ACS QST Goals 2013-14

Mission: The ACS QST is an interdisciplinary team (including EMS, Emergency Department, Cardiac Cath Lab, Pharmacy, and Acute Cardiology nursing units) that endeavors to continuously improve the quality of patient care as well as the effectiveness and efficiency of services, systems, and processes related to the delivery of patient care for adult cardiology patients with the diagnoses of ST Elevation MI, Non-ST Elevation MI, and unstable angina.

Goals and Strategies:

I. **Achieve Society of Chest Pain Centers Cycle IV Accreditation**
    A. Compile and submit required information to the SCPC on-line tool, while building a library of supporting documentation filed according to the SCPC's "8 Key Elements".
    B. Utilize multiple resources such as EMS liaisons, Heart Center QI, ED administration and QI, UVA core measures team, bed center, etc. to collect accurate and timely data for SCPC submission.
    C. Coordinate site-visit, organizing key players and supporting documentation.
    D. Disseminate findings/recommendations of SCPC team to respective units and staff who can formulate action plans to implement recommendations.
    E. Celebrate and publicize accreditation (thinking positive)

II. **Develop a system to consistently acquire EMS ECGs/reports for use at point of care and for inclusion in patient's permanent medical record.**
    A. Examine current system to determine potential barriers and pit-falls at point of collection as well as retention of delivered documents until scanned into EMR.
    B. Query EMS teams and ED personnel/administration for ideas on ways to improve system
    C. Enlist help of EMS in delivering/labeling documents
    D. Implement new system for acquiring/retaining EMS documentation.
    E. Solicit feedback from ACTION data team and cath physicians to evaluate effectiveness of new system.

III. **Consistently achieve Door-To-Reperfusion time < 60 minutes during work hours and < 75 minutes off-hours; and Time of First Medical Contact To Reperfusion < 90 minutes.**
    A. Designate on-site call rooms or other nearby lodging for cath call teams to reduce cath lab response time after normal work hours. Provide data on after-hours cases to hospital administration to support need for call rooms.
    B. Implement guideline for chest pain management throughout hospital to improve early recognition of STEMIs (see goal V below). Recognize inpatient STEMIs are included in national measurements for DTR times.
    C. Continue efforts to increase number of pre-hospital STEMI alerts by: insuring proper function of ECG transmittal/receiving systems; public education to call EMS versus presenting as walk-in; EMS education on STEMI recognition and communication with ED attending; building trust relationships between EMS and ED physicians to activate pre-hospital STEMI alert when ECG cannot be transmitted
    D. Collaborate with MET and Cath Lab to determine role of MET in STEMI cases.
    E. Collect and analyze door-to-reperfusion time-point data to identify sources of potential delays and opportunities for improvement. Collaborate with scribes on real-time data collection. Devise a method to insure time of arrival for pre-hospital alerts is correct in Epic.
    F. Compile and review UVA data on Time of First Medical Contact for STEMI patients (AHA focus); compare UVA data with national standards. This will depend on consistent collection of EMS documents (Goal II above).
    G. Evaluate impact of Epic on cath lab documentation of critical time points and potential for EMR-created delays at implementation in December 2013.

H. Compose and disseminate a document explaining LBBB is no longer considered an automatic trigger for STEMI alsert.

IV. **Build relationships to improve access to and the quality of care for ACS patients via "team" concept.**
   A. Increase efforts at public outreach through education on calling EMS early for heart attack symptoms, referrals to cardiac rehab, and risk reduction strategies. Provide positive feedback to community physicians/clinics that recognize MI early and take prompt action to access hospital care.
   B. Continue feedback exchange with ED and cath lab members involved in each STEMI case, with EMS personnel, and with referring facility liaisons. Continue storyboards in ED. Promote culture of open discussion.
   C. Collaborate with outside facilities to identify/correct barriers to STEMI recognition, activation of transport system, and communication with UVA pre and post-transfer.
   D. Participate in VHAC, ACC NCDR, and other multidisciplinary organizations directed toward improving cardiovascular systems of care. Network to find strategies found successful by other institutions.

V. **Develop a guideline for response to inpatient cardiac critical events throughout the hospital.**
   A. Collaborate with acute cardiology units to develop a guideline for response to cardiac critical events such as chest pain.
   B. Determine who will be responsible for obtaining emergency ECGs on any unit throughout the hospital.
   C. Insure education and hands-on training are provided to those who will obtain ECGs and that a mechanism is in place for ongoing competency.
   D. Collaborate with hospital Patient Safety Committee to implement the guideline across the hospital.
   E. Insure technical logistics are in place, such as protocol orders for emergency ECGs and automatic upload of ECGs into Epic.
   F. Review/analyze data on inpatient STEMI cases with focus on early recognition/action steps.

VI. **Insure best-practice guidelines are followed across continuum of care at UVA for all ACS patients.**
   A. Utilize NCDR ACTION and Cath/PCI data to evaluate our performance on the following measures:
      Door to first ECG time interval
      ASA at arrival
      ASA at discharge
      ACE or ARB at discharge if LVSD (EF < 40%)
      Beta blocker at discharge
      Statin at discharge
      Thienopyridine at discharge for PCI patients
      Referral to outpatient cardiac rehab
      Door-to-reperfusion for STEMI immediate PCI
   B. Educate house staff regarding use of Cardiology Discharge Order Sets which address key measures
   C. Educate nursing staff regarding key measures and engage them in oversight during the discharge process
   D. Achieve Silver Award for STEMI Receiving Center for AHA Mission: Lifeline
   E. Implement Data Collection for "Premiere" level ACTION Registry to capture additional data elements regarding care of AMI population.
   F. Continue collaboration with Core Measure review team and Anthem QHIP data submission team to insure accurate data is submitted to public reporting sites.

VII. **Evaluate optimum timing of therapeutic hypothermia for STEMI patients presenting with cardiac arrest.**
   A. Compile and analyze data on STEMI patients with cardiac arrest and the timing of therapeutic hypothermia.
   B. Determine if we can draw conclusion on best-practice at UVA timing therapeutic hypothermia for STEMI patient with cardiac arrest (better to delay cooling or to delay opening vessel?).