

CFV Heart and Vascular Center STEMI Care Best Practices

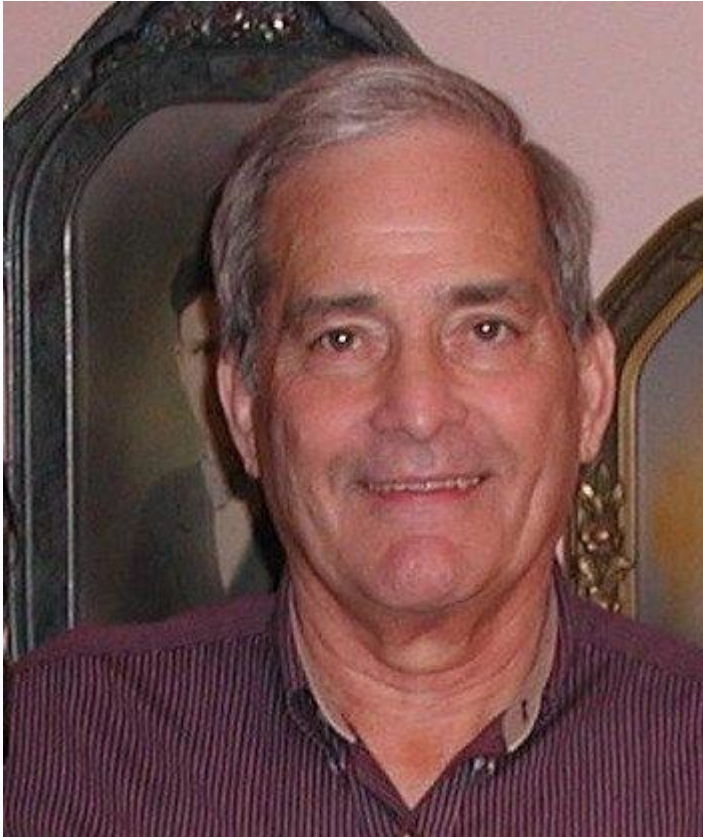
**Data Diving is like Sky Diving
OR...**

**“Why would you jump out of a perfectly good
airplane?”**



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“Why would you jump out of a perfectly good airplane??”





