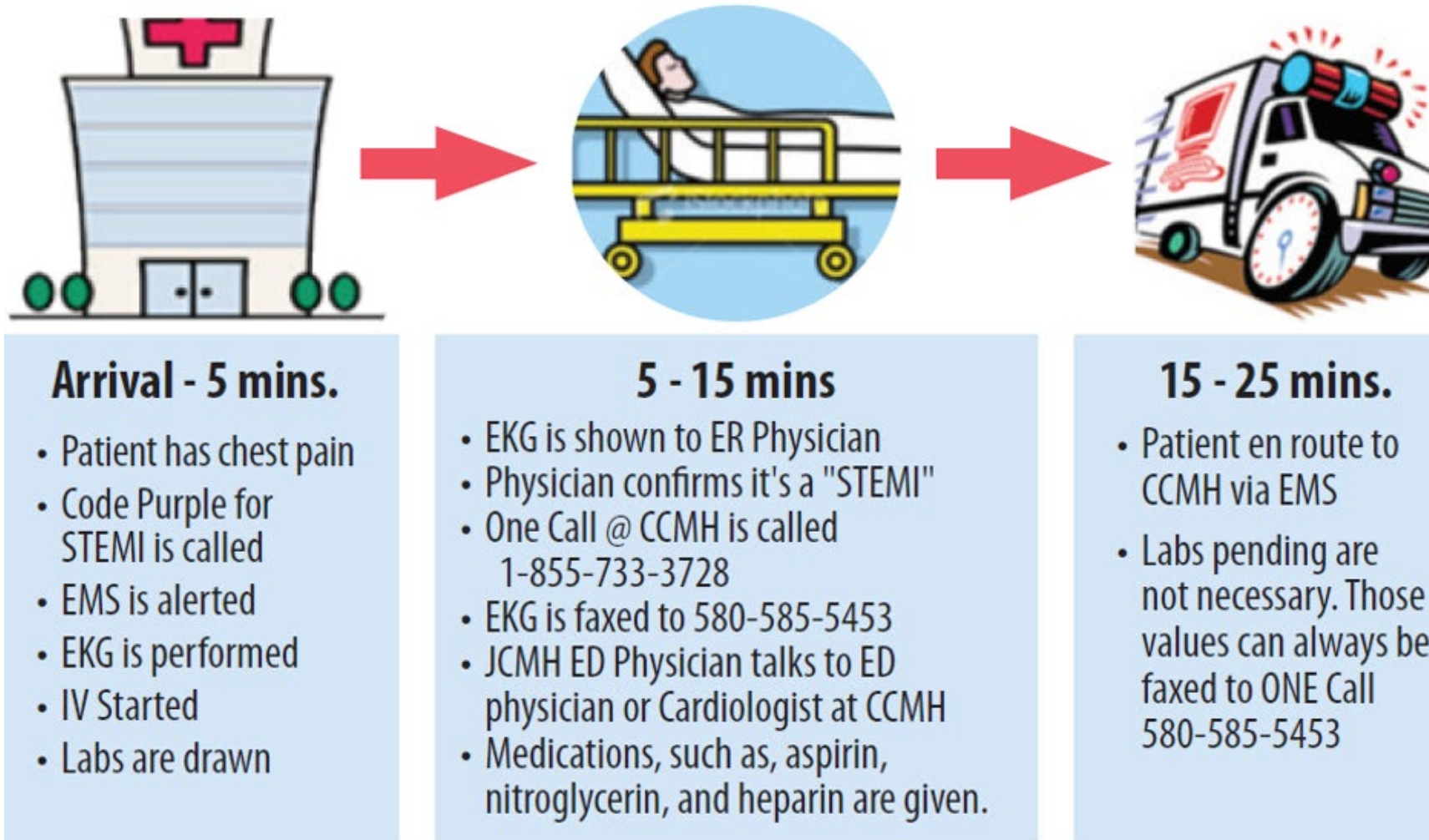
RECOGNITION OF STEMI AND APPROPRIATE CARE

PROTOCOLS AND STANDING ORDERS IN PLACE TO HELP EXPEDITE CARE.

