Mission: Lifeline Hospital Accreditation Webinar

April 8, 2013
2:00PM – 3:00PM CST

heart.org/accreditation

Dial-in: 1-800-734-8583

Speaker Introductions

Puja Patel, MHA, MBA
American Heart Association
Hospital Accreditation Specialist

Chris Bjerke
American Heart Association
National Director, Mission: Lifeline

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Society of Cardiovascular Patient Care
ACS Service Line Specialist

Donna Hunn, MAN, RN, MSc, ANP-C
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Accreditation Clinical Manager

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Wheeling Hospital
Wheeling, West Virginia
Director of Cardiac Services

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Wheeling Hospital
Wheeling, West Virginia
Nurse Manager: Cardiac Neuro Vascular Center
Chris Bjerke

American Heart Association

National Director, Mission: Lifeline

heart.org/missionlifeline
What is Mission: Lifeline?

- Promote the ideal STEMI systems of care
- Help STEMI patients get the life-saving care they need in time
- Bring together healthcare resources into an efficient, synergistic system
- Improve overall quality of care

Uniqueness of Mission: Lifeline

- Addresses the continuum of care for STEMI patients
- Preserves a role for the local STEMI-referral hospital
- Understands the issues specific to rural communities
- Promotes different solutions/protocols for rural vs. urban/suburban areas
- Recognizes there is no “one-size-fits-all” solution
- Knows the issues of implementing national recommendations on a community level
Mission: Lifeline

GOALS:
- 5 min after symptom onset
- 1 min dispatch
- 6 min on scene
- 8 min transport

Hospital fibrinolytics
- Door-to-needle within 30 min
- STEMI receptor
- Door-to-balloon within 90 min

Total ischemic time: Within 120 min

Golden Hour = First 60 minutes

Table 1: Primary PCI Site 1015092

<table>
<thead>
<tr>
<th>Metric</th>
<th>Hospital</th>
<th>Local</th>
<th>Less than 12 mins</th>
<th>State</th>
<th>Nation</th>
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</thead>
<tbody>
<tr>
<td>Median Time from Call to Arrival to First Device Activation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22.0</td>
<td></td>
</tr>
<tr>
<td>Median Time from First Medical Contact to Primary PCI (mins)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>85.0</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>56.0</td>
<td></td>
</tr>
<tr>
<td>% within 90 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>64.0</td>
<td></td>
</tr>
<tr>
<td>Non-Transfer</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>81.0</td>
<td></td>
</tr>
<tr>
<td>% within 90 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>64.0</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>126.0</td>
<td></td>
</tr>
<tr>
<td>% within 90 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>% within 120 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>53.0</td>
<td></td>
</tr>
<tr>
<td>Arrived at Primary PCI (mins)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>57.0</td>
<td></td>
</tr>
<tr>
<td>Non-Transfer</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>84.0</td>
<td></td>
</tr>
<tr>
<td>Arrived by EMS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Arrived by POV</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>67.0</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>57.0</td>
<td></td>
</tr>
<tr>
<td>% within 90 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>31.0</td>
<td></td>
</tr>
<tr>
<td>Arrived at external facility by EMS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>112.0</td>
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</tr>
<tr>
<td>% within 90 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28.0</td>
<td></td>
</tr>
<tr>
<td>% within 60 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Arrived at external facility by POV</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>106.0</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>27.0</td>
<td></td>
</tr>
<tr>
<td>% within 90 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>59.0</td>
<td></td>
</tr>
<tr>
<td>% within 30 minutes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>63.0</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- *Confidential information*
- First Medical Contact to PCI < 90 Minutes
- Arrived to PCI < 90 Minutes

Footnotes:
- Time from Initial Procedure Decision
- Time from First Medical Contact
- Time from Final Decision
In-Hospital Outcomes - STEMI

<table>
<thead>
<tr>
<th>Variable</th>
<th>STEMI (n = 50,604)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median hospital LOS</td>
<td>3</td>
</tr>
<tr>
<td>Death*</td>
<td>6.2%</td>
</tr>
<tr>
<td>Re-infarction</td>
<td>0.8%</td>
</tr>
<tr>
<td>HF</td>
<td>5.2%</td>
</tr>
<tr>
<td>Cardiogenic Shock</td>
<td>4.5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.5%</td>
</tr>
<tr>
<td>RBC Transfusion**</td>
<td>3.7%</td>
</tr>
<tr>
<td>Suspected Bleeding Event**</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