Tools



1200 Feet - High level Data Review – Monthly/Qtr
Process and Outcome Data

1000 Feet – More detailed analysis/reporting of
fallouts

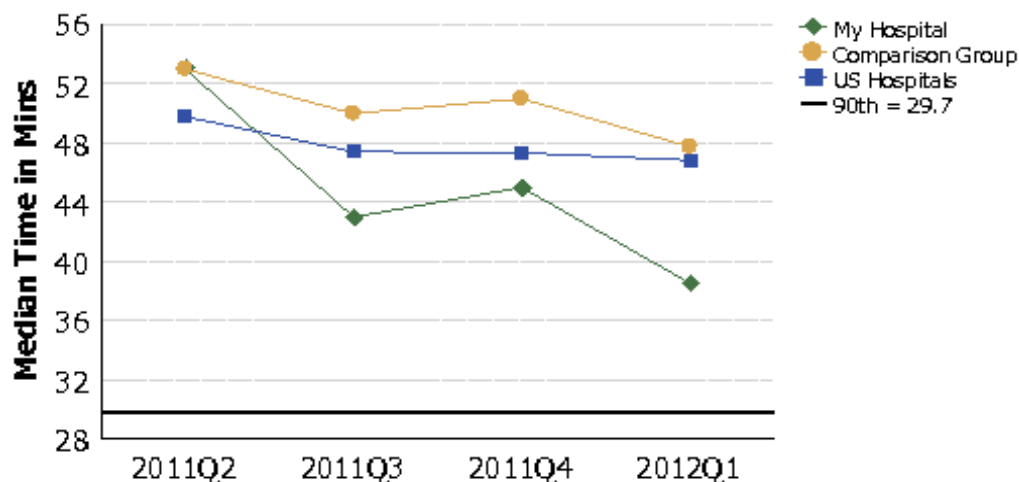
800 Feet – LEAN performance improvement

400 Feet – TAPS – Detailed review of process
fallouts

200 Feet – Weekly/Bi-weekly meetings/case review

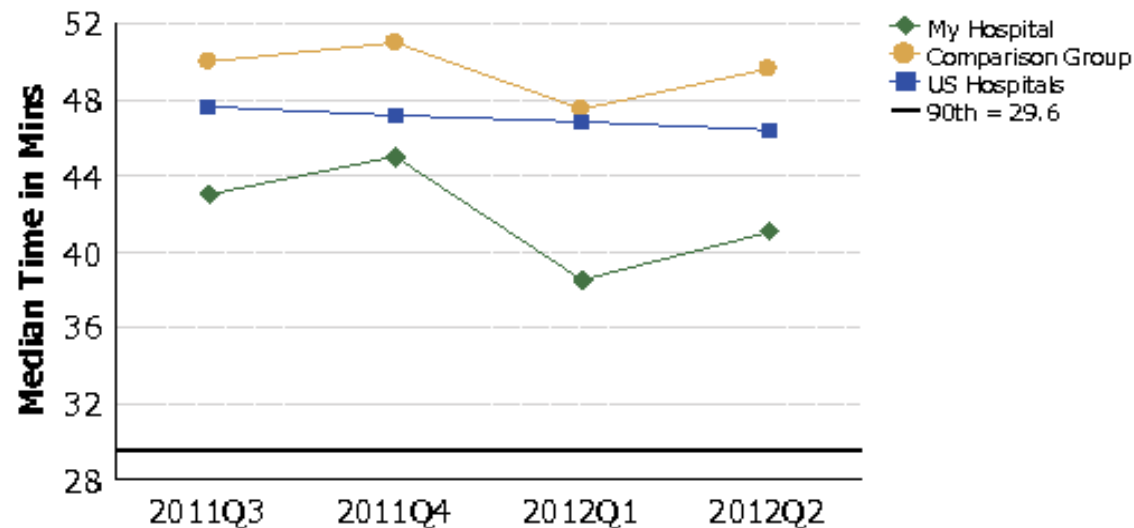
Ground Level –Individual bi-directional feedback on
process/accountability/engagement

Door in to Door Out (STEMI): 2011Q2 - 2012Q1



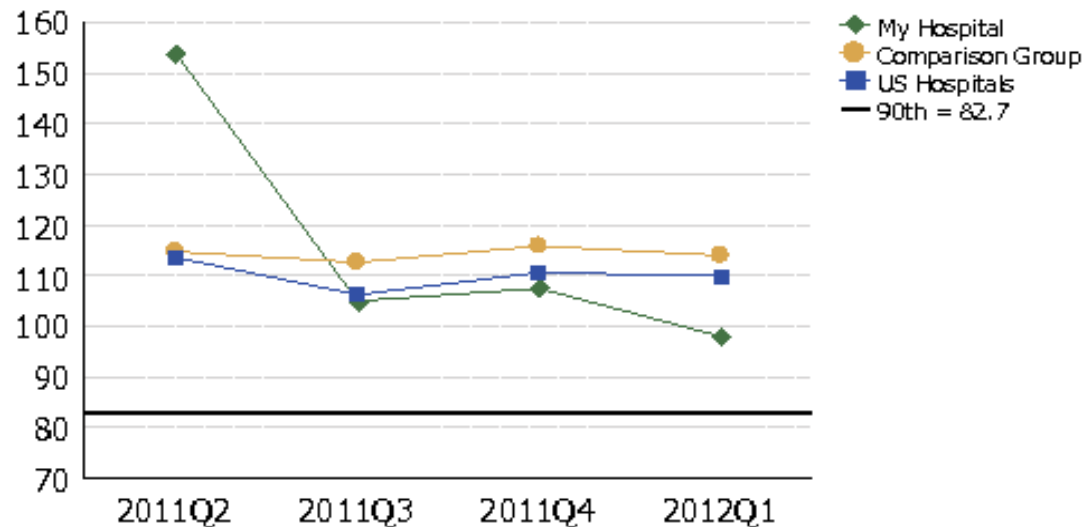
Hospital Score	53	43	45	38.5
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Door in to Door Out (STEMI): 2011Q3 - 2012Q2



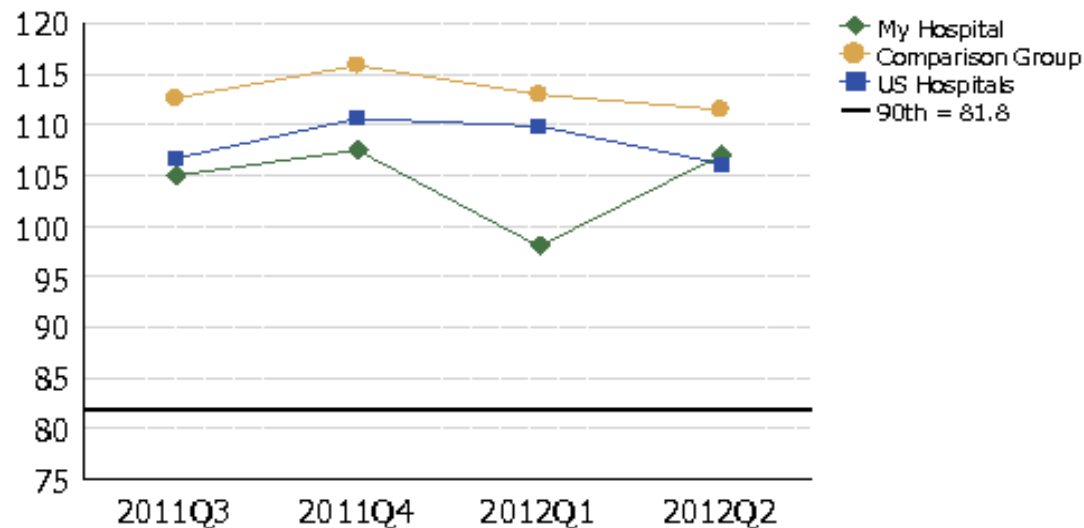
Hospital Score	43	45	38.5	41
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Door in to PCI (STEMI): 2011Q2 - 2012Q1



