Core Measure Success-Acute Myocardial Infarction Care
Presentation to the Wisconsin Drug Utilization Board

June 6, 2007
Purpose

• To share Gundersen Lutheran’s journey to consistent high quality care for our Acute Myocardial Infarction (AMI) patients
Background History

• 1994 Gundersen Lutheran’s AMI mortality was not where we wanted it to be
  ■ “Why are people dying?”
  ■ Retrospective review of all AMI deaths
  ■ Conclusion: “sick people die” – no pattern

• ACC/AHA published guideline for AMI care (150 pages!)
  ■ “Are we doing what is best for our patients?”
Background History

• New Purpose: Improve each phase of care for our AMI patients and provide AMI guideline care in a standardized manner
  ■ Flowcharted current process for
    ✷ Pre – Hospitalization
    ✷ Emergency Room
    ✷ Cath Lab
    ✷ Coronary Care Unit
    ✷ 6West - Telemetry/Discharge
  ■ Flowcharted the ideal process with the ACC/AHA guideline as our “guide”
Background History (cont)

- Utilized a multidisciplinary team
- Developed a culture of ownership
- Used a system approach, reporting aggregate data—never reporting individual provider data
Changes Made

• Pre Hospitalization
  ■ Developed Check List
    ✷ Begin screening and documentation
    ✷ Allergies, IV, O2, screening questions, candidate for thrombolytics

• Emergency Department
  ■ Developed Standing Orders that empowered the nurse in ER to initiate care immediately
    ✷ Stat EKG, O2, IV’s
    ✷ EKG done in less than 5 minutes
Pre-Hospital Flowchart

1. **Patient presents with symptoms of AMI to clinic or hospital.**
   - **NO**
     - **Patient/Family recognizes onset of symptoms**
     - **Dial 911**
     - **YES**
   - **Triage directly to TEC nurse**

2. **First Responder**
   - brief history
   - starts O2
   - starts to undress patient
   - reports findings to paramedics

3. **Paramedic ALS Ambulance**
   - prearrival orders
   - continue O2
   - rhythm strip
   - start IV
   - communicates with Medical Control
   - Future?
   - 12-lead EKG
Emergency Room Flowchart

1st Hour - TEC (Times?)

- TEC Nurse
  - assessment
  - VS
  - brief history
  - 12-lead EKG
  - O2 therapy
  - monitor
  - IV/blood draw
  - consult TEC MD

- TEC Physician
  - continue history
  - physical exam
  - interpret EKG
  - intubate p/o

- Consult cardiologist (5 minute response)

- Drugs
  - ASA/Heparin
  - NTG drip
  - arrhythmia prot.
  - vasopressors
  - B-Blockers
  - MgSO4

- Oth. Treatment
  - Drugs
  - B-Blockers
  - MgSO4
  - intubate p/o

- Candidate for Cardiac Cath?
  - YES: Cath Lab
  - NO: Admit CCU

- Candidate for Thrombolytic?
  - NO: Admit CCU
  - YES: Thrombolytic Therapy in TEC (Time?)

- Evaluate further

- Chest Pain Path (to be developed)

- Discharge
Changes Made

• Cath Lab
  ■ Reviewed Cath Lab process and eliminated extra, unnecessary steps
  ■ Cath Lab RN assist in ER as needed with medications and transport
Changes Made

• Coronary Care Unit (CCU)
  ■ Pre-Printed admission orders that follow the guideline for MI patients.
  ■ Triggers for the provider to follow the standard of care
  ■ Empowered RNs
CCU Flowchart

CCU - Day 1

Cath Lab
- NTG gt
- MS 2.0 IV PRN
- notify MD
- stat EKG

Monitor
- monitor w/strip q 6 hrs
- EKG w/in 10 min & stat w/CP

Proc./Treat
- chest x-ray unless done
- IV - TKO
- O2

Nursing
- VS protocol
- I & O
- hemocult stools/ emesis
- multi-system assessment
- suction PRN

Drug
- ASA/Heparin
- MgSO4
- B-Blockers
- Arrhythmia prot.
- ? thrombolytic

Consults
- Dietary
- Nicotine Depend.