*Unadjusted mortality
** Among non-CABG patients

ACTION Registry-GWTG DATA: July 01, 2011 - June 30, 2012

STEMI–Door to Balloon and Door to Needle Times Cumulative 12 Month Data

DTB = 1st Door to Balloon for Primary PCI
DTN = Door to Needle for Lytics

ACTION Registry-GWTG DATA: July 01, 2011 - June 30, 2012
### Mission: Lifeline Involvement

#### Measure Metric
<table>
<thead>
<tr>
<th>Measure</th>
<th>National Score Q1 2010</th>
<th>National Score Q4 2011</th>
<th>National Score Q3 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Mission: Lifeline Composite Score</td>
<td>94.5%</td>
<td>94.9%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Reperfusion Therapy</td>
<td>93.0%</td>
<td>90.9%</td>
<td>90.7%</td>
</tr>
<tr>
<td>ASA at Arrival</td>
<td>99.1%</td>
<td>99.1%</td>
<td>98.8%</td>
</tr>
<tr>
<td>ASA at Discharge</td>
<td>98.5%</td>
<td>98.7%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Beta Blocker at Discharge</td>
<td>97.2%</td>
<td>97.8%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Statin at Discharge</td>
<td>98.5%</td>
<td>99.1%</td>
<td>99.0%</td>
</tr>
<tr>
<td>ACE-I or ARB for LVSD at Discharge</td>
<td>89.7%</td>
<td>90.8%</td>
<td>91.9%</td>
</tr>
<tr>
<td>Adult Smoking Cessation Advice</td>
<td>98.6%</td>
<td>98.7%</td>
<td>98.7%</td>
</tr>
</tbody>
</table>
Online Mission: Lifeline System Registration/Questionnaire

**Mission: Lifeline System** — Integrated group of separate entities focused on reperfusion therapy consisting of at least one receiving center, at least one referral center and at least one EMS agency.

- Go to Mission: Lifeline website
  - [www.heart.org/missionlifeline](http://www.heart.org/missionlifeline)

- Click Register Your System

- Complete STEMI or STEMI and Cardiac Resuscitation registration questionnaire
  - Takes approximately 45 Minutes to complete

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Mission: Lifeline STEMI Systems Coverage
As of 11/28/2012 (66 Systems; 65.0% Population Coverage)
Not already a Mission: Lifeline hospital?

- Register with Mission: Lifeline
  - [www.Heart.org/missionlifeline](http://www.Heart.org/missionlifeline)
- Identify hospital as a STEMI Receiving or Referral Center
- Join [ACTION Registry-GWTG](http://www.ACTION Registry-GWTG.org)
- Sites must have a completed Data Release Consent Form
- Allows data to be used to generate Mission: Lifeline Hospital reports

Mission: Lifeline Recognition

[Images of Mission: Lifeline recognition levels: Gold, Silver, Bronze]

**COLLECT AND REPORT YOUR DATA.**

**EARN RECOGNITION. GET ACCREDITED.**

[Images of Mission: Lifeline accreditation and certification]
2013 Recognition Measures – Receiving Center
(Data Collected in 2012 Calendar Year)

1. Percentage of direct admit STEMI patients (Non EMS Arrival) with Door-to-device time ≤ 90 minutes, non-transfer
2. Percentage of direct admit STEMI patients (arrival via EMS – Ambulance Only) with FMC-to-device time ≤ 90 minutes
3. Percentage of reperfusion – eligible patients receiving any reperfusion therapy (PCI or fibrinolysis)
4. Percentage of STEMI patients receiving aspirin within 24 hours of hospital arrival
5. Percentage of STEMI patients on aspirin at discharge
6. Percentage of STEMI patients on beta blocker at discharge
7. Percentage of STEMI patients with LDL>100 who receive statins or lipid lowering drugs
8. Percentage of STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
9. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge

2013 Recognition Measures – Referral Center
(Data Collected in 2012 Calendar Year)

1. Percentage of STEMI patients with a door-to-first ECG time ≤ 10 minutes
2. Percentage of reperfusion – eligible patients receiving any reperfusion (PCI or fibrinolysis) therapy
3. Percentage of fibrinolytic–eligible patients with door-to-needle time ≤ 30 minutes
4. Percentage of reperfusion – eligible patients transferred to a PCI center with referral center Door in- Door out time (Length of Stay) ≤ 45 minutes
5. Percentage of transferred STEMI patients receiving aspirin before ED discharge
   *The remaining measures apply only to patients that are not transferred:
6. Percentage of STEMI patients who receive aspirin within 24 hours of hospital arrival
7. Percentage of STEMI patients on aspirin at discharge
8. Percentage of STEMI patients on beta blocker at discharge
9. Percentage of STEMI patients with LDL >100 who receive statins or lipid lowering drugs
10. Percentage of STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
11. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge
Mission: Lifeline Recognition Timeline