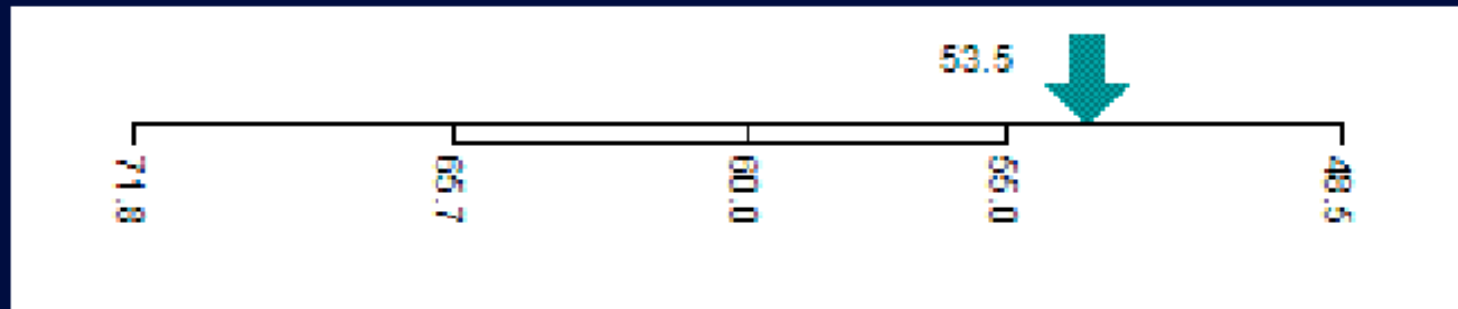
Hospital Score	154	105	107.5	98
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Door in to PCI (STEMI): 2011Q3 - 2012Q2



Hospital Score	105	107.5	98	107
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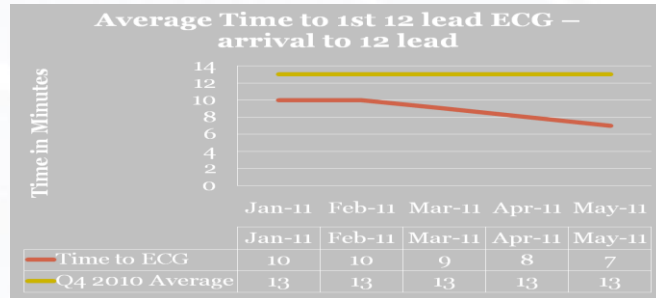
Median Time in minutes to primary PCI for STEMI patients



My Hospital R4Q	US Hospitals 50th Pctl	US Hospitals 90th Pctl
53.5	60.0	48.5

One PI Project begets another.... and another...

"CCEMS Time Is Tissue10"



Door to ECG

Regional Goals: Reduce FMC to Device

CATH LAB EXPRESS



Cath Lab
Inappropriate
Activation

Admission Delays....

