# In a Heartbeat Executive Committee Conference Call
## Friday, July 28, 3:30-5:00 PM
Teleconference Minutes

**ATTENDANCE:**

Executive Committee members in attendance: Dr. Dennis Shubert, Ms. Darlene Glover, Dr. Larry Hopperstead, Dr. Bud Kellett, Ms. Deborah Carey Johnson, Ms. Debra Wigand.

Not able to attend: Dr. Gus Lambrew, Dr. Steve Diaz, Dr. William Phillips, Dr. Guy Raymond, Ms. Kim Tierney, Dr. Paul vom Eigen

MQF staff: Mr. Christopher McCarthy, Ms. Carrie Hanlon, and Ms. Tish Tanski

**MINUTES:**

Dr. Shubert reviewed the minutes of June 29, which were subsequently approved.

**DYNAMIC WORKGROUP REPORTS**:

**Metrics and Data**: Dr. Shubert and Dr. Kellett reported on the Metrics and Data workgroup. The initial meeting of the workgroup was held on June 18. Members of that workgroup include:

Mirle Kellett, MD, FACC (Chair), Maine Medical Center
Richard Chandler, MD, Penobscot Bay Medical Center
Darlene Glover, RN, MSN, Stephens Memorial Hospital
Susan Horton, RN, MSN, Central Maine Heart & Vascular Institute
Doug Libby, RPh, Maine Health Management Coalition
H. Joel Johnson, RN, CCM, ACS, Central & Western Maine Regional PHO
Kevin Kendall, MD, FACEP, Central Maine Medical Center
Sandra Parker, Esq., Maine Hospital Association
Guy Raymond, MD, Northern Maine Medical Center
Kim Tierney, RN, Maine Medical Center
Paul vom Eigen, MD, FACC, Northeast Cardiology Associates

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The plan for the workgroup calls for developing recommendations to the Executive Committee in the following areas:

*Protocols:* Sending hospitals and emergency response providers express concern that the four PCI programs in Maine have different protocols and expectations for diagnosis and transfer of AMI patients. They are asking the PCI programs to develop more uniform protocols.

The Metrics and Data workgroup will convene a meeting of key leaders of the four PCI facilities to discuss protocols used by each; the reasons for their respective protocols; the similarities and differences between the PCI programs and the populations they serve; and areas that might be more uniform to aid sending hospitals and EMS professionals. Two major areas are (1) whether to observe after administration of lytics or transfer immediately, and (2) when to attempt transfer for PCI given that not all Mainers could reasonably expect to transfer to a PCI facility within acceptable time limits.

Dr. Hopperstead conveyed his opinion that a flow chart is necessary. Both Dr. Hopperstead and Dr. Phillips believe that there is no need to duplicate information contained in the ACC pocket chart.

The next step will be for the leadership of the four PCI-capable institutions to meet to address the differences in protocols. Dr. Kellett and Ms. Tanski will work with the PCI programs to schedule a meeting will in mid-August.

*Data:* The workgroup has developed a framework for identifying (1) the cohort to be tracked, and (2) data elements for pre-hospital, acute care, late outcomes, and a retrospective review to identify those who had AMI but did not get the care that they need (see attached Data Element grid). The ultimate goal is to minimize the burden placed on local hospitals and EMS providers by using data that is already being collected for other purposes, such as CMS data, to the greatest extent possible.

*Metrics:* Dr. Kellett described the fundamental approach of the workgroup, which is as follows:

1. Develop the metrics to measure:
    - **a.** Project outcomes (e.g., mortality, % patients receiving reperfusion, door to reperfusion)
    - **b.** Project process that will impact outcomes (door to data, door to reperfusion)
2. Metrics chosen should be amendable to collection during the process of care and:
    - **a.** Meet all current CMS, JCAHO, MHA data reporting core requirements, or

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**b.** Important outcomes as determined by this committee, or
**c.** Measure important processes which when carefully measured and managed can help improve outcomes.

3. Determine which metrics should be part of the public reporting process and which would be used internally for process improvement.

Dr. Hopperstead noted that it is important for there to be a way to feed the process metrics back to sending hospitals and EMS as soon as possible so that the knowledge gained can inform treatment of the next patients. Long term outcome measures are important motivators, but are not as time-sensitive as process measures for purposes of quality improvement.

Next steps for the Metrics and Data workgroup are:

1. Convene a meeting of key leadership from the PCI Programs to discuss transfer protocols. Dr. Hopperstead will also attend the meeting.
2. Disseminate the Data Element Grid to members of the Metrics and Data dynamic workgroup for feedback and discussion.
3. Disseminate the Data Element Grid to receiving hospitals for comment.

**AMI Community Engagement:** Ms. Debra Wigand reported on the AMI Community Engagement dynamic workgroup, which has met twice. An initial meeting of core representatives focused on appropriate representation and a workplan. The second meeting included a much broader scope of members, including:

Dan Batsie, NREMT-P, Northeastern Maine EMS
Carol Bell, Partnership for a Healthy Community
Dona Forke, Healthy Options Together
Chuck Gill, Central Maine Medical Center
Lisa Letourneau, MD, MPH, MaineHealth
Danielle Louder, Maine Cardiovascular Health Program
Cynthia Pernice, MaineHealth
Bill Primmerman, Somerset Heart Health
Connie Putnam, Knox County Community Health Coalition
Dennise Whitley, MHA, American Heart Association

The workgroup is reviewing the reperfusion goals of the In a Heartbeat Project, identifying assets to meet those goals, barriers, solutions and responsible parties. The Centers for Disease Control of the Maine Department of Health has updated an extensive background document which includes a summary of research on effective methods to improve early recognition of AMI symptoms and appropriate action by individuals and their families. The workgroup will also catalog current programs that focus on cardiovascular disease, particularly heart disease, and will assess the extent to which those efforts could be leveraged and enhanced. The ultimate goal is to identify:

- the population at risk in Maine,

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- the current communications networks that reach those individuals,
- effective messages and support that result in early recognition of AMI and appropriate action, and
- existing resources and gaps.

The workgroup will also review the EMS outline for 12 lead training and make suggestions to incorporate effective communication with individuals as appropriate.

Dr. Shubert noted a need to work with the workgroup, and ultimately the public, to help clearly explain the reason for the project in compelling terms. He suggested that the next meeting include a brief explanation of the science itself. Ms. Wigand agreed, and noted that the community based organizations would particularly benefit from that information and will be very valuable in conveying the science to the public.

**REQUEST FOR PROPOSAL:**

Christopher McCarthy reported that the U.S. Department of Health and Human Services Agency on Healthcare Research and Quality has ongoing small conference funding and the MQF will submit a proposal for funding a stakeholder meeting in early November. Ms. Tanski reported that the two dates available are November 2 or 9, and asked members to hold the date on their calendars. Dr. Shubert indicated that MQF is hoping to get a speaker from AMI projects in either Minnesota or North Carolina to keynote.

In closing, Dr. Shubert noted that the Maine Quality Forum website has information on the In a Heartbeat project, including the overall project, as well as each workgroup. Go to www.mainequalityforum.gov ; select the In a Heartbeat" page. He commended Carrie Hanlon of the MQF staff , who has developed and maintains the site.

NEXT MEETING

Executive Committee Teleconference: Tuesday, August 22 at 9:00 am (note time change to morning rather than late afternoon).

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