Adv. Directive

Teaching
- orient to CCU
- CP Instruct.
- proc. teaching
- Advance Dir.

Discharge Plan
- complete db
- discuss home arrangements w/pt. and family
Changes Made

• 6 West - Telemetry/Discharge
  ■ Standardized our teaching materials
  ■ Developed binders of information for our patients
  ■ Information is multidisciplinary
  ■ Standardized where to document our instructions
Cardiac Rehab - Day 3-6

Nursing
- Consider telemetry
- O2 pm/wean to room air

Drugs
- ASA/Heparin
- B-Blockers
- NTG si pm
- sIOP pm
- AAD/Loc pm
- ACE inhibitor?
- L.T. anticoag?

Lab
- PT/PTT
- ACT
- Other

Nursing
- VS protocol
- assessment q 8

Teaching
- Post MI
- Diet
- Exercise
- Smoking cessation

Diet/Activity
- Low chol, low fat, poss NAS
- Ambulate (begin 50 feet, progress to 100)
- Exc. Center as tol.

DAY 4-5
- Risk assessment if ordered

Consults
- S/S if PHN/NH
- Dietary
- Nicotine Depend.

DAY 6

Patient Stable?
YES → Discharge
NO → Cardiac Rehab.
Gundersen Lutheran
1000 South Avenue, La Crosse, WI 54601

(FORM #209)
ACUTE MYOCARDIAL INFARCTION (AMI)
PROTOCOL – ADMISSION

DATE: ____________ TIME: ____________

** Medications listed on this order are per the usual and standards of care for the diagnosis or condition this order represents. **

If all orders apply, sign the bottom.
If a specific order does not apply, draw single line through with your initials.
If multiple options exist, box must be checked.

Blank spaces must be completed.
1. Admit as inpatient to CCU. ______ Service
2. Admit to ______ Service
3. Allergies: __________________________

4. Aspirin: ___ Yes ___ Dose: __________________ frequency: once daily
   If patient unable to take oral, give aspirin by suppository.
   ___ No Rationale: ______ Definite Aspirin Allergy
   ______ Abdominal/GI Bleed
   ______ Bleeding Diathesis
   ______ Hemorrhagic CVA
   ______ Active Ureter
   ______ Other:

5. Heparin: ___ Yes-Complete "Heparin Protocol Orders for Cardiac Conditions"
   ______ No Rationale: ______ Heparin Reaction
   ______ Hemorrhagic CVA
   ______ Hx bleeding disorder
   ______ Platelets <= 100
   ______ Hemorrhage-admit day
   ______ Rectal bleeding
   ______ Current GI bleed
   ______ Other:

6. Reperfusion Strategy:
a) Thrombolytic: ___ Yes ___ Type: ______ Tenecteplase Protocol
   ______ Study Protocol
   ______ Other:

Continued...
6. Reperfusion Strategy: (Continued)
   ____ No Rationale: Thrombolytic already given
   ____ No ECG changes
   ____ > 12 hours of pain
   ____ AbD/GI Bleed
   ____ Active Ulcer Disease
   ____ History Hemorrhagic CVA
   ____ Surgery past 2 months
   ____ History CVA within 1 year
   ____ Recent Trauma
   ____ Rectal Bleed
   ____ R/O Aortic Dissection
   ____ History Hemorrhage in eye
   ____ History Bleeding Disorder
   ____ Other:

b) Emergency Cardiac Cath: Yes* No

   *If yes, complete and sign HC orders.

7. Risk Assessment:
   a) LV evaluation: Yes No If yes, Type: ____________ Date: ____________
   b) Non-emergent cardiac catheterization: Yes No

   If yes, date: ____________

   If yes, complete and sign cardiac cath orders.