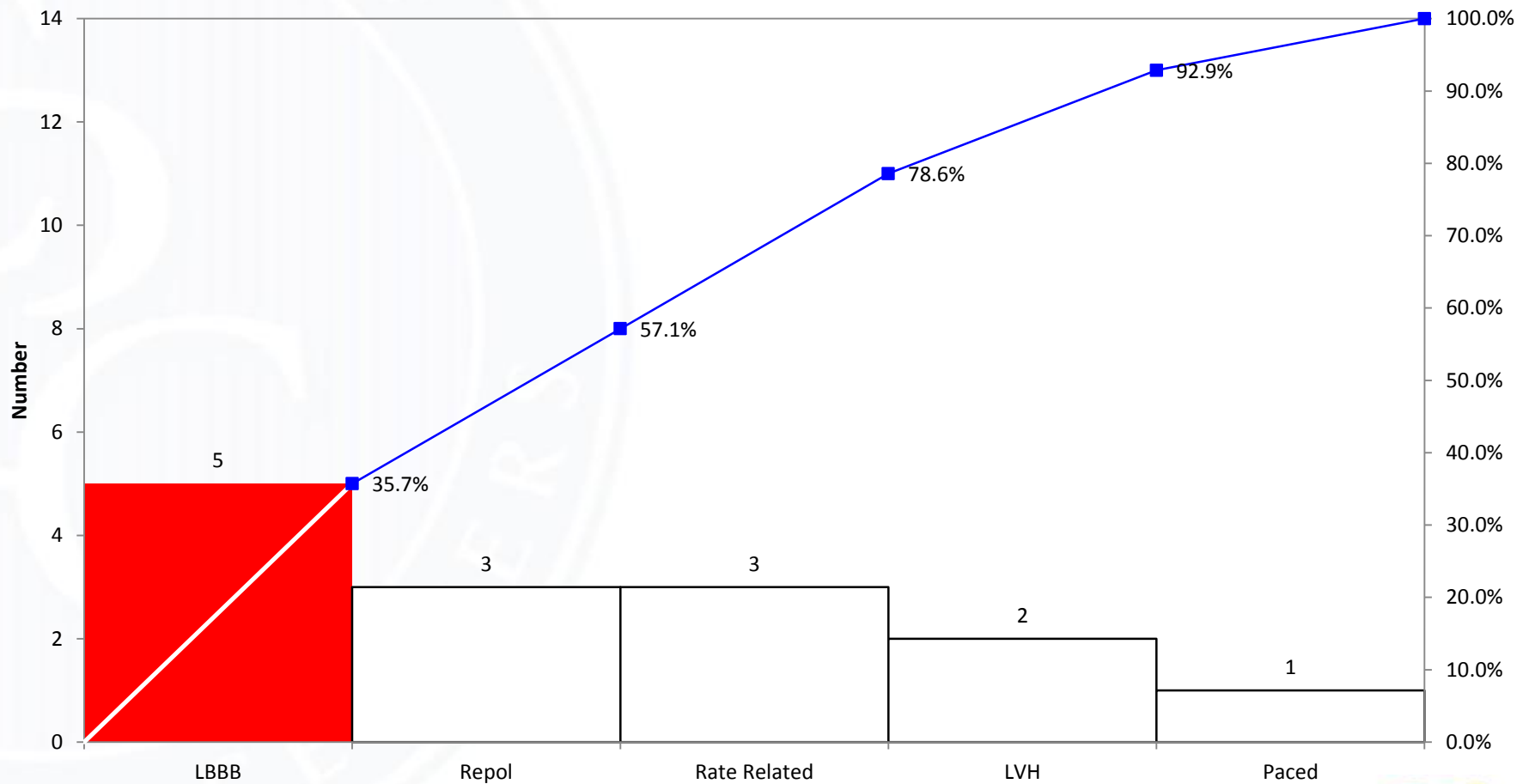


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Cath Lab Activation Data

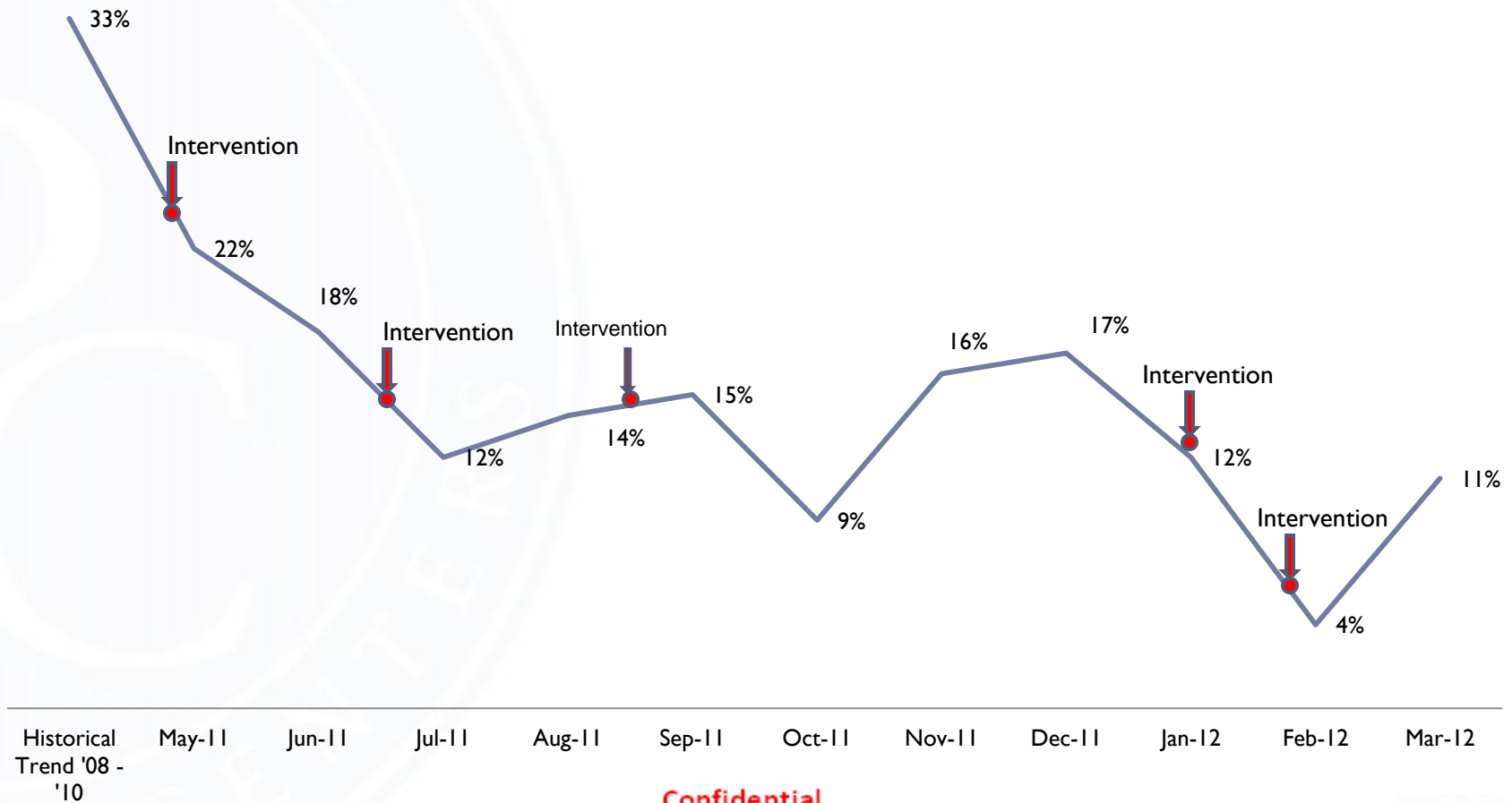
