Mission: Lifeline Hospital Accreditation Webinar

January 14, 2013
2:00PM – 3:00PM CST

dial-in: 1-888-224-7964

heart.org/accreditation

Speaker Introductions

Lori Hollowell – American Heart Association
Quality Systems Improvement National Consultant for Mission: Lifeline and ACTION-Registry Get With The Guidelines

Keri Morris, RN, BSN, CCCC – Society of Cardiovascular Patient Care
Accreditation Review Specialist

Christine McIntyre, RN, BSN, MHA, CCPA – Central Baptist Hospital
Lexington, Kentucky
Executive Director, Cardiac Services

Megan Switzer, MSN, APRN, CCPC – Central Baptist Hospital
Lexington, Kentucky
Cardiac Network Development APRN
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
AHA Mission: Lifeline and SCPC Relationship

• 1st Anniversary—Relationship Between the American Heart Association Mission: Lifeline and the Society of Cardiovascular Patient Care
• September of 2011 organizations launched co-branded program.
• The American Heart Association's Mission:Lifeline® seeks to save lives by closing the gaps that separate STEMI patients from timely access to appropriate treatments.
• The Society of Cardiovascular Patient Care provides an operational model for performance improvement.
• Both organizations have a shared goal of improving the consistency of cardiac care by providing hospitals a standard approach for the treatment of STEMI patients.

Why

Combining the American Heart Association’s Mission:Lifeline® Accreditation with SCPC’s Chest Pain Center Accreditation assists hospitals in improving patient outcomes and provides a comprehensive approach to treat patients with acute coronary syndromes, including STEMI.
The Society of Cardiovascular Patient Care and the American Heart Association mutually agree that providing cardiac accreditation programs is in the best interest of patients, meets the needs of the healthcare community, and helps to significantly improve cardiac outcomes.

**Collaboration**

Mission Lifeline Accreditation

- SCPC will offer all 2012 AHA Mission: Lifeline awarded hospitals the opportunity to become accredited – alone or in conjunction with SCPC accreditation.
- Hospitals that are currently recognized as an accredited Chest Pain Center or intend to apply for Chest Pain Center accreditation will have the opportunity to add Mission: Lifeline accreditation by meeting relevant additional criteria.
Why Achieve Mission: Lifeline Accreditation?

- **IMPROVE CARDIAC CARE** by providing a standardized, team approach to the treatment of STEMI patients.

- **NATURAL PROGRESSION** for Mission: Lifeline recognized hospitals to achieve accreditation status.

- **FORWARD THE MISSION** of both organizations with a combined goal to improve the consistency of cardiac care.

- **STRENGTHENS COMMUNITY CONFIDENCE** in the quality and safety of care, treatment and services by the distinguished recognition of the AHA brand.

- Hospitals will be able to use the AHA’S ACCREDITATION HEART CHECK MARK to promote their accomplishment.

The Society of Cardiovascular Patient Care

- Founded in 1998 by cardiology and emergency medicine physicians

- Nonprofit organization that bridges cardiology, emergency medicine, and Emergency Medical Services (EMS)

- Mission: *To Reduce Cardiac Deaths*

- CPC Accreditation is an operational model for the care of the ACS patient

- Includes processes for diagnosis and treatment from the time the patient experiences symptoms to the time of discharge

- Encompasses the entire facility, much like a trauma center
Mission: Lifeline® Accreditation - What Hospitals Are Eligible?

- The facility must be a current (2012) AHA Mission: Lifeline® Gold, Silver, or Bronze Award Recognition Recipient.
- 131 hospitals earned this honor in 2011
- 221 hospitals earned this honor in 2012*
  *These are the only hospitals currently eligible to apply
- Announced in U.S. News & World Report (July)
Application Process

• Purchase the American Heart Association's Mission: Lifeline® Accreditation Manual provided by the Society of Cardiovascular Patient Care at www.scpcp.org.