8. Beta Blocker: Yes Drug/DOse: ____________

   ____ No Rationale:
   ____________ Heart Block
   ____________ SBP > 100 mmHg
   ____________ Cardiogenic shock
   ____________ Pulse < 50 beats per minute
   ____________ Congestive Heart Failure
   ____________ Other:

9. Nitroglycerin drip:
   ____ Yes-Dose: mcg/kg/minute. Titrating to keep systolic BP between ___ and ___ and pain free
   ____ No-Rationale: Shock/hypotension first 24 hour

   Patient has taken Phosphodiesterase 5 inhibitor (Viagra or class related agent) in past 24 hours

   Other: ____________________________

   Continued...
10. One or two large bore plastic canulas.
11. Intravenous (IV) Fluids: ______
12. Arrhythmia Protocol: ______Yes* ______No *If yes, complete and sign attached orders.
13. Ace Inhibitor: ______Yes Drug / Dose: ______
   ______No Rationales: ______Ejection Fraction > 40%, no evidence of heart failure or hypertension
   ______On Angiotensin Receptor Blocker
   ______Aortic Stenosis
   ______Allergy to an ace inhibitor
   ______Bilateral renal artery stenosis
   ______Hypotension
   ______Hyptokalemia
   ______Renal Dysfunction
   ______Angiography
   ______Other: ______
14. Lipid Lowering Agent: ______
15. Acetaminophen 325-650 mg by mouth every 4 hours as needed for pain. (Maximum 4000 mg/24 hours)
16. Sedation: ______
17. Sleeper: ______
18. LOC (Laxative of choice) by mouth, as needed for constipation.
19. AAOC (Antacid of choice) by mouth, as needed for indigestion.
20. Docetaxel Calcium 240 mg by mouth once daily, as needed for constipation.
21. Other medications: ______
22. Chest PA Portable (if not already done)
23. Cardiology consult.
24. ECG: ______
   a. On admit to CCU unless done at Gundersen Lutheran within 4 hours
   b. Daily times ______ days
   c. Thrombolytic given? ______ YES - If yes, repeat ECG in 6 hours
      ______ NO
   d. Repeat ECG with right chest leads if inferior wall myocardial infarction

Continued...
25. Lab Protocol
   ____ INR, PTT (if not already done).
   ____ Hemoglobin once daily times 48 hours.
   ____ Creatinine, K+, Glucose (if not already done).
   ____ Troponin-Baseline on admission and in 9-12 hours.
   ____ Blood Bank - Draw and hold.
   ____ UA (if not already done)
   ____ Fasting LPA.
   ____ Hgb A1C if diabetic.
   ____ Platelets on admission and in 48 hours.
   ____ Other:

26. Activity:
   ____ Bed rest while patient experiencing angina; then may be up to commode after being pain free for 2
   hours.
   ____ Advance activity as tolerated after being pain free for 2 hours
   ____ Other:

27. Courtesy Notification: Dr.

Revised: August 2004

SIGNATURE: ____________________________

---

Under Authorization from the P & T Committee another generically equivalent drug (identical in form and content) may be substituted for the drug ordered.
DATE: __________  TIME: __________  ALLERGIES: __________

** Medications listed on this order are per the usual and standards of care for the diagnosis or condition this order represents. **

If all orders apply, sign the bottom.
If a specific order does not apply, draw single line through with your initials.
If multiple options exist, box must be checked.

Blank spaces must be completed.

1. Vital Signs: Blood pressure, heart rate and respiratory rate once every 15 minutes until stable, then once every 2-4 hours if remains stable. May allow to sleep 2200-0600 if stable. Document heart rate and respiratory rate every 2 hours, temperature every 8 hours, every 4 hours if > 38.0 degrees Celsius.
3. ECG monitor w/strip analysis every 8 hours and as needed.
4. Multi-system assessment per CCU Standards.
5. Daily Weight.
6. Input and Output every 12 hours. (Every 1 hour if on urimeter)
7. Suction at bedside.
8. Teaching: a) Orient to Unit on admission.
   b) Bill of Rights
   c) Advance Care Planning: Initiate/complete.
   d) Standard precautions.
   e) Other teaching as appropriate; i.e. Diet, Activity, Social Services, Patient Education.
10. Diet: Nothing by mouth for 3 hours. If stable advance diet to low fat, low cholesterol, low salt. If the patient is diabetic, patient should also be on a carbohydrate controlled diet.
11. If sats < 90 start O2 at 1-2L minute. Titrate to keep sats ≥ 90. Notify MD if sats ≤ 90, on 4 L nasal prongs.
12. ECG 12-lead stat with chest pain or ischemic equivalent - notify MD.
13. Hypotension protocol: if symptomatic hypotension, begin infusion of 250 ml 0.9% sodium chloride (NS) at 250 ml/hour and notify MD immediately.
14. Insert 1 or 2, 16 or 18 gauge peripheral IV’s. Hep lock according to protocol if capped
ACUTE MYOCARDIAL INFARCTION (AMI) PROTOCOL - TRANSFER ORDERS (6 West - Cardiac Rehab)

