

In a Heartbeat

AMI Evidence-Based, Best-Practice Care in Maine

- Heart disease is a lead killer in Maine, claiming more than 3,000 lives per year and radically reducing quality of life for those who survive heart attacks.
- Quick, effective treatment can save lives and improve quality of life for survivors.
- New ways of treating patients with suddenly blocked heart feeding arteries (ST elevation) in the acute phase of coronary heart disease (acute myocardial infarction) can reduce the death rate and reduce damage to the heart muscle in survivors.
- Evidence shows that opening the suddenly blocked artery within 12 hours can save 20 lives per 1,000 heart attack victims, and that quicker action can save up to 10 additional lives/1,000 heart attack victims for each hour saved.
- Best practice guidelines to open blocked arteries established by the American Council of Cardiologists/American Heart Association include:
 - A call to 911 as soon as the heart attack symptoms are experienced by the patient or witnessed by others.
 - Aspirin for most patients as soon as symptoms appear.
 - Prompt response by trained and appropriately equipped emergency medical services.
 - Diagnosis of an ST elevation with a 12 lead electrocardiogram.
 - PCI treatment (also known as angioplasty, involves a catheter to break up the clot) as follows:
 - Angioplasty to open artery within 90 minutes of arrival at a hospital with a PCI facility (door to balloon time;
 - When appropriate, administration of clot busting drugs (thrombolytics) within 30 minutes of arrival at the first hospital (door to drug time), if transfer of the patient to hospital with a PCI facility and angioplasty to open the clogged artery can not be accomplished within 90 minutes of arrival at the first hospital.

Project 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, guidance, and advocacy 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:
 - ◆ Medical Response and Treatment
 - ◆ Metrics and Data
 - ◆ Community Engagement
- 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)

Project information: www.mainequalityforum.gov, “In a Heartbeat”

Project Structure

Executive Committee Role

- 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.
- Develop policy recommendations.
- Serve as advocates to achieve project goals.

Dynamic Workgroup Roles: Three dynamic workgroups have been formed: Medical Response and Treatment; Metrics and Data; and Community Engagement. Each workgroup will:

- 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.

Stakeholder Role

- 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.

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- 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 identified by the Executive Committee.

Executive Committee Members:

- Gus Lambrew**, MD, Medical Director of the *In a Heartbeat Project*, Maine Medical Center
- Dennis Shubert**, MD, Maine Quality Forum
- Mirle Kellett**, MD, Maine Medical Center
- Steve Diaz**, MD, Maine EMS and MaineGeneral Medical Center
- Darlene Glover**, RN Stephens Memorial Hospital
- Larry Hopperstead**, MD, Central Maine Medical Center
- Deborah Carey Johnson**, RN, Eastern Maine Medical Center
- William Phillips**, MD, Central Maine Heart & Vascular Institute
- Guy Raymond**, MD, Northern Maine Medical Center
- Kim Tierney**, RN, Maine Medical Center
- Debra Wigand**, M ED, CHES, Maine Cardiovascular Health Program
- Paul vom Eigen**, MD, Northeast Cardiology Associates

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 and Legislators
 - State and community based organizations
 - Individuals
- Health care delivery organizations (i.e. hospitals, medical practices, transport)

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Project staff:
 Tish Tanski, Project Director
 Christopher McCarthy, Quality Initiatives Administrator
 Carrie Hanlon, Research Analyst
 Ruth Ann Burke, Administrative Assistant

Contact information:
 Maine Quality Forum
 211 Water St
 53 State House Station
 Augusta, Maine 04330
 Phone: 207.287.9956
 Email: MQF@maine.gov
 Include AMI in the subject line