• Determine which American Heart Association's Mission: Lifeline® Accreditation tracks you will be applying for:
  – Track 1: STEMI Referral Center – for those facilities that transfer their STEMI patients to a PCI STEMI Receiving Center
  – Track 2: STEMI Receiving Center – for facilities that perform onsite primary PCI for STEMI patients 24/7

• Complete all application documents and mail to the Society of Cardiovascular Patient Care.

Fees

• In conjunction with CPC Accreditation - $7,000
  – Any facility that has earned Cycle III or Cycle IV CPC Accreditation, or will apply for Cycle IV CPC Accreditation, can add Mission: Lifeline® Accreditation for $7,000.
  – The facility must be a current Mission: Lifeline® recognition recipient at the time the Mission: Lifeline® Accreditation application is submitted.
  – The Mission: Lifeline® Accreditation will expire when the facility’s current cycle of CPC Accreditation expires.

• Standalone accreditation - $20,000
  – For facilities that choose not to pursue CPC Accreditation
  – The Mission: Lifeline® Accreditation will expire in three years

For pricing questions specific to your facility, please contact Randy Harmon – Manager of Business Development
(614) 408-1319 or rharmon@scpcp.org
Accreditation Manual

• Eligibility and Application Process
• Accreditation Application
• Business and Accreditation Agreements
• Facility Information
• Mission: Lifeline Requirement Tracks
• Site Review
• Mission: Lifeline Glossary
• Resources and References

How to Read the Mission: Lifeline Accreditation Requirement Track

The Mission: Lifeline accreditation requirements. Each of these must be met.

Documentation needed to meet the Mission: Lifeline requirements.

This area is for internal use only.

<table>
<thead>
<tr>
<th>STEMI Referral Center Requirements</th>
<th>Guidance</th>
<th>Documentation to meet Mission: Lifeline requirements</th>
<th>Page</th>
<th>For internal use only</th>
</tr>
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<tbody>
<tr>
<td>1. Appropriate protocols and standing are required for the identification of STEMI. At a minimum, these protocols should be present in the Intermediate Care Unit/Coronary Care Unit and Emergency Department (ED).</td>
<td>Perishable symptoms of ACS, both typical and atypical, need to be part of the ED's protocol and training. Additionally, what applies to the ED should also apply to ACS patients with signs and symptoms that could be indicative of other conditions in the healthcare system. Many times patients are admitted for an ACS without diagnosis and it could be ACS symptoms. A process needs to be in place to address the care of these patients.</td>
<td>Required documentation:</td>
<td></td>
<td>Met</td>
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<td>ED standing orders/protocols</td>
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<td></td>
<td></td>
<td>ISS/CQU standing orders/protocols</td>
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<td>Supported documentation:</td>
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<td>Triage Protocols</td>
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<td>Staff training materials</td>
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<tr>
<td></td>
<td></td>
<td>STEMI identification protocol</td>
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<td></td>
<td></td>
<td>Protocol response plan</td>
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Check the column for information regarding the requirement.

Page numbers of supporting documentation MUST be noted.
After the Application

• When all the documentation is received by the Society of Cardiovascular Patient Care, your application will be reviewed for eligibility, requirements, and completeness.

• Your facility will be assigned to an Accreditation Review Specialist who will contact your facility’s representative to schedule a site review date (if required).

• The Accreditation Review Specialist will review all supporting documentation to verify that your facility has met the American Heart Association’s Mission:Lifeline® Accreditation requirements provided by the Society of Cardiovascular Patient Care.

Lori Hollowell
American Heart Association
Quality Systems Improvement National Consultant for Mission: Lifeline and ACTION-Registry Get With The Guidelines
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

[Diagram showing the process of STEMI care, including patient symptoms, EMS dispatch, EMS on scene, and hospital procedures.]
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
- Click Register Your System
- Complete STEMI or STEMI and Cardiac Resuscitation registration questionnaire
  - Takes approximately 45 Minutes to complete
STEMI Systems Coverage

Mission: Lifeline STEMI Systems Coverage

As of 02/02/2013 (85% Systems - 88.3% Population Coverage)
Age 35+ STEMI Death Rate per 100,000 by State (2002-2005)

LOCATE SYSTEMS OF CARE.

