

**In a Heartbeat Executive Committee Conference Call**  
**Thursday, June 29, 3:30-5:00 PM**  
Teleconference Minutes

**ATTENDANCE:**

**Executive Committee Members:** Gus Lambrew, MD, MACC, Chair and Project Medical Director, Maine Medical Center; Dennis Shubert, MD, Maine Quality Forum; Steve Diaz, MD, Maine EMS and MaineGeneral Medical Center; Larry Hopperstead, MD, Central Maine Medical Center; William Phillips, MD, Central Maine Medical Center; Guy Raymond, MD, Northern Maine Medical Center; Kim Tierney, RN, Maine Medical Center; and Paul vom Eigen, MD, Northeast Cardiology Associates

**Not able to attend:** Darlene Glover, RN, Stephens Memorial Hospital; Mirle Kellett, MD, FACC, Maine Medical Center; Deborah Carey Johnson, RN, Eastern Maine Medical Center; Debra Wigand, M Ed, CHES, Maine Cardiovascular Health Program

**Maine Quality Forum:** Mr. Christopher McCarthy, MQF Quality Initiatives Administrator, and Ms. Tish Tanski, In a Heartbeat Project Director.

**WELCOME AND INTRODUCTIONS**

Dr. Shubert convened the meeting at 9:05 am and welcomed participants on the call and introduced a new member, Ms. Kim Tierney, RN, Cardiac Database Coordinator for Maine Medical Center. William Phillips, M.D. has also joined the Executive Committee as co-representative of Central Maine Medical Center.

**PROJECT DESCRIPTION AND GOALS**

The Executive Committee approved the Project Description and Goals as presented, and incorporated by reference into these minutes. The final documents are online at <http://www.mainequalityforum.gov/inaheartbeat.html>. MQF will share that information with stakeholders, including insurers, the Maine Hospital Association Quality Council and others as needed. Ms. Tanski will work with Dr. Hopperstead, Dr. Shubert and Ms. Carey Johnson to develop and implement appropriate strategies.

The group discussed the ACC/AHA guidelines and agreed that the major message is that current evidence is that the door-to-balloon time of 90 minutes is an appropriate goal to strive for, not a measure to judge the failure or success of a program. Committee members strongly believe that the guideline should not be used to compare the performance of one program against another. Next steps are for the dynamic workgroups to consider door to balloon time as an intramural goal achievable by all and make recommendations to the Executive Committee.

## **DYNAMIC WORKGROUPS STATUS AND ISSUES**

**Medical Response and Treatment:** Dr. Diaz reported that the EMS Cardiac Advisory Committee has merged with the In a Heartbeat Medical Response and Treatment workgroup and has held its first joint meeting. The new title for the combined group is the Heartbeat Medical Response and Treatment (HART) workgroup. On June 21, the committee met and adopted a new form for EMS data collection on 12 lead EKG reads in the field. The workgroup is also working with EMS to develop training curriculum for EMS 12-lead training. The 12-lead QI form, 12-lead training curriculum, and Form Flow process are available online at the URL given above. Dr. Diaz also reported that of the 20 EMS services licensed to perform 12-lead EKGs, all but four have the required equipment. The workgroup will try to identify sources of funding to supply those units. The Executive Committee noted that the collection of data and a feedback loop are crucial elements for project success. Dr. Shubert indicated that MQF intends to provide resources for state level data collection and feedback.

The Executive Committee also discussed a pilot project in which the City of Bangor is initiating PCI activation from the field. Because reliability of cell phone coverage is an issue, the project will assess the accuracy of computer readings of ECG in the field as a trigger for catheterization laboratory activation.

**Metrics and Data:** Dr. Lambrew reported that Dr. Kellett has agreed to serve as Chair of this workgroup, and that the first meeting will be held in July in Augusta. The workgroup will compile protocols and metrics within Maine and from outside Maine and recommend scenario based standards that allow system individualization. Protocols will not be presented as “recipes”.

**Community Engagement:** In Debra Wigand’s absence, Ms. Tanski reported that an initial core of the workgroup had met by teleconference. Interested groups include the American Heart Association, Maine Cardiovascular Council, Maine Health, Healthy Maine Partnerships and Central Maine Medical Center. The workgroup will focus on early recognition of symptoms and appropriate action by individual, and on providing patient/individual input for the In a Heartbeat project. Initial steps include identifying current individuals and organizations that are active in these areas, involving appropriate workgroup members; reviewing current research on the most effective strategies for changing individual awareness and behavior for AMI, and serving as a forum to develop consistent messages.

## **ADJOURNMENT**

There being no other business, the committee adjourned at 9:50AM.

## **SCHEDULED MEETINGS**

**Metrics and Data:** Tuesday, July 18, 1:00-3:00 PM, Maine Quality Forum Conference Room, 211 Water Street, Augusta, Maine.

**Community Engagement:** Tuesday, July 25, 3:30-5:00, Tuesday, July 18, 1:00-3:00 PM, Maine Quality Forum Conference Room, 211 Water Street, Augusta, Maine or conference call.

### **Executive Committee**

- Friday, July 28, 3:30-4:00 Executive Committee. Conference call.
- August 22, Conference call

### **HART (Heartbeat AMI Medical Response and Treatment)**

- September 20. Time and Location to be announced. NOTE THAT THIS DATE HAS BEEN REVISED SINCE THE INITIAL NOTICE ON JULY 1.