DATE: _____________________  TIME: _____________________
** Medications listed on this order are per the usual and standards of care for the diagnosis or condition this order represents. **

If all orders apply, sign the bottom.
If a specific order does not apply, draw single line through with your initials.
If multiple options exist, box must be checked.
Blank spaces must be completed.

1. Transfer to:
3. Cardiac Rehab: ____________ or PT Evaluation: ____________  If Neither, Why: ____________
4. Arrange left ventricular evaluation (if not already done)
   Type: ____________  Date: ____________
5. Risk Assessment Scheduled. If not, why:
   a) Schedule DVT Date: ____________
      Type: _______ Regular _______ ECHO _______ Nuclear
   b) Cardiac Cath: Complete and sign Cardiac Cath Orders
6. Allergies:________________________________________________________
7. Code Status:____________________________________________________
8. Medications:
   a. Enteric-coated aspirin: Yes Dose: _____________________ daily
      No Why: ________ Aspirin Allergy
      ____________ Abdominal bleeding
      ____________ Bleeding diathesis
      ____________ Hemorrhagic CVA
      ____________ Active ulcer
      ____________ Mise,
   b. Heparin: Yes Continue Heparin Infusion @ ___ units/hour per CCU/6W Heparin Protocol  or
      No Why: ________ Heparin reaction
      ________ Hemorrhagic CVA
      ________ Hx bleeding disorder
      ________ Platelets <= 100
      ________ Hemorrhagic-admit day
      ________ Rectal bleeding
      ________ Current GI bleed
      ________ Mise,
      ________ Continued...

Under Authorization from the P & T Committee another generically equivalent drug (identical in form and content) may be substituted for the drug ordered.
c. Beta Blocker: Yes Drug/Dose: 
   _______ _______ _______ _______ _______ 
   _____ No Why: _______ _______ _______ _______ 
   _______ Heart Block 
   _______ Cardiogenic shock 
   _______ CHP on Beta Blocker 
   _______ SBP <100mmHg 
   _______ Brady w/atropline 
   _______ Pulse <50 
   _______ COPD 
   _______ Misc: 

d. ACE Inhibitor: Yes Drug/Dose: 
   _______ _______ _______ _______ _______ 
   _____ No Why: _______ _______ _______ _______ 
   _______ Ace Inhibitor Intolerance 
   _______ Aortic stenosis 
   _______ SBP < 100mmHg 
   _______ Hypotension or shock while on ACE Inhibitor 
   _______ Creatinine > 2.0mm/dL. 
   _______ Misc: 

e. Warfarin dose: 

f. Clopidogrel 75 mg every day by mouth: Yes No 

g. Nitroglycerin Oral or Topical Drug/Dose: 

h. Bupropion SR 150mg daily for 3 days by mouth then 150 mg two times a day for smoking cessation. 
   _____ Yes No If nicotine dependent and willing to quit within 2 weeks. 

i. H2 Blocker Drug/Dose: 

j. Lipid Lowering Agent: 

k. Nitroglycerin sublingual 0.4 mg every 5 minutes times 3 as needed for chest pain if blood pressure >100mmHg Notify physician if used. 

l. Acetaminophen 325-650 mg by mouth every 4 hours as needed for pain. (Minimum of 4000mg/24 hours) 

m. Laxative of choice for constipation. 

n. Antacid of choice for indigestion. 

o. Docusate Calcium 240 mg by mouth once daily as needed for constipation. 

p. Sedation: 

q. Sleep: 

r. Other: 

   _______ INR if on Coumadin 
   _______ Other: 

Revised: April 2004 SIGNATURE: 
6-WEST STANDING ORDERS

DATE: ________________ TIME: ________________  ALLERGIES: ________________

** Medications listed on this order are per the usual and standards of care for the diagnosis or condition this order represents. **

If all orders apply, sign the bottom.
If a specific order does not apply, draw single line through with your initials.
If multiple options exist, box must be checked.
Blank spaces must be completed.