Inappropriate Activation by Reason

May - October 2011



Confidential
Peer Protected Information

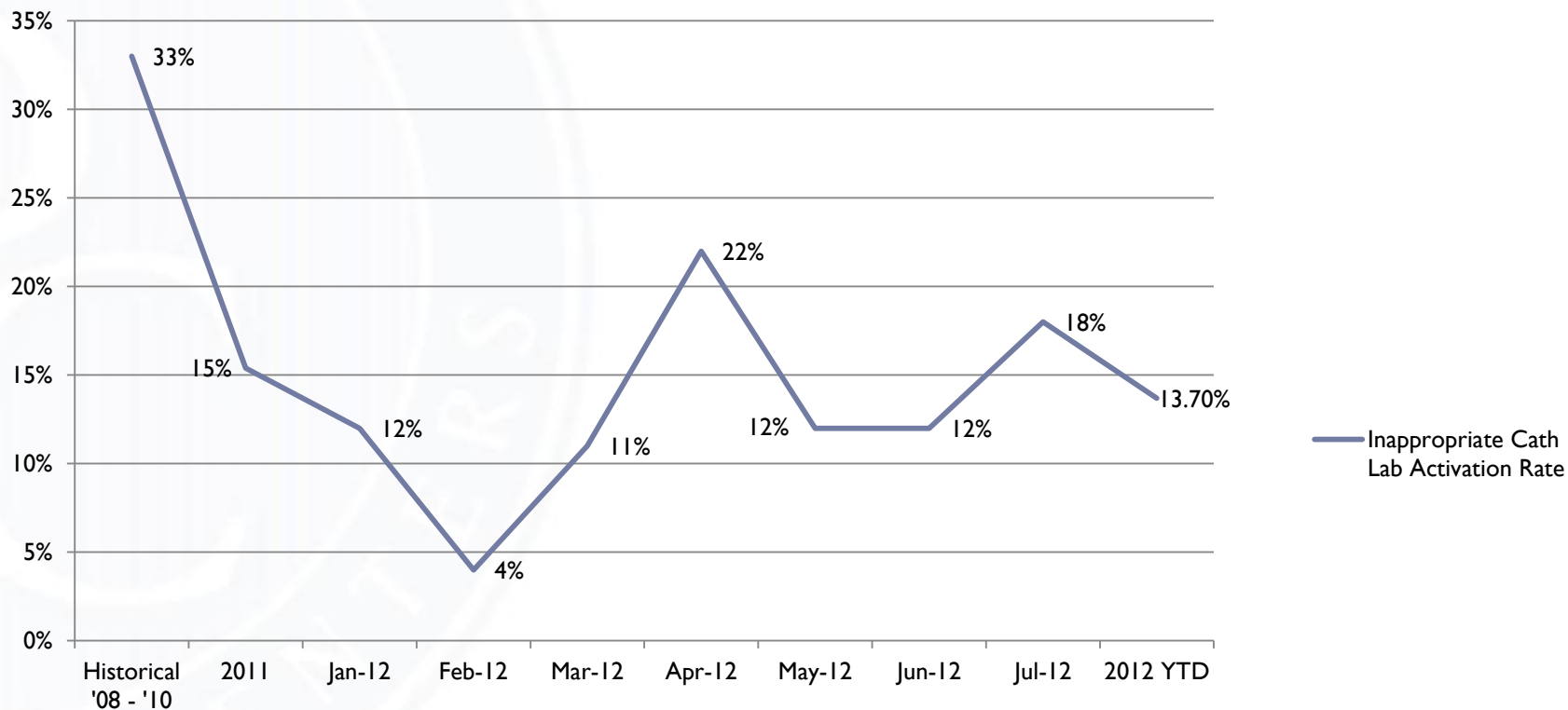
Inappropriate Activation rate (%)