Mission: Lifeline systems of care mapping tool

Locate Mission: Lifeline® systems of care.

MissionImplementation
- System Mapping
- System Information
- System Collection and Reporting
- System Implementation
- System Awareness
- System Evaluation
Locate Systems of Care

Locate Systems of Care
Mission: Lifeline Involvement: Recognition

Not already a Mission: Lifeline hospital?

- Register with Mission: Lifeline
- Identify hospital as a STEMI Receiving or Referral Center
- Join ACTION Registry-GWTG
- Sites must have a completed Data Release Consent Form
- Allows data to be used to generate Mission: Lifeline Hospital reports
ACTION Registry-GWTG 4th Quarter Data Deadline

- All data for Mission: Lifeline recognition must be submitted (with a GREEN data quality indicator).
- Any updates and changes to previous quarters must also be completed at this time.

FEBRUARY 28th, 2013

Our Journey with Mission: Lifeline Accreditation

Presented by:
Christine McIntyre, RN, BSN, MHA, CCPC, AACC
Megan Switzer, MSN, APRN, FNP-BC, CCPC
Central Baptist Hospital
Lexington, KY
Central Baptist Heart and Vascular Institute

2008
- Accredited Chest Pain Center – Cycle I
- NCDR ACTION-GWTG Gold Performance Award, NCDR ACTION-GWTG Silver Performance Award

2009
- NCDR ACTION-GWTG Gold Performance Award
- Kentucky Hospital Association Quality Award for Code AMI Program

2010
- STS 3 star status for cardiac surgery

2011
- NCDR ACTION-GWTG Silver Performance Award
- AHA Mission: Lifeline STEMI Receiving Center Performance Achievement Award
- Society of Chest Pain Centers Accredited CP Center with PCI – Cycle III
- Two Certified Chest Pain Coordinators by Society of CP Centers
- The Joint Commission Hospital Award for Heart Attack Care

2012
- AHA Mission: Lifeline Accreditation as a STEMI Receiving Center
- AHA Mission: Lifeline STEMI Receiving Center Gold Performance Award
- NCDR ACTION-GWTG Platinum Performance Award
- The Joint Commission Hospital Award for Heart Attack Care
Marketing Our Accomplishments for STEMI Care

Central Baptist Hospital is the only hospital in Kentucky...

and only one of 55 in the United States to receive this recognition for exceptional care of heart attack patients

Recognized as having a higher standard of care for heart attack patients

This is heart care.
Cath Lab Attire

Pursuing SCPC Chest Pain Accreditation: Cycle I to Cycle III

- Cycle I - First hospital in KY to receive
  - One call activation
  - Three way call with cardiologist, ED MD and Admission Coordinator
  - Established referring hospital transfer protocol

- Cycle III
  - Designated CP Coordinator FTE
  - STEMI Systems of Care approach
  - Field activated Code AMI with direct to the cath lab
  - Code Cool It STEMI protocol
  - Collaborative PI activities with referring hospitals
  - Real time feedback with “Good Catch” analysis
Central Baptist Field STEMI Initiative

- **Goal:** First medical contact to device activation is ≤ 90 min
  - EMS interpretation of STEMI with no transmission of 12 lead required

- Began with gaining internal cooperation with ED and STEMI MDs
  - Reluctance initially with ED desire to repeat 12 lead before activation
    Code AMI
  - Education on true false positives with ED involvement

- Code AMI/STEMI drills on days and evenings with EMS and CBH staff

Central Baptist Field STEMI Initiative

- MD and staff education
  - ED, cath lab, house supervisor, operators, registration

- Competency check off

- Education emphasized
  - Gold standard
  - Short ETA times
  - If cath lab unavailable or pt unstable stay in ED
  - No repeat EKG unless poor quality
  - Guest relations with EMS
Building Relationships: EMS

- Cath lab observation
- Close the communication gap
  - Timely feedback on all STEMIIs provided
- EMS break room in cath lab hallway
- EMS Appreciation Week
- Bulk mailing to EMS and Referring hospitals announcing awards and thanking them