1. Telemetry: NO ______ YES ______ (Complete 6-West Telemetry Protocol).
2. Vital signs once every 8 hour shift if not otherwise ordered. May allow to sleep 2200-0600 if stable.
3. Activity:
   a) Ambulate as tolerated to independence.
      Record distance and tolerance on 48 hour flow sheet.
   b) Other: ____________________________
4. Diet: Low fat, low cholesterol, and no salt packet. Carbohydrate controlled if diabetic or diet per dietitian
5. Daily weight. YES ______ NO ______
6. Ins and Outs one time per shift YES ______ NO ______
7. Instruct patient to notify nursing staff of any chest discomfort or ischemic symptoms.
8. 12-Lead ECG STAT chest pain/discomfort and notify MD.
10. Nicotine: If patient uses tobacco products or quit within the last year, give informational packet.
11. Initiate Tobacco Cessation Pharmacotherapy Protocol: __Yes ___ No (See order sheet)
12. Medications:
   a) Antacid of choice: ____________________________
   b) Laxative of choice: ____________________________
   c) Sleep: ____________________________
   d) Acetaminophen 325-650 mg orally every four hours as needed for pain or elevated temperature. (Do not exceed 4000 mg/24 hours)
   e) Anxiety: ____________________________
   f) Nitroglycerin 0.4 mg sublingual as needed for chest pain or ischemic symptoms.

DISCHARGE PLANNING
Anticipated Discharge: 2-4 days __ 5-8 days __ 9-12 days __ Other: ____________
DATE/TIME ORDERED: ________________

Continued...
### Cardiovascular Discharge Orders

**Date and Time Ordered**: Please write medication orders between the dashed lines.

**Cardiovascular Discharge Orders**

**Date**: 

**Diagnosis**: 

1. **Appointments**
   a. Physician: at 
   b. Cardiology Nurse Clinician for Risk Factor Reduction Clinic: at 
   c. Phase II Cardiac Rehab at Direct Referral: YES NO 
      OR  
   d. Specific Appointments:
      - Exercise Physiology: YES at NO time
      - Nutrition Clinic: YES at NO time
      - Diabetes Education: YES at NO time
   e. Labs:
      - Lipoprotein analysis: 0 weeks
      - SSOT: 0 weeks
      - INR on draw: Report to 
      Other: 

2. **Risk Factors Addressed**
   a. Smoking cessation: YES NO N/A
   b. Physical activity/exercise: YES NO N/A
   c. Diet: YES NO N/A
   d. Hypertension: YES NO N/A
   e. Diabetes: YES NO N/A
   f. Stress: YES NO N/A
   g. Postmenopausal: YES NO N/A

3. **Medications**
   a. ASA: YES NO
   b. Beta Blocker: YES NO
   c. ACE Inhibitor: YES NO
   d. Lipid Lowering Agent: YES NO
   e. Coumadin: YES NO
   f. Anti-Platelet Agent: YES NO
   g. Digoxin: YES NO
   h. Nitroglycerin: YES NO
   i. Pre-Admission Meds Re-addressed: YES NO
   j. Pain Medications: YES NO

**Signature**: 

---

Under Authorization from the P & T Committee another generically equivalent drug (identical in form and content) may be substituted for the drug ordered.
ARRHYTHMIA PROTOCOL

DATE: ____________________ TIME: ____________________ ALLERGIES: ____________________

** Medications listed on this order are per the usual and standards of care for the diagnosis or condition this order represents. **

If all orders apply, sign the bottom.
If a specific order does not apply, draw single line through with your initials.
If multiple options exist, box must be checked.
Blank spaces must be completed.