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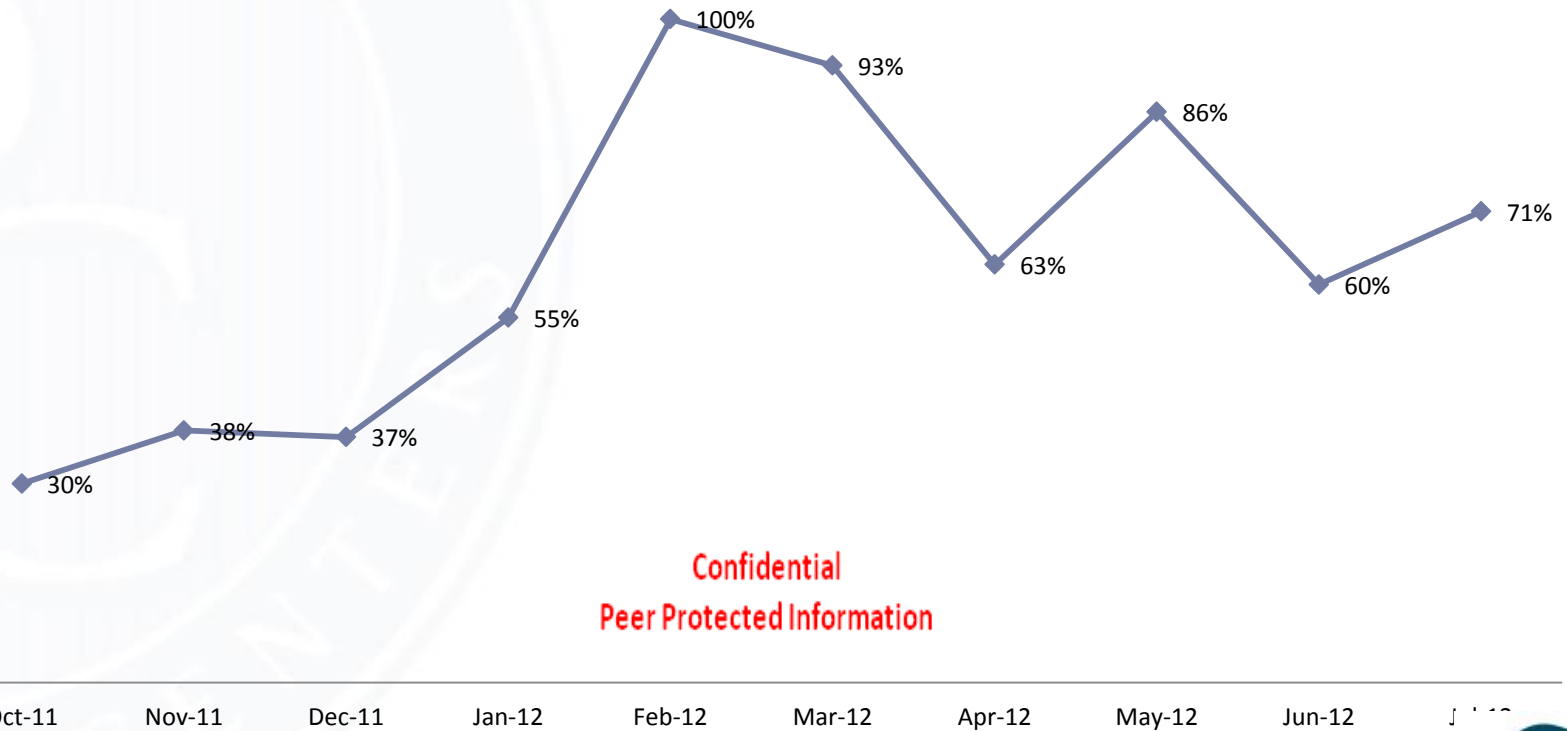
Inappropriate Activation Rate Trend

Inappropriate Cath Lab Activation Rate



Activation of Cath Lab based on accurate EMS ECG interpretation

◆ % of time cath lab act based on accurate EMS ECG Read



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Door to ECG

▶ Cape Fear Valley Health System - Door to EKG

▶ **1. Problem:** Not meeting the 10 minute door to EKG time for CP patients

▶ **2. Root Cause:**

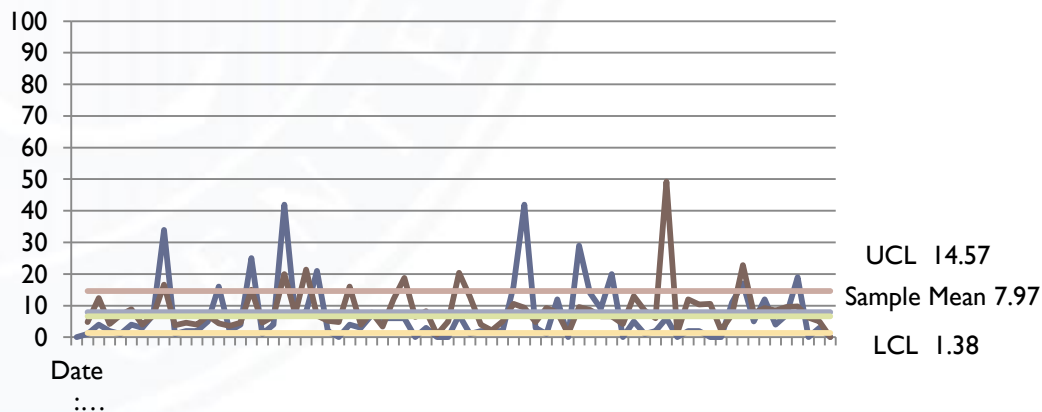
- ▶ Not appropriately sorting patient
- ▶ Not accurately collecting data
- ▶ Times not synced
- ▶ Not appropriately identifying who is measured

