The CHristus Trinity Mother Frances Chest Pain Committee identified an opportunity for improvement on patients that experience a Heart Attack "STEMI" while in the hospital. Research shows that patients that have a heart attack in the hospital are three times more likely to die than those who have one outside of the healthcare facility "Outhouse" and come inside the hospital "Inhouse" for treatment. Cardiology Healthcare teams around the world collaboratively led the way in streamlining processes to decrease mortality for patients experiencing a Heart Attack or (Code STEMI) at home. Sharing guidelines, best practices, and regional systems of care to provide patients with the most efficient treatment to save heart muscle and stop heart attacks. The aim of our project was to determine if patients located "Inhouse" could receive the same expeditious treatment and identify ways to bring the "Outhouse" processes inside.

### Implementation

**Inpatient RN and Triage**
The team in collaboration with other multidisciplinary groups provided education to associates on best practices from The Accreditation of the College of Chest Pain, and the deputy heart attack program to educate associates on Early Heart Attack Care and identifying signs and symptoms.

**Door to EKG**
When a patient presents to the Emergency Department (ER) or is met by Emergency Medical Systems (EMS) on scene after a 911 call the standard of care is to acquire an ECG within 10 minutes. Identifying the STEMI immediately. In collaboration with bed side nurses for inpatients we found that obtaining a 12 lead in a timely manner was a challenge. A stat 12 lead proposal was presented to the system and the stat ECG policy was developed and a standing medical order to allow nurses the autonomy to order a stat 12 lead and then notify the provider to decrease a delay in order time.

**Cardia Read**
Identification of a STEMI on a 12 lead ECG is not always easily identifiable. To make sure that all ECGs are read by a provider in a timely manner the nurse coordinator devised a 'Stat ECG a Provider Must Read'. When a patient presents from the "Outhouse" with signs and symptoms of a Heart Attack, the ECG is obtained by EMS or the Emergency Room staff immediately and a physician is always available to read upon completion. The inpatient nurses met with the challenge of not having a provider 24/7 on the floor available and no one responsible to back up read the stat 12 leads. A process was put in place to help with this challenge. The nurse insures the ECG is read