In a Heartbeat Executive Committee Conference Call
Friday, March 26, 9:00-10:00 AM

AGENDA

9:00-9:05 Welcome and introductions: Gus Lambrew, Dr. Larry Hopperstead of Central Maine Medical Center, Dr. Paul vom Eigen of Eastern Maine Medical Center, Darlene Glover of Stephens Memorial Hospital. Attachment A

9:05-9:10 Summary of project and process to date. Attachment B, the Project Description, was previously sent in hardcopy to all Executive Committee members.

9:10-9:20 Project design: Review and agreement on overall project design

- Goals
- Stakeholders
- Project structure (includes four dynamic work groups: Pre-hospital systems, protocols and care; in/intra- hospital systems, protocols and care; data identification/collection/dissemination, including metrics) and public awareness/action.

9:20-9:30 Executive Committee workplan, review and approve: Attachment C.

9:30-9:40 Dynamic work groups, review and approve:

- Goals. Attachment D.
- Survey results: Attachment E.
- Membership: Attachment F.

9:40-9:50 Meeting schedule/outcomes for each meeting: discuss and establish.

9:50-9:55 Communications, discuss and establish protocols.

- Emails: Continuous
- Meetings: Initial, final and as needed
- Conference calls; scheduled in advance, and as needed.
- Virtual meetings: scheduled in advance, and as needed
- MQF Newsletter: regular feature
- MQF website: In a Heartbeat page is in development

9:55-10:00 Next steps, other business and wrap-up.

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Attachment A

Executive Committee Members, Affiliations, Representation and Contact Information

Mirle Kellett, M.D. Maine Medical Center Department of Cardiology 22 Bramhall Street Portland ME 04102	Steve Diaz, M.D. Maine EMS MaineGeneral Medical Center Thayer Campus 149 North Street Waterville ME 04901
Larry Hopperstead, M.D. Chief Medical Officer Central Maine Medical Center 300 Main Street Lewiston ME 04240	Paul vom Eigen, M.D. Northeast Cardiology Associates One Northeast Drive Bangor ME 04401
Dr. Guy Raymond Northern Maine Medical Center 143 East Main Street Fort Kent ME 04743	Darlene Glover Stephens Memorial Hospital 181 Main Street Norway ME 04268
Debra Wigand Director, ME Cardiovascular Health Program State of Maine ME CDC 286 Water Street #11 State House Station Augusta ME 04333-0011	Deborah Carey Johnson President Eastern Maine Medical Center PO Box 404 Bangor ME 04402-0404

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Attachment B

GOALS OF THE "IN A HEARTBEAT" PROJECT
(Previously distributed at April 11 meeting and in follow-up mailing)

The goals of the "In a Heartbeat" Project are to improve the care, quality of life and survival of people in Maine who experience Acute Myocardial Infarction. Each patient in Maine suspected of having an acute myocardial infarction, will receive necessary care, at the right time, given Maine's limitations of geography, healthcare infrastructure and transportation. All providers of care will follow an agreed upon system of care that will maximize the effectiveness of each patients treatment through minimization of time to treatment and maximization of appropriateness of treatment.

Indicators of process and outcome will be followed sufficient to continually maximize the quality (safe, timely, effective, efficient, equitable, and patient centered) of the process.

Necessary Steps to Goal

1. Convene the leadership of all participants in the care of AMI.
2. Agree on overall goal of project.
3. Understand and catalog present barriers to achieving stated goal.
4. Learn from in state and out of state parallel efforts.
5. Reach consensus on care map.
6. Reach consensus on metrics of performance of care map and providers.
7. Convene leadership and actors of all participants in the care of AMI to achieve support for care map and metrics.
8. Advocate for resolution of barriers not under the control of health care providers.
9. Keep public and policy makers involved in the goals and progress of the project.

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Attachment B

Project Description
(Previously distributed to Executive Committee Members)

In a Heartbeat

AMI Evidence-Based, Best-Practice Care in Maine

Description

- The "In a Heartbeat" initiative seeks to reduce mortality and morbidity that result from acute myocardial infarction (AMI).
- The process will involve:
  - Mutual vision and goals.
  - Regionally appropriate treatment plans, metrics, and data to be collected, analyzed and shared.
  - Identification of barriers and strategies to overcome those barriers.
  - An Executive Committee to provide oversight and guidance that will consist of representatives in the following categories: emergency department physician, cardiologist, nurse, basic/advanced life support, dispatch, data selection/collection, hospital administration and public awareness/action.
  - Dynamic work groups to address specific topics, which include:
    - Pre-hospital systems, protocols and care,
    - In/Intra Hospital systems, protocols and care,
    - Data identification/collection (includes metrics), and
    - Public awareness/action.
  - Communication with stakeholders that is timely and inclusive.
  - Sharing of information between stakeholders.
  - A multi-year strategy.
  - Awareness of the context of the total healthcare system (resource allocation, outcomes, etc.)