Field STEMI Volume 2011-2012

![Chart showing Field STEMI Volume 2011-2012](chart.png)
EMS STEMI Report
Date: Nov 29, 2012

<table>
<thead>
<tr>
<th>Event</th>
<th>Time (min)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom Onset</td>
<td>0950</td>
<td>52 yr old M with hx of stent</td>
</tr>
<tr>
<td>911 call</td>
<td>1010</td>
<td></td>
</tr>
<tr>
<td>EMS arrived at scene</td>
<td>1025</td>
<td>O. Branham, T. Gatewood, J. Elam</td>
</tr>
<tr>
<td>1st 12 Lead EKG</td>
<td>1028</td>
<td>Anterolateral MI.</td>
</tr>
<tr>
<td>Time to 12 lead EKG</td>
<td>3</td>
<td>Goal is &lt; 10 min</td>
</tr>
<tr>
<td>Code AMI page sent out by CBH</td>
<td>1041</td>
<td></td>
</tr>
<tr>
<td>Pt arrive Cath Lab</td>
<td>1052</td>
<td></td>
</tr>
<tr>
<td>Device activation</td>
<td>1105</td>
<td>Dr. Aslam. Stent to LAD/diag</td>
</tr>
<tr>
<td>911 call to device</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>First Medical Contact (EMS) to Device</td>
<td>40</td>
<td>Goal is &lt; 90 min</td>
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<tr>
<td>12 lead EKG to Device</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>CBH Door to Device Activation</td>
<td>13</td>
<td>Goal is &lt; 60 min</td>
</tr>
</tbody>
</table>

Unbelievable Time - Great Job Everyone!

CBH Door to Device Times:
2008-2012

Source: NCDR Database
CBH: Collaboration with STEMI Referring Hospital
System of Care

- Setting and achieving goals with CP Accreditation
  - Five referring hospitals have received or preparing for CP Accreditation
  - All of our facilities have consistently reached these goals
  - Door in door out goal = 30 minutes
    - Door to 12 lead = 10 min
- Building relationship with air transport EMS

- Revised protocols
  - Call for transport as soon as STEMI diagnosed
  - Bolus and Go - No Drips (Integrilin and Heparin)
  - Do not wait on labs
  - No CXR

- ACC SIM-FIT
  - One of ten in US selected to participate
  - ACC innovative educational initiative

Bolus and Go Strategy Improves Non-PCI Transfer Hospital

ED Door In Door Out Time

![Graph showing a 44% decrease in ED Door In Door Out Time from 2010 to Q4 2011.](image-url)
CBH STEMI Systems of Care: Heart Attack Receiving Center

- Two cath lab on-call teams (stroke and STEMI)
- 24/7 staffing
  - 7A – 7P Monday through Friday
    - Staffed with 1 RN from 9P to 7A M-F
  - 7A - 5:30P Saturday
  - On call Sunday
- 30 minute on call response time
  - 2012 avg is 22 min

Impact of D2D on Mortality, Readmit and LOS

STEMI with PCI

- D2D ↓ by 33%
- Mortality ↓ by 70%*
- STEMI LOS ↓ by 39%*
- 30-day readmit rate ↓ by 24%

Data source: NCDR database 2011
Chest Pain Center: Accomplishments 2012

- Code AMI Program
  - Record number of Code AMIs
    - Volume increased by 31%
  - Record CBH D2D (avg) = 33 min
  - Record Transfer D2D time (avg) = 67 min
    - Time decreased by 41%

Data source: NCDR database 2012

Central Baptist Hospital
Lexington, KY
Questions…?

Contacts:

• Keri Morris, Accreditation Review Specialist
  KMorris@scpcp.org

• Puja Patel, Hospital Accreditation Specialist
  Puja.Patel@heart.org

• Meagen Driskill, Manager of Hospital Accreditation
  Meagen.Driskill@heart.org

Thank You for Attending!

Please join us for our next Q&A call on Monday, February 11th at 1PM CT/2PM ET.