**Early May**
- Hospitals achieving Mission: Lifeline recognition will electronically receive notification
- Notification will also include required application and permission form
- Required application and permission forms are signed by hospitals and returned to AHA

**MAY**
- Hospitals approved for recognition awards will be notified by AHA staff
- Official list of hospital names will be finalized for US News and World Report

**JUNE - JULY**
- Electronic Marketing Promotional Kit will be available for hospitals achieving recognition
- Invitations for the Mission: Lifeline recognition ceremony during Scientific Sessions in November
- Online version of US News and World Report will feature hospitals recognized in Mission: Lifeline

**AUGUST - NOVEMBER**
- August – Recognized hospitals will be featured in the US News and World Report booklet ad
- August and September – Accepting RSVPs for recognition ceremony during Scientific Sessions
- October – Final RSVP List for hospitals participating in recognition ceremony
- November – SCIENTIFIC SESSIONS Recognition Event

**HOW CAN YOU BECOME INVOLVED?**
Quality of Care

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

-The Institute of Medicine
Society of Cardiovascular Patient Care

Mission
To develop and share quality practices that optimize the care and outcomes of patients with acute cardiovascular disease worldwide through innovative cross-disciplinary processes and education that bring science to the bedside.

100% process improvement
100% of the time

2011 Combining Efforts
American Heart Association's Mission:Lifeline® Accreditation and Society of Cardiovascular Patient Care's Chest Pain Center Accreditation

GOALS:
- Develop a Comprehensive Approach ACS Care
- Purpose is to Guide Hospitals through PI initiatives
- Ultimately Leading to Improved Patient Outcomes
Collaboration

➢ In the best interest of patients by providing
  ➢ Guidance and Resources to meet Healthcare Needs
  ➢ Accountability to Improved Cardiac Outcomes

Wheeling Hospital - Journey
Mission: Lifeline Accreditation

Presented by:

Dr. Robert Fanning, Director of Cardiac Services
Andrea Dobkin, RN, BSN, CCCC
Nurse Manager: Cardiac Neuro Vascular Center

Wheeling Hospital
Wheeling, WV
Wheeling Hospital – Wheeling, West Virginia

• Before West Virginia was a state, Wheeling was a hospital.
• Founded in 1850.
• Serving the state’s Northern Panhandle and Eastern Ohio.
• 252-bed facility. 2,400 employees. Region's largest employer.
• Provides a wide-variety of services. Nationally recognized in cardiac care, oncology, women’s health and surgery.
• Ranked in the top 10 percent nationally in patient safety in the areas of overall hospital, medical and surgical care (CareChex rankings).
• The Wheeling Hospital family of regional health care also includes Belmont Community Hospital in East Ohio, The Bishop Joseph H. Hodges Continuous Care Center, Wheeling Renal Care, The Howard Long Wellness Center and six satellite health care centers.
Key Questions:

Why did we become accredited?

How did we achieve accreditation?

How do we utilize accreditation?

Why seek accreditation?

1. So we can do our jobs better and more efficiently.

2. To raise awareness in the community regarding the importance of EHAC.

3. To increase patient confidence in the quality of care being received.
How did Wheeling Hospital Achieve Accreditation?

1. Joined Action Registry-GWTG.
2. Joined Cath PCI Registry.
3. Monitored our numbers.
4. Identified areas needing improvement
5. Identified resources to address areas of concern.
6. Partnered with EMS.
7. Partnered with referral hospitals.
8. Successfully applied for Chest Pain Center with PCI status in 2009.
9. Received our Mission Lifeline award in 2010.
10. Successfully applied for Cycle IV with SCPC and Mission: Lifeline Heart Attack Receiving Center status in 2012.

3 Essential Keys to Success:

• Collaboration

• Communication

• Data Utilization
Collaboration

• Among our hospital departments
• With senior hospital administration
• With EMS
• With Referral Facilities

Communication

• Within our hospital
• With our partners in care
• With our patients and community
Data Utilization

- Making sure data presented is timely, clear and relevant.
- Using data to identify problems and trigger solutions.

Accreditation is NOT the end point – it is the BEGINNING.

It provides:

- Tools
- Systems of Care
- Collaboration
- Support for EMS and Community Education
- Standards and Improved Reimbursement
- Increased Visibility and Standing in the Community
AHA Mission: Lifeline and SCPC accreditation tools give us the framework to monitor our own performance and address quality issues before they reach the patient bedside.

As part of our application process we worked on D2D2B: we reduced that number from 105 minutes to 85 minutes.