- **STANDARDIZED REPERFUSION STEMI CARE PATHWAY**
 - ❑ Each ED should maintain a standardized reperfusion STEMI care pathway that designates fibrinolysis in the ED (for eligible patients) when the system cannot achieve times consistent with the ACC/AHA guidelines for primary PCI.
 - ❑ If reperfusion strategy is for primary PCI transfer, a streamlined, standardized protocol for rapid transfer and transport to a STEMI receiving center should be operational.

(American Heart Association, 2013)

Door in Door out (DIDO) Goal <30 min



Borrowed from Comanche County Memorial Hospital STEMI Newsletter May 2016

LETTER TO REGIONAL FACILITIES

Frequently asked question #1:

Is it better to give tenecteplase (TNKase) before transfer or should the patient wait for a Cardiac Catheterization procedure (PCI) after transfer {at HMC}?

Answer:

For those patients with onset of ischemic symptoms within the previous 12 hours AND without any contraindication for the TNKase medication it is best practice to give TNKase as soon as possible, when it is likely to take more than 120 minutes (2 hours) from the time they leave their home (or point of origin) until they can get to the HMC's Cath Lab for a procedure. When TNKase is given, heparin therapy should also be initiated to prevent restenosis en route. (Note: This information is from the 2013 ACCF/AHA Clinical Practice Guideline for the Management of ST-Elevation Myocardial Infarction and is a Class I, A recommendation.) A full copy of the current guidelines can be found at www.acc.org/guidelines.

Should you have questions about the HMC AMI Program, current guidelines, or a question you would like us to address in our next letter, please contact me or our Program Coordinator, Martee Tebow, at 325.670.3648.

HIPAA CONCERNS?

TEXAS HEALTH AND SAFETY CODE, TITLE 9, SUBTITLE B, SEC. 773.095.

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Feedback Form Example

AMI PROGRAM

DEAR DIRECTOR OF NURSING AND EMERGENCY DEPARTMENT,

The following patient was received at Hendrick Medical Center in Abilene, Texas. Please find follow up information below.

Patient initials			
Date of admission			
HMC Arrival Time		Targets Below:	
Door to ECG		Initial ECG	≤ 10 mins
Thrombolytic given*		If unable to achieve primary PCI ≤120 from arrival at first facility	Consider administering thrombolytic
Arrival to thrombolytic within 30 minutes		Door to Needle	≤30 min
Arrival to Transfer to PCI Center (Door in Door out) ≤ 30-45 min		Door in to Door Out	≤ 30-45 min
D2D2B (Door at sending facility to Door at receiving facility to Balloon) ≤120 min		D2D2B	≤120 min
INTERVENTION:			
RECOMMENDATIONS:			
Consider Ground transportation when air initially unavailable.			
Fax ECG as soon as possible to 325-670-2577			
*If thrombolytic given, please ensure patient also receives heparin or enoxaparin and aspirin			

We appreciate the opportunity to participate in the care of this patient. If you have any questions or if we can be of any further assistance, please feel free to contact us.

Warm regards,



MISSION LIFELINE FEEDBACK REPORT



Mission: Lifeline® Feedback Report

Hospital:		GWTG-CAD Patient ID:		Means of transport to First Facility:	
EMS Agency:		Run Number:		Method of 1st notification:	
Transfer from another facility:		Referring Hospital:		IFT Agency:	
Patient Initials:	Age:	Gender:	Diagnosis:	Location 1st Evaluation:	
ED Physician:		Reperfusion Candidate:		Physician Interventionalist:	
Attending Physician/Provider:		Discharge Status:			
Data Elements			System Metrics		
S/S Onset Date/time		Time from S/S Onset to Device (PCI)			
Non-EMS FMC Date/time		Time from Non-EMS FMC to Device (PCI)			
EMS FMC Date/time		Time from EMS FMC to Device (PCI)			
First 12 lead ECG Date/time		Time from Arrival at First Facility to Device (PCI)			
Subsequent STEMI 12 lead ECG Date/time		Time from First Positive 12 Lead ECG to Device (PCI)			
EMS Pre-Arrival Notification Date/time		EMS Metrics			
EMS Depart Scene Date/time		EMS FMC to (first) 12 Lead ECG			
Arrival at First Hospital Date/time		1st Positive 12 Lead ECG to Pre-Arrival Notification			
Transfer Transport Requested Date/time		EMS FMC to EMS Depart Scene			
Transfer Transport Arrived Date/time		EMS Depart Scene to Arrival at First Hospital			
Transfer Out Date/time		Transfer Facility Metrics			
Thrombolytics Start Date/time		Time from Arrival at First Hospital (Referral) to First 12 Lead ECG			
Arrival at this hospital Date/time		Time from First Positive 12 Lead ECG to Transport Requested			
Cath Lab Activation Date/time		Time from First Positive 12 Lead ECG to Cath Lab Activation			
Team Arrival to Cath Lab Date/time		Time from Arrival at First Hospital to Lytic Administration			