Stakeholders

Direct Care Providers

- Dispatchers
- First Responders
- EMT, EMT Intermediate, EMT Paramedic
- Physician Assistants
- Nurse Practitioners
- Nurses, Nurse Administrators
- Physicians: Cardiologists, Emergency Medicine

Other Interested Parties

- Payers:
  - Insurance companies
  - Employers
- Public
  - Government (state, municipal)
  - Legislators
  - Individuals
- Health care delivery organizations (i.e. hospitals and transport)

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Project Structure

Executive Committee

- Develop draft action plans to include standardized response & care plans, treatment maps, and treatment metrics.
- Integrate information from stakeholders and dynamic work groups
- Convene dynamic work groups.
- Collaboratively communicate with stakeholders.

Dynamic Workgroups

- Identify and document nature and scope of the topic.
- Link topic to overall project goals and develop goals for topic area.
- Develop appropriate plans and metrics using evidence-based, best-practice guidelines.
- Identify data needs and propose methods for collecting and analyzing needed data.
- Develop and submit recommendations to the Executive Committee.

Stakeholders

- Develop the vision, goals and process.
- Provide input throughout the process.
- Endorse recommendations.
- .Support and advocate for the recommendations with the public and other constituencies as appropriate.

Maine Quality Forum

- Serve as a neutral convener and resource.
- Provide leadership and staffing.
- Facilitate communications with stakeholders, Executive Committee and Dynamic Workgroups.
- Convene and record meetings as needed.
- Communicate, support and advocate for the vision, goals and recommendations.

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Attachment C

Executive Committee Workplan

Goal	Status
Convene the leadership of all participants in the care of AMI.	Initial meeting held on April 11. Next stakeholder meeting to be scheduled.
Agree on overall goal of project.	Draft endorsed by stakeholders. Ex. Committee to adopt.
Understand and catalog present barriers to achieving stated goal.	Initial input from stakeholders, Ex. Committee to provide additional input and assign to dynamic workgroups.
Learn from in state and out of state parallel efforts.	Information on North Carolina initiative distributed on April 11. MQF is preparing a proposal to HRSA to fund a comprehensive review of states.
Reach consensus on care map.	Ex. Committee to discuss process on May 26, 2006.
Reach consensus on metrics of performance of care map and providers.	Ex. Committee to discuss process on May 26
Convene leadership and actors of all participants in the care of AMI to achieve support for care map and metrics...	Ex. Committee to discuss process on May 26
Advocate for resolution of barriers not under the control of health care providers.	Ex. Committee to discuss process on May 26
Keep public and policy makers involved in the goals and progress of the project.	Ex. Committee to discuss process on May 26

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Attachment D

Goals and committees

Reperfusion Goals and Dynamic Work Groups

Dynamic Work Group	Goal	Necessary	Barriers	Solutions	Responsible for Solution (Actors)
Public awareness and activation	Early Recognition of Symptoms	Consumer knowledge			Patients, Caregivers, companions, primary care physicians, specialist, and health education programs, payers
	Call 911 within 15 minutes	Consumer knowledge			Above and dispatch, EMS
	Dispatch response with appropriate "coaching"	1. Standards and protocols for appropriate response 2. Trained dispatch personnel			Dispatch, EMS, ED physicians/personnel, cardiologists, private EMS services
	EMS arrival within [] minutes	1. Appropriate transportation mode 2. Adequate proximity to PCI given available transportation.			Dispatch, EMS, ED physicians/personnel, cardiologists, private EMS services

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Dynamic Work Group	Goal	Necessary	Barriers	Solutions	Responsible for Solution (Actors)
Pre-hospital systems, protocols and care	ECG upon EMS arrival	ECG in the truck			EMS, ED physicians
	Accurate ECG Interpretation within [] minutes	Trained interpreter available or reading transmitted to ED and read?			EMS, ED physicians
	Triage decision: PCI Center or ;local ED	Pre-existing local protocol Application of local protocol given weather and local conditions			EMS, ED physicians and professional medical staff, Cardiologists, hospital administration, payers
	Initiate parallel processing contact	Pre-existing point of contact and protocols			EMS, ED physicians and professional medical staff, Cardiologists, Cath lab, hospital administration, payers
	Transport to PCI Center w/in XX minutes. if possible.	Appropriate transport modality available, appropriate shared protocols for PCI center arrival (i.e. tubing, patient processing)			EMS, ED physicians and professional medical staff, Cardiologists, hospital administration, payers

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Dynamic Work Group	Goal	Necessary	Barriers	Solutions	Responsible for Solutions (Actors)
In/ Intra hospital systems, protocols and care	PCI center simultaneously activates PCI lab, cardiologist, ED staff				EMS, ED physicians and professional medical staff, cardiologists, hospital administration, payers
	Assessment, prep and transport to PCI within X minutes				EMS, ED physicians and professional medical staff, cardiologists, hospital administration, payers
	Reperfusion initiated and completed w/in [metric]				Cardiologist and related medical professionals, catch lab staff
	Assessment of reperfusion success w/in []				Cardiologist and related medical professionals
	Local protocols and data				EMS, ED physicians and professional medical staff, cardiologists, hospital administration, payers
	Provision for failed reperfusion	Pre-existing local protocol Early recognition Anticipatory action			EMS, ED physicians and professional medical staff, Cardiologists, hospital administration, payers
Data identification,	Documentation of process and outcome	Adoption, collection of metrics			Dispatcher, EMS, ED physicians and professional staff, cardiologists, cath lab, hospital administration