Tools

They allow us to utilize proven systems of care in the triage and treatment of heart attack patients so that the best outcomes are achieved in the shortest amount of time.

As part of our application preparation, we instituted a one-page system that includes a direct phone number to the referring facility ED as part of the page.
Systems of Care

Pager tool on hospital Intranet

“One Page” – Transfer Patient

Read-out on pager

STEMI - Transfer - Loc: Barnesville-1-740-425-5104 - Age:56 - M/F:Male -
Vitals:HR 102, BP 165/98, O2Sat 95%-6L -
ETA:30 Mins - Rhythm:Sinus Tach; Arrhythmia -
Elevation-Leads:V1 through V6 - MI:Anterior

Systems of Care

STEMI Radio Checklist

<table>
<thead>
<tr>
<th>Location (Unit area)</th>
<th>EMS</th>
<th>TransFax</th>
<th>911</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnesville 740-425-5104</td>
<td>740-425-5104</td>
<td>740-425-5104</td>
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<td></td>
</tr>
<tr>
<td>Oneida</td>
<td>315-894-5103</td>
<td>315-894-5103</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If EMS – Squad Name: ____________
If patient transferred: ____________

Please ask: What are ____________ at the top of the page?

Age: ____________
Sex: ____________
Date: ____________
Time: ____________
Location of HR: ____________
Additional Notes: ____________
Collaboration

Being part of this group enables us to **collaborate** with regional hospitals so that together we provide the highest level of care to all our patients. This framework also encourages us to learn from our peers so that we aren’t wasting shrinking resources on duplicative efforts.

Dr. Fanning and our staff regularly go to referring facilities for education and outreach. All parties understand that we are not in competition with one another:

**We are jointly in competition with heart attacks.**
Collaboration

HW 56 M smoker sudden onset of chest pain setting up his computer

Incident #: 106331
Date: 12-15-2010
Caregiver: CF, EMT-P
Caregiver: Driver: JG, EMT
Notified: 12-15-2010 20:16
On scene: 12-15-2010 20:22
12 lead?: YES, right sided leads too!
Left scene: 12-15-2010 20:32
Destination: 12-15-2010 20:42
EKG time: 12-15-2010 20:48
Reperfusion: 12-15-2010 21:40
EF: 55%
Discharge: 12-18-2010
Followup: admitted two weeks later for GI bleeding, erosive gastritis and duodenitis requiring transfusion.

Educational Support

Being a part of this group provides support and materials for educational outreach.

- To EMS – our most critical partners in care.
- To our community – where the biggest delay in care is the call to 911.
Educational Support

• Our standards through AHA Mission: Lifeline and SCPC exceed those required by CMS and address those raised by Value Based Purchasing.

• That improves your bottom line.

• If we want to be paid for the services we provide, we must meet these high standards every day.

• Being a part of this collaborative helps us to choose the highest standards of care.
Increased Visibility and Standing in the Community

Being accredited enables us to:

• Publicly celebrate our successes in patient care

• Share our achievements and awards with our community through advertisements, press releases and interviews

This often triggers speaking requests, which helps us to reach out and educate potential patients.

When patients know they are in the best of hands they seek care quicker.

This results in better OUTCOMES

– which is why we are all here!
Wheeling Hospital Heart Attack Radio Ad
SCPC/AHA Mission: Lifeline Accreditation Application Timeline

- 2012 AHA Mission: Lifeline Hospital ACTION Award Winners have the opportunity to become accredited hospitals – alone or in conjunction with the Society’s CPC accreditation

- Last application submission day for the 2012 cycle is 04/30/2013 - Next cycle begins 05/01/2013

- Hospitals currently recognized as an accredited CPC or intend to apply for CPC accreditation will have the opportunity to add Mission: Lifeline accreditation by meeting relevant additional criteria.

For More Information Check Out Our Web Pages

AHA’s Mission: Lifeline Program
http://www.heart.org/HEARTORG/HealthcareProfessional/Mission-Lifeline-Home-Page_UCM_305495_SubHomePage.jsp

Society of Cardiovascular Patient Care Accreditation Process
http://www.scpcp.org/
Join Us at SCPC Congress Mission: Lifeline Accreditation Ask the Experts Session

What: Mission: Lifeline Accreditation Ask-the-Experts Session

When: Thursday, April 25th, 2013 at 1:30pm – 3:30pm EST

Where: Florida Ballroom C at the Peabody Hotel in Orlando, FL

Questions...?

Key Contacts:

• Kelly Hewins, ACS Service Line Specialist
  khewins@scpcp.org

• Puja Patel, Hospital Accreditation Specialist
  Puja.Patel@heart.org
Thank You for Attending!