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Title: Improving STEMI Transfers

Background:

Meridian Health's Jersey Shore University Medical Center's (Receiving center) response time measurements (NCDR ACTION DATA BASES) (DIDO, D2D2B) Q1 2015 for 2 other facilities was beyond threshold (50th to 90th percentiles) in accordance with the national benchmarks. Our current transferring facilities DIDO time is at 75.5 minutes and D2D2B is 149 minutes, respectively. To achieve I (D2D2B @ 50th percentile), evidence-based, best practice recommendations are for a "one-call" alert process. The current STEMI/Cardiovascular Lab alert process is neither consistent, nor standardized across our transferring facilities (Meridian and Non-Meridian systems of care). Prolonged response times, result in prolonged intervention, which place the patient population at risk for further cardiac tissue damage to occur. Our main goal and focus is to improve our STEMI response times as well as the following.

- Improve process yield by reducing communication delays
- Improve customer satisfaction through reduced patient risk.
- Optimize performance through Evidence based practice implementation.
- Reduce defects (measures and tissue damage) through timely intervention
- Reduce cost through reduced LOS

Methods:

Following the PDCA cycle for process improvement, a multidisciplinary team (including non-Meridian Health transferring facilities) was convened in June 2015. A timeline of approximately 12 months was set to achieve the goal of a reduced response time via a One-Call Transfer process. The PLAN stage of 6 months began by examining the current processes for STEMI transfers. Process maps, data, protocols and research were collected. Potential resources were expedited for the October 2015 budget deadline. Process redesign is in progress - this includes the development of a central communication "hub" in our Patient Transfer Center (PTC) for all emergent and urgent cardiovascular lab (CVL) interventions. The rollout will be completed in Phases. PHASE I will include outside transfers to CVL. PHASE II will add ED to CVL transfers and PHASE III will add in-house/inpatient to CVL. A robust communication and education plan are in development to effectively communicate with all stakeholders. GO-LIVE for PHASE I is February 22, 2016.

Results:

Baseline data for *Time in minutes from ED arrival at STEMI referral facility to ED discharge from STEMI referral facility in patients transferred for PCI (DIDO)* was at 75.5 minutes at the beginning of the care redesign. The team set a goal to achieve the 50th – 90th percentile for this measure by the second quarter of 2016.

Baseline data for *Time in minutes from ED arrival at STEMI referral facility to Primary PCI at STEMI receiving facility among transferred patients (D2D2B)* was at 149 minutes at the beginning of the care redesign. The team set a goal to achieve the 50th – 90th percentile for this measure by the second quarter of 2016.

Along with the quality outcome measures, the team set the goal of 100% utilization of the One-Call Transfer process for ALL PCI transfers post care redesign implementation. Data analysis will be completed in 2016 to measure for success.

Conclusion:

Though still early in the PDCA cycle of improvement, the team has realized some early success with the developing partnerships. Transferring facilities have actively engaged in the process redesign and have opened avenues of communication among facilities. Additionally, the team realized the potential for this project to be expanded to internal STEMI alert processes and re-scoped the project to include all potential transfers for the CVL.