▶ **3. What we did:**

- ▶ Not meeting the 10 minute door to EKG time for CP patients

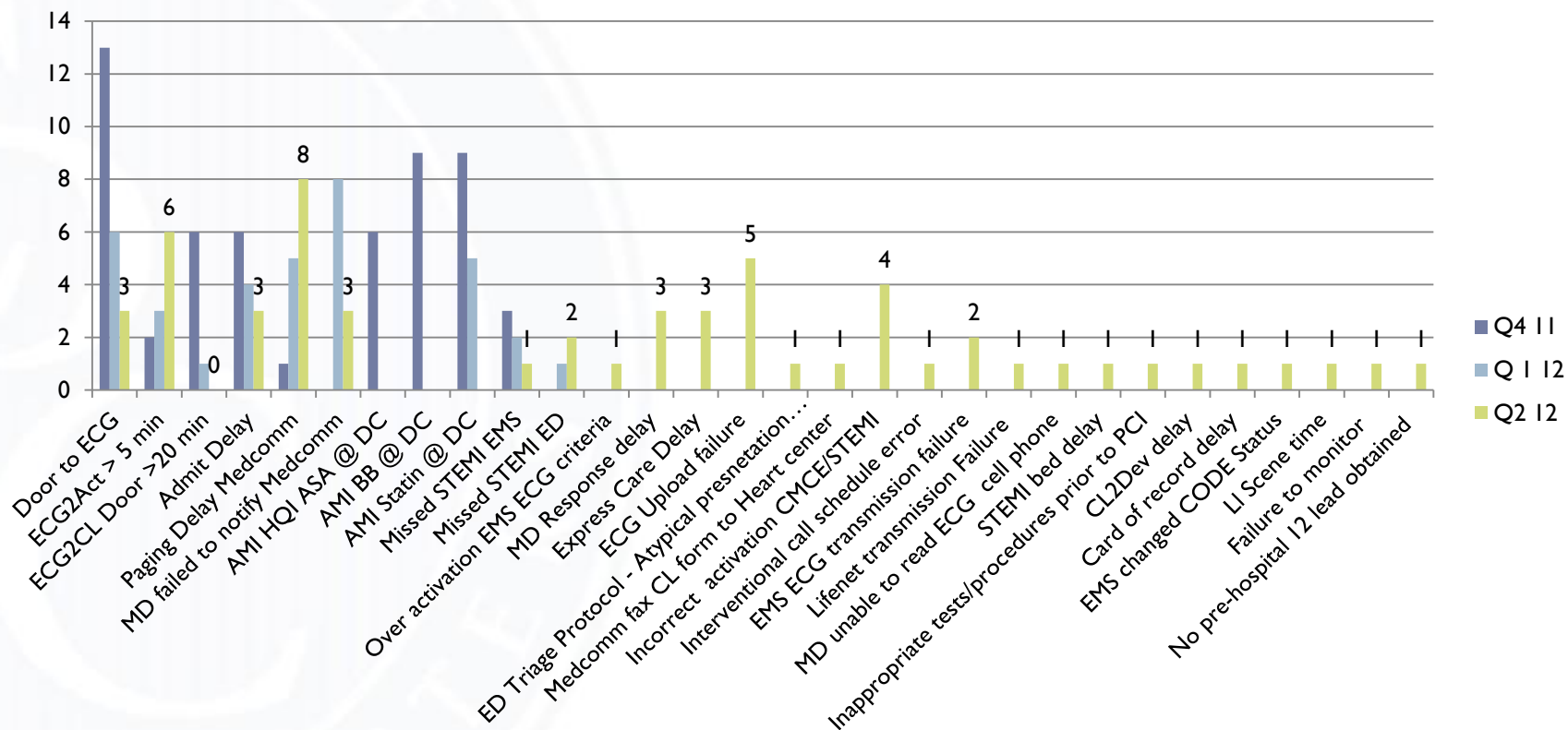
▶ **4. What we realized:**

- ▶ Baseline originally 1% compliance, by measuring appropriately, compliance increased to 61% for September
- ▶ Rapid Action Team successful in identifying root causes and implementing actions. Meetings weekly for 30 min.
- ▶ Front-line nurses, additional training for sorting first, EKG, then secondary triage
- ▶ Manually sync off cell phones until automated sync is available
- ▶ Complaint Code (Emstat): EKG upon presentation with CP; Presenting Complaint; Final Diagnosis (coding)



- Number of Imperfections
- Mean (Daily Average)
- Sample Mean (Average of All Means)
- Sample Standard Deviation
- Lower Control Limit
- Upper Control Limit