Mission: Lifeline® Feedback Report

Attending Arrival to Cath Lab Date/time		Time from Transport Requested to Transport Arrived	
Patient Arrival to Cath Lab Date/time		Time from Transport Arrived to Transfer Out	
First PCI Date/Time		Time from Patient Arrival (first facility) to Transfer Out (DIDO)	
Comments:		PCI Receiving Center Metrics	
		Time from EMS Pre-Arrival Notification to Cath Lab Activation	
		Time from Transfer out to arrive at PCI center	
		Time from Arrival at Receiving Center to 1st 12 Lead ECG	
		Time from First Positive 12 Lead ECG to Cath Lab Activation	
		Cath Lab Activation to Attending Arrival	
		Cath Lab Activation to Team Arrival	
		Cath Lab Activation to Patient Arrival to Cath Lab	
		Patient Arrival at Hospital to Cath Lab Arrival	
		Time from Patient Arrival in Cath Lab to Device (PCI)	
		Time from Hospital Arrival to Device (PCI)	



STEMI Transfer

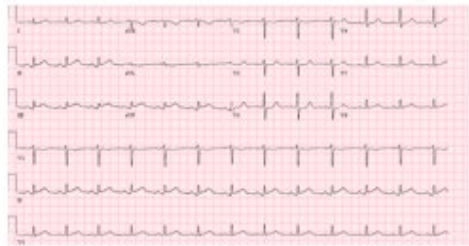
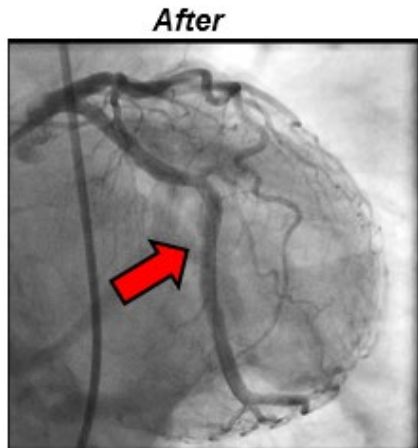
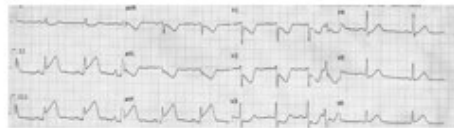
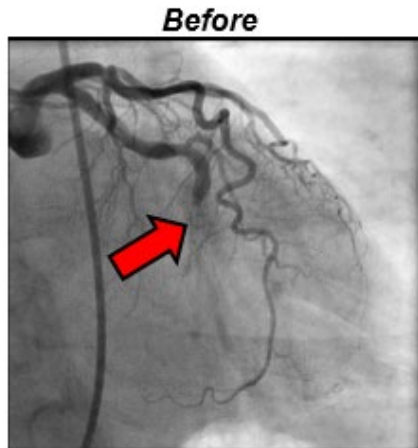
Door to Cath Lab: **8 minutes**
Door to Balloon: **25 minutes**
First Medical Contact to Balloon: **89 minutes**

Transferring physician:
Transferring nurse:
EMS Team:

Receiving ED physician:
Receiving charge nurse:

Cardiologist:
Cath Lab team:

Transfer
STEMI
Congrats!



Congratulations and Great Job!

Thank you for the excellent teamwork to help save a life.



QUESTIONS

American Heart Association