

60th Annual Scientific Session & Expo

E1278

JACC April 5, 2011

Volume 57, Issue 14



QUALITY OF CARE AND OUTCOMES ASSESSMENT

THE IMPACT OF REGIONAL ST-ELEVATION MYOCARDIAL INFARCTION SYSTEMS OF CARE ON THE USE OF PROTOCOLS AND QUALITY IMPROVEMENT INITIATIVES IN COMMUNITY HOSPITALS WITHOUT CARDIAC CATHETERIZATION LABORATORIES

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Tuesday, April 05, 2011, 9:30 a.m.-10:45 a.m.

Session Title: Quality of Care: Guidelines and Pathways 2

Abstract Category: 44. Quality of Care

Session-Poster Board Number: 1175-158

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Background: Since the 1990s, the ACC/AHA STEMI guidelines recommended all hospitals develop protocols and standing orders (reperfusion strategy, adjunctive medications, transfer criteria) for STEMI and monitor quality measures (time to treatment and adjunctive medications). In 2003, a Minnesota survey of hospitals without cardiac catheterization labs (CCL) found <70% of hospitals had any protocols and <50% had a formal quality improvement (QI) process and many were incomplete or inadequate. (*Acad Emerg Med* 2005;12:522) The 2003 survey results stimulated the development of regional STEMI systems in Minnesota. We examined the contemporary use of STEMI protocols and QI practices.

Methods: In late 2009, we mailed the identical 2003 survey to emergency department medical directors and nurse managers to all 108 Minnesota hospitals without CCL.

Results: Of the 108 hospitals surveyed, 94 (87%) responded (compared to 104/111 (94%) in 2003). Survey results 2003 and 2009 are compared in the table.

Conclusions: Since 2003, implementation of STEMI guidelines, protocols and standing orders in Minnesota community hospitals without CCL has dramatically improved. Hospitals without specific STEMI protocols are now <10%. The majority of STEMI patients are now transferred for PCI and most hospitals have a formal QI process. This improvement was stimulated by regional STEMI systems which support the recent class I recommendation for STEMI systems of care in the 2009 focused update of the ACC/AHA guidelines.

	2003 Survey N=104	2009 Survey N=94	P-value
Hospital specific protocols or guidelines in the ED	65%	83%	<0.001
Standing orders in the ED	59%	83%	<0.001
No guideline, protocol or standing orders	34%	8%	<0.001
Protocol specific indications for transfer to a tertiary hospital	6%	72%	<0.001
Formal QI process for STEMI	52%	66%	0.003
STEMI patients routinely transferred to a PCI center	59%	91%	<0.001