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Attachment E

Analysis of Survey Responses

Responses: 26 of 60 (43)

Goals or principles for treatment of AMI in Maine* (respondents could give multiple goals)

Coded goal	Frequency
In/intra-hospital	19
Pre-hospital protocols/care	10
Both pre and in/intra-	8
Data collection/distribution	3
Public	3
Total responses	43

Challenges in Meeting Goals* (respondents could give multiple challenges)

Coded challenge	Frequency
Political Boundaries	14
Data/metrics	6
Cost/funding	4
Hospital Inertia	3
Public understanding	2
Transport	1
Geography	1
Hospital Capacity	1
Patient focus	1
Patient preference	1
Pace of change	1
Total responses	35

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Survey Responses
Suggestions for the "In a Heartbeat Project (verbatim)

Great idea.

Presentation (April 11) & informative.

Share existing protocols.

Share existing tools.

Share existing quality metrics.

Share existing materials.

Liaison by oversight committee to all stakeholders.

Create our standards and AI forms.

Ensure long term resources for EMS.

Issues with overcoming changes to paradigms.

Continue focus and parallel processing.

Agree with premise stated in meeting.

Acting as convening agency and asking for consensus by health systems is a good way to go.

Standardized protocols that enable timely, effective decisions transport through admittance is a good goal.

Keep patients best interest forefront, insure whatever system is created is flexible.

Like the idea of breaking into small groups and then trying to pull it all together.

Need to find better ways to parallel process.

Develop cost analysis and outcomes measures.

EMS/ambulance training equip all units with 12 lead ECG.

Develop "code purple" systems at receptive community hospitals.

Develop a uniform treatment algorithym for transfer patients.

Engage the assistance of employees and payers and groups like MHMC to act as promoter.

Increase focus of participants on the fact that this is the "right thing to do".

Where is each hospital now in AMI care?

Making sure what we do actually fits with bedside care and doesn't make it more difficult for clinicians.

Candid discussing "best practices" vs. traditional self and interests.

Pre/post survey community, campaign of education, metrics to measure behavior change.

Public education.

EMS education and "system" development, mirroring trauma system.

Continued focus in the physician world on the clinical.

Broad-based constituency as guidelines as developed.

Involve MHA and MMA quality committees.

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Attachment F

Potential Dynamic Workgroup Assignments Based on Survey Responses

Executive Committee is to Review and Expand Dynamic Workgroup Membership

NOTE: Blue shading indicates that the respondent had expressed interest in serving on the Executive Committee.

Name	Category	Area	Organization	Interests in survey
Data identification/collection/sharing				
Chandler	Physician/ ED	Rockland/Camden	PenBay	Data
Horton	RN/ Admin	Lewiston	CMMC	Data collection
Leonard	Government	Augusta	Maine CDC	Using data to identify focus areas, develop a report that highlights the areas of the state needing interventions
Johnson	PHO	Lewiston	Central Western Maine PHO	Executive Committee (listed data as biggest challenge)
In/intra hospital Systems, protocols& care				
Liebow	Physician/ED/EMS: ED/EMS	Bucksport	EMMC	Systems Design/Dev
Lambrew		Portland	MMC	Regional protocols for STEMI treatments
Mockus	RN	Bar Harbor	MDI Hospital	Standard protocols and procedures
Dumont	Physician/ED	Lincoln	Physician/ED	Maybe, Executive Committee. Interested in both pre and in/intra hospital
Dinerman	Physician/ED	Bucksport	EMMC	Executive Committee. Parallel processing
Chagrasulis	Physician/ED	Norway	Stephens Memorial	Executive Committee: listed cooperation of 3 tertiary centers as a major goal.

Name	Category	Area	Organization	Expressed

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				Interest
Pre-hospital systems, protocols & Care				
Phillips	Cardiologist	Lewiston	CMMC	Executive Committee (listed data as biggest challenge)
McDermott	Physician	Dover-Foxcroft	Mayo Regional Hospital	Capacity of EMMC to bring in from feeder hospitals and in regional EMS capacity to read 12 lead EKG
Kendall	Phys: ED/EMS	Lewiston	CMMC	Air medicine/pre-hospital EKG+[??]
Diaz	Phys: EMS	Waterville	MaineGeneral/Maine EMS	Liaison for EMS in any appropriate group
Hopperstead	Physician	Lewiston	Central Maine Medical Center	system issues-paramedic training, protocol development, time-distance studies, quality/outcome analysis
Mockus	RN	MDI	MDI	Finding solutions for transport issues
Public awareness/action				
Louder	CVH Specialist	Augusta	Maine Cardiovascular Health Program	Public awareness, addressing barriers/issues with calling 911
Gill	Hospital Service Manager	Lewiston	Central Maine Medical Center	Community awareness of signs/symptoms

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