1. Diagnosis and reason for monitoring: ____________________

2. Intravenous (IV) Orders:
   a. Intermittent infusion: fluid with normal saline 2.5 ml every 24 hours as needed.
   b. Other: ____________________

3. Protocol for Ventricular Arrhythmia: For sustained and/or symptomatic VT, call a code and arrange for immediate transfer to ICU or CCU (if patient is on a Med/Surg unit). Notify MD - STAT Cardiology consult.

4. Complex Arrhythmia Protocol; Notify MD.
   a. Ventricular Fibrillation/Pulseless VT: Call Code Blue. Immediately defibrillate and follow ACLS protocol.
   b. Pause > 4 seconds or symptomatic bradycardia with ventricular rate ≤ 40, Atriope per ACLS protocol. May apply external pacing patches.
   d. If heart rate < 60 beats/minute give Atropine per ACLS protocol.
   e. For aortic that occur, do STAT Na/K/Mg/Us/AKG

5. For sustained tachy- or brady- arrhythmia, STAT 12-lead EKG.

Revised: April 2004 SIGNATURE: ____________________
Results

• AMI Care Path is embedded in our Standing Orders
• Incorporated concurrent review with immediate feedback to providers
• Developed education plan that is part of our resident program
• Review all outliers on a monthly basis
Results

- 99+% compliance consistently
- We have embedded the process into the daily care of our AMI patients
- Our mortality rate from 1994 for AMI patients has decreased
Gundersen Lutheran
Aspirin within 24 Hrs of Arrival

MHA - Maryland Hospital Association  Numerator/Denominator per quarter
Q1 04 - 56/56  Q1 05 - 41/41  Q1 06 - 52/53
Q2 04 - 50/50  Q2 05 - 45/45  Q2 06 - 41/41
Q3 04 - 40/40  Q3 05 - 32/32  Q3 06 - 36/37
Q4 04 - 45/46  Q4 05 - 50/50  Q4 06 - 41/42
Gundersen Lutheran
Beta Blocker within 24 Hrs of Arrival

Numerator/Denominator per quarter
Q1 04 - 53/53  Q1 05 - 33/33  Q1 06 - 45/47
Q2 04 - 47/47  Q2 05 - 40/40  Q2 06 - 34/35
Q3 04 - 32/32  Q3 05 - 36/36  Q3 06 - 23/23
Q4 04 - 43/43  Q4 05 - 36/36  Q4 06 - 30/30
Beta Blocker Prescribed at Discharge

GL

ALL MHA

%
Gundersen Lutheran
Beta Blocker Prescribed at Discharge

Numerator/Denominator per quarter
Q1 04 - 84/84  Q1 05 - 81/81  Q1 06 - 104/101
Q2 04 - 110/111  Q2 05 - 71/71  Q1 06 - 80/80
Q3 04 - 87/87  Q3 05 - 76/76  Q1 06 - 81/81
Q4 04 - 96/96  Q4 05 - 94/94  Q1 06 - 104/104
Gundersen Lutheran

ACEI for LVSD(EF < 40) Prescribed at Discharge


Percent

MHA - Maryland Hospital Association  Numerator/Denominator per quarter
Q1 04 13/13  Q1 05 9/9  Q1 06 - 15/15
Q2 04 17/17  Q2 05 12/12  Q1 06 - 11/11
Q3 04 20/23  Q3 05 22/22  Q1 06 - 15/15
Q4 04 27/29  Q4 05 - 15/15  Q1 06 - 18/19
Gundersen Lutheran
Adult Smoking Cessation Advice/Counseling

Numerator/Denominator per quarter
Q1 04: 35/36  Q1 05: 30/30  Q1 06: 29/29
Q2 04: 39/39  Q2 05: 20/20  Q2 06: 20/20
Q3 04: 27/28  Q3 05: 21/21  Q3 06: 31/31
Q4 04: 21/22  Q4 05: 25/25  Q4 06: 30/30
Gundersen Lutheran
Median Time to PCI