TAP Summary Q4 '11 – Q2 '12



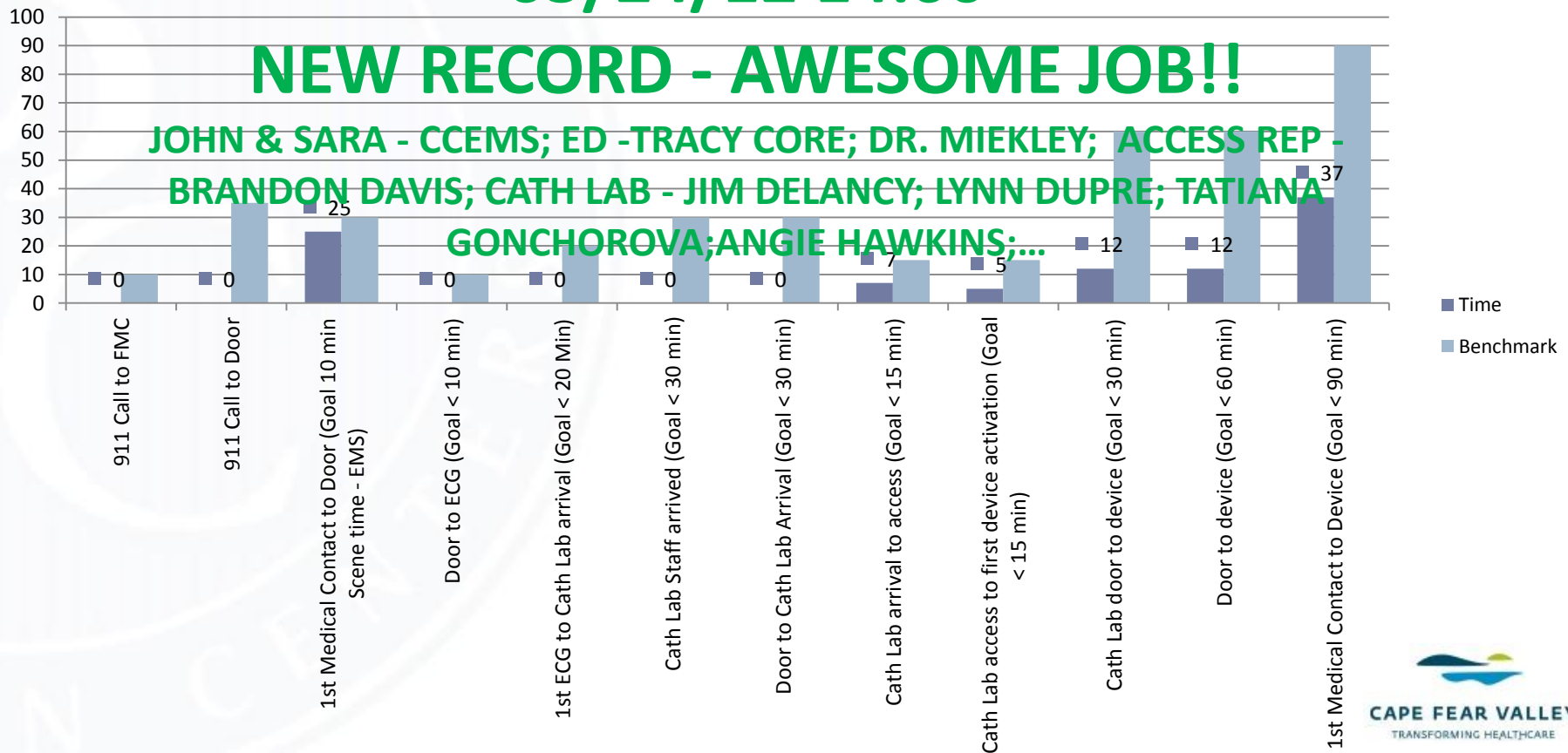
Remember to acknowledge your teams!

STEMI Indicators (Time in minutes)

05/24/12 14:00

NEW RECORD - AWESOME JOB!!

**JOHN & SARA - CCEMS; ED - TRACY CORE; DR. MIEKLEY; ACCESS REP -
BRANDON DAVIS; CATH LAB - JIM DELANCY; LYNN DUPRE; TATIANA
GONCHOROVA; ANGIE HAWKINS; ...**



CELEBRATE!



heart.org/missionlifeline

 American Heart Association

MISSION: LIFELINE

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**RACE**

Cardiac Arrest Resuscitation System

ACCREDITED

SOCIETY OF CARDIOVASCULAR PATIENT CARE

CPCC

CHEST PAIN CENTER



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Next Steps?

- Continue quarterly meeting schedule - Incorporate other entities - 911/EOC staff
- Determine metrics most valuable to region
- Review metrics at quarterly meetings/receive facility/agency specific aggregated data
 - Foster joint opportunities to share education, resources and information
 - Inter-agency mock codes/drills
 - Community outreach – Hands only CPR; CPR certification classes for school age children



