

COMPREHENSIVE HEART ATTACK CARE IN THE RURAL AND COMMUNITY HOSPITAL SETTING

➤ How to build a successful STEMI referring process

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Kate has worked as a nurse since 2003, mostly focused on rural emergency nursing and pre-hospital care. Ensuring patients in the Texas Panhandle receive the highest quality of care has been a great calling in her life. She has been honored to serve at the RAC A and GETAC levels for Texas and hopes to continue to grow our network of healthcare professionals in our region through advocacy and partnerships.



DISCLOSURES

FINANCIAL DISCLOSURE:

No financial relationships to disclose

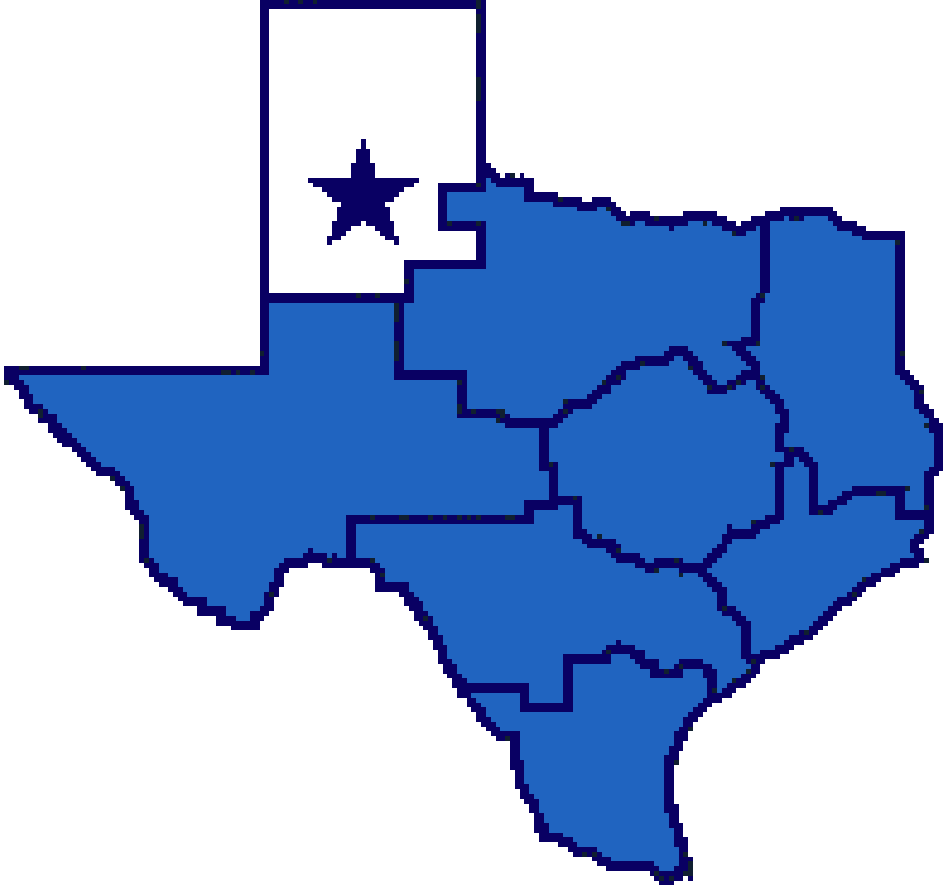
UNLABELED/UNAPPROVED USES DISCLOSURE:

None to disclose

OBJECTIVES

- Describe the current state of care in West Texas for patients experiencing Acute Myocardial Infarction
- Analyze the available certifications for Acute Myocardial Infarction and determine the appropriate level and how to use the provided standards to improve quality of care.
- Communicate the role of EMS in the system of care; key practices which improve the collaboration between hospitals and EMS and opportunities for recognition.

TEXAS DEPT OF STATE HEALTH SERVICES: PUBLIC HEALTH REGION 1



PREVALENCE OF DISEASE

2016 Heart Disease and Stroke Fact Sheet — Public Health Region 1 Texas Department of State Health Services

Burden of Disease

Prevalence of Heart Disease, Stroke, and Selected Risk Factors,
Adults, 18 years and older, 2015

Percentage of Adults (95% confidence interval)

	Region	Texas
Heart Disease	11.6 (8.1-15.1)	6.1 (5.5-6.8)
Stroke	5.8 (3.3-8.4)	3.0 (2.5-3.5)
Hypertension	37.1 (32.0-42.2)	29.5 (28.2-30.8)
Current Cigarette Smoking	18.0 (13.9- 22.2)	15.2 (14.1-16.4)
Obesity	33.8 (28.7- 39.0)	32.4 (30.9-33.9)

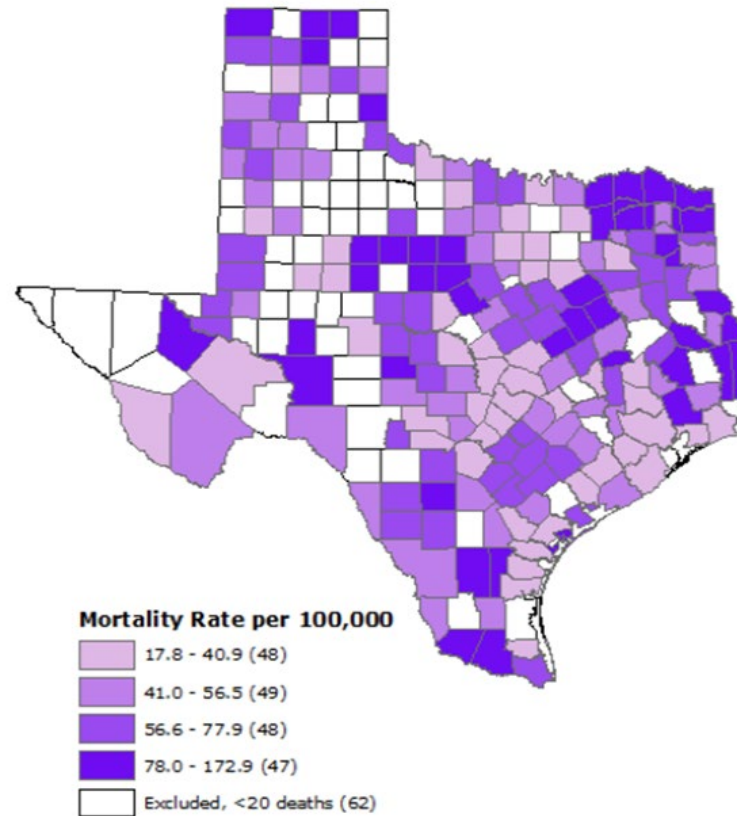
Interpretation:

The percentage of adults in PHR 1 with heart disease and hypertension was significantly higher than in Texas overall.

Source: 2016 Texas Heart Disease and Stroke Fact Sheet;
<https://www.dshs.texas.gov/heart/Data-and-Surveillance.aspx>
Accessed 2/10/20

PREVALENCE OF DISEASE

For every 100,000 people,
an average of 39 persons died
of a heart attack annually
in Texas from 2010 to 2016



Source:
<file:///C:/Users/KATESC~1/AppData/Local/Temp/2019%20STEMI%20Report%20.pdf>
Accessed 2/11/20

CURRENT STATE OF CARE FOR WEST TEXAS

“Appropriate administration of thrombolytic therapy is particularly important for ST elevation myocardial infarction (STEMI) patients who are unable to access primary percutaneous coronary intervention (PCI) in a timely manner. We evaluated the current state of thrombolytic therapy in the panhandle region of west Texas where access to primary PCI is poor. The medical records of 79 patients transferred from 20 outlying facilities to the two hospitals in Amarillo, Texas, for STEMI in 2016 were retrospectively evaluated for time of onset of chest pain, initial electrocardiogram findings, medication reconciliation, and any contraindications to thrombolytic therapy. Medical record review allowed the patients to be sorted into one of five predefined categories based on our findings. The most common error discovered was failure to deliver the appropriate accompanying medications with thrombolytic therapy, noted in 43% of patients. Other errors included failure to deliver thrombolytic therapy in patients who met no clear contraindications to thrombolytic therapy (21%) and administering thrombolytic therapy to patients who had not suffered STEMI (4%). Thirteen percent of patients were appropriately treated with thrombolytic therapy and 19% of patients met a contraindication to thrombolytic therapy and were not treated with thrombolytic therapy, as was appropriate.” (McMaster et al., 2018).

AVAILABLE CERTIFICATIONS FOR ACUTE MI

TEXAS OFFERS FACILITY DESIGNATION THROUGH DSHS FOR:

- TRAUMA
- STROKE
- MATERNAL
- NEONATAL

Cardiac Care Collaborative Resources:

- Texas Cardiovascular Disease and Stroke Council
- GETAC Cardiac Care Committee
- American Heart Association
- Local RAC committees

“Hospital data is not collected through any statewide surveillance system. DSHS accesses de-identified hospital data through national registries. Hospitals must authorize the sharing of their data before DSHS can access; hospitals do not submit their data directly to DSHS.”

<https://www.dshs.texas.gov/heart/HDSDataInitiative.shtm>

AVAILABLE CERTIFICATIONS FOR ACCREDITATION

THE JOINT COMMISSION: JOINTCOMISSION.ORG

- ❖ ACUTE HEART ATTACK READY
- ❖ PRIMARY HEART ATTACK CENTER
- ❖ COMPREHENSIVE CARDIAC CENTER

American College of Cardiology: acc.org

- ❖ Society of Cardiovascular Patient Care (SCPC) is the accreditation service for ACC & currently offers four levels of Chest Pain Center accreditation:
 - Cardiac Cath Lab accreditation
 - Chest Pain Center accreditation (*Chest Pain Center, Chest Pain Center with Primary PCI, Chest Pain Center with Primary PCI & Resuscitation*)
 - Electrophysiology accreditation
 - Transcatheter Valve accreditation

ROLE OF EMS

- FIRST RESPONDER
- PRE-HOSPITAL NOTIFICATION: STEMI OR CHEST PAIN ALERT
- EDUCATOR



COLLABORATION

KATE'S TIPS FOR COLLABORATING WITH EMS

- BE NICE
- EDUCATION – TOGETHER
- KNOW WHO IS WHO
- QAPI PROCESS
- PUBLIC EDUCATION/INJURY PREVENTION
- RECOGNIZE THE GOOD



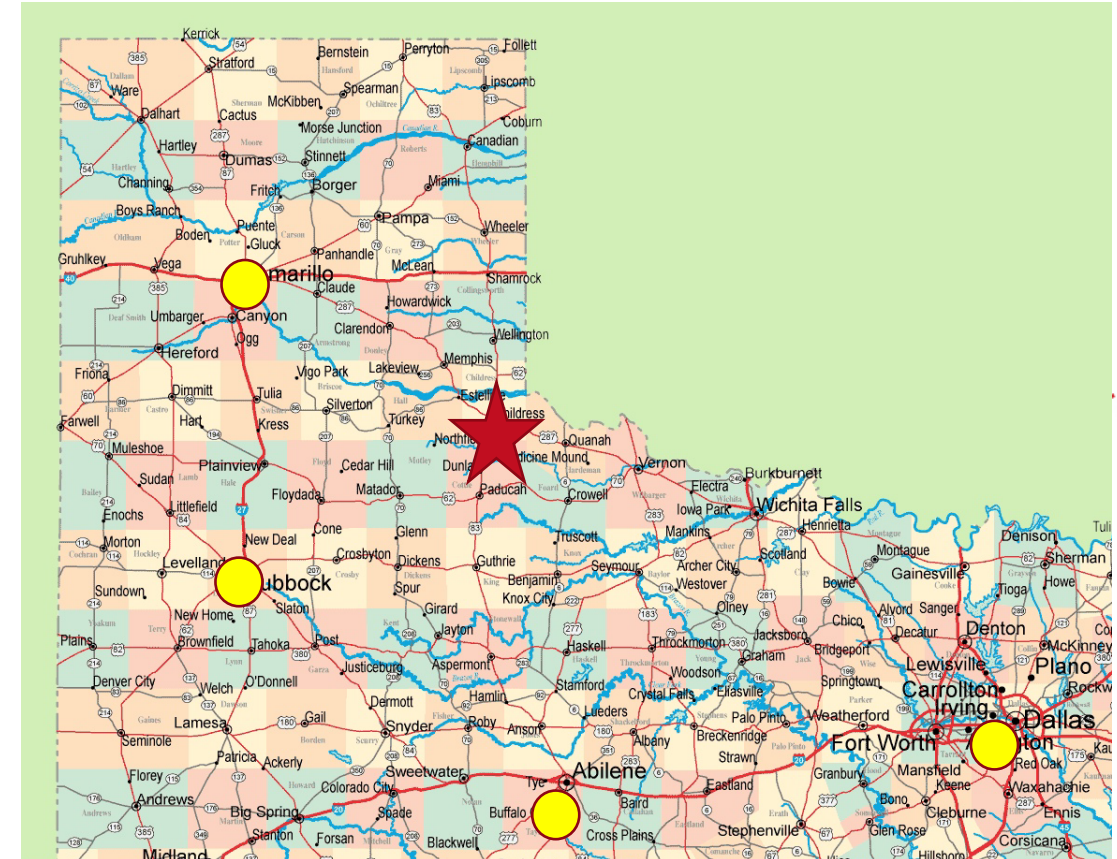
SUCCESSFUL STEMI REFERRING PROCESS

- ✓ DEVELOP A RELATIONSHIP WITH EMS
- ✓ KNOW YOUR RESOURCES FOR TRANSPORTING YOUR PATIENTS
- ✓ KNOW YOUR DEFINITIVE CARE FACILITIES
- ✓ PARTICIPATE IN REGIONAL COLLABORATIVES
- ✓ KNOW YOUR STAFF
- ✓ KNOW YOUR DATA



SUCCESSFUL STEMI REFERRING PROCESS

- ✓ TIME TO PCI
- ✓ TIME TO EACH DEFINITIVE CARE FACILITY
- ✓ WHERE IS THIS PATIENT FROM
- ✓ EARLY ACTIVATION OF EMS FOR TRANSPORT
- ✓ EARLY CALL TO TRANSFER CENTER
- ✓ HAVE AN IN-HOUSE PROTOCOL



#1 TIP FOR SUCCESS

REMEMBER IT IS ABOUT THE PATIENT



REFERENCES

- Kelly S. McMaster, Totini Chatterjee, Drew McBrayer & David Brabham (2018) Thrombolytic use in the region around Amarillo, Texas, in patients with ST elevation myocardial infarction, *Baylor University Medical Center Proceedings*, 31:1, 9-11, DOI: [10.1080/08998280.2017.1400877](https://doi.org/10.1080/08998280.2017.1400877)



QUESTIONS

American Heart Association