GL Median
All MHA Median

Gundersen Lutheran
Q1 04 - n=10  Q1 05 - n=9  Q1 06 - n=9
Q2 04 - n=16  Q2 05 - n=9  Q2 06 - n=9
Q3 04 - n=10  Q3 05 - n=11  Q3 06 - n=12
Q4 04 - n=9  Q4 05 - n=16  Q4 06 - n=7

QI Project defines an outlier as any data points exceeding 24 hours. Outlier values are excluded from the aggregated data of this report. AHA/ACC Guidelines recommend
Gundersen Lutheran
Inpatient Mortality of AMI Patients

Observed Numerator/Denominator per quarter
Q1 0 4 8 / 9 2                Q1 0 5 6 / 7 1
Q2 0 4 10 / 110               Q2 0 5 4 / 6 3
Q3 0 4 5 / 8 4                Q3 0 5 4 / 6 3
Q4 0 4 5 / 9 4                Q4 0 5 4 / 8 7

Percent

Barriers

• Dealing with “Cookbook Medicine”
• New people are hired and take care of the patients—requires diligence with ongoing education
Successful Ingredients

• Great Physician leader
• Flowcharted the current and ideal so we know where we were and where we wanted to go
• Built the carepath right into the standing orders
• Built in feedback loops at the point of care
• Followed basic QPI principles
Successful Ingredients

- The right multidisciplinary team members
  - MDs (Cardiology, Internal Medicine, ER)
  - Clinical Nurse Specialist
  - Pharmacy
  - Social Worker
  - Cardiac Educators
  - Staff from all departments
  - QPI facilitator
  - Data support from HIM
Successful Ingredients

• Ongoing Education
  ■ Cardiologists
  ■ Cardiothoracic Surgeons
  ■ Medical Residents
  ■ Internal Medicine
  ■ RN staff

• Consistent Data Reporting, showing progress and successes
Where are we now? 2007

- Gundersen Lutheran Heart Institute has developed and implemented a program that is designed to get ST elevation AMI patients to the Cardiac Cath Lab as quickly as possible.
Priority One Heart Attack Program
Removing time barriers to get a heart attack patients’ blocked arteries open as quickly as possible is the goal of the Priority One Heart Attack Program.
Priority One’s goal is to deliver treatment (angioplasty or stenting) to heart attack patients within 90 minutes of their presenting to their local emergency room.
Gundersen Lutheran’s Priority One Heart Attack Program combines teamwork and expertise from: Community Hospitals.
Heart Attack Program

Area emergency rooms stabilize the patient, then make ONE CALL to Gundersen Lutheran to activate the Priority One team…
MedLink AIR, or local ground ambulance crews, quickly transport the patient to Gundersen Lutheran...
Heart Attack Program

...Where an expert team is waiting to provide treatment that will open the blocked artery.
Heart Attack Program

The Cardiac Catheterization Lab team quickly prepares the patient for the procedure that will open the blocked artery.
Heart Attack Program

Partnered Hospital Sites:
Winona Health – Community Memorial Hospital, Winona, MN
Black River Memorial Hospital,
    Black River Falls, WI
Vernon Memorial Hospital, Viroqua, WI
St. Joseph’s Hospital, Hillsboro, WI
Regional Health Services of Cresco, IA
Gundersen Lutheran Trauma & Emergency Center
Gundersen Lutheran - Onalaska Urgent Care
Prairie du Chien Memorial Hospital, Prairie du Chien, WI
Winneshiek Medical Center – Decorah, IA
Franciscan Skemp Healthcare Mayo Health System – Arcadia, WI
Veterans Memorial Hospital – Waukon, IA
Tomah Memorial Hospital – Tomah, WI
Tri-County Memorial Hospital – Whitehall, WI
Franciscan Healthcare – Sparta, WI
Boscobel Hospital – Boscobel, WI
Richland Center Hospital – Richland Center, WI
Palmer Luther Health Center – West Union, IA
Priority One Heart Attack Program
Questions?

Free Cat !!!

Call 555-9876 for more details.