

Surviving MI

AN ACC QUALITY INITIATIVE

Fostering Collaboration with EMS Providers and Hospital Staff

Hospitals with top performance in care of patients with AMI have been shown to be more likely to discuss issues of respect for EMS personnel, communication and coordination, and have active engagement in quality improvement processes with their EMS colleagues¹.

ESTABLISHING COLLABORATIVE RELATIONSHIP WITH EMS PROVIDERS

Active collaboration between hospitals and EMS systems is associated with better performance in care of patients with AMI as measured by 30-day risk standardized mortality rates (RSMR).

- Specific investment in and attention to EMS through respect for EMS as valued professionals and colleagues, strong communication and coordination with EMS and active engagement of EMS in hospital AMI quality improvement efforts¹.
- Providing timely feedback to EMS providers about the outcome of AMI cases they transport can have a large impact on fostering this collaborative relationship between EMS providers and hospital staff.
- Collaboration between EMS providers and hospital staff can be created through monthly or more frequent meetings.
- Learning opportunities are most appreciated if feedback is immediate and focused on the most recent case.

PRINCIPLES FOR COLLABORATING WITH EMS PROVIDERS

- Cultivate a shared, patient-focused mission with EMS providers to improve AMI care and outcomes (e.g., review findings on current patients' ECG, allow EMS providers to observe the angiogram for patients they transported, share information on previously transported patients' clinical course in the hospital, and produce and share reports on AMI performance with EMS)¹.
- Focus on learning by ensuring that EMS providers have up-to-date, evidence-based clinical knowledge base (e.g., hospital staff have EMS continuing education classes and integrate EMS staff into hospital-based educational forums)¹.
- Support conditions of "psychological safety" – a non-blame environment where errors and false-activations of the cath lab are viewed as opportunities for learning and staff feel empowered.
- Ensure timely, bidirectional communication between the hospital and EMS (e.g., by using EMS liaisons or coordinators, typically a paramedic or nurse with out-of-hospital experience)¹.
- Create feedback loop for outcome of patients transported to the hospital between EMS and hospital staff.

PROVIDING FEEDBACK TO EMS PROVIDERS

Please email SurvivingMI@ACC.org to share your hospital's experience with giving feedback to EMS providers.

When immediate (24-48 hours) feedback is preferred:

- Provide follow-up on STEMI transports, giving feedback on false cath lab activations, identifying excellent performance and opportunities for improvement

When monthly meetings are sufficient:

- Introduce new treatment protocols
- Teach about new drugs
- Summarize system outcomes (quarterly, annually)

References

1. Landman AB, Spatz ES, Cherlin EJ, Krumholz HM, Bradley EH, Curry LA. Hospital collaboration with emergency medical services in the care of patients with acute myocardial infarction: Perspectives from key hospital staff. *Annals of Emergency Medicine*. 2013; 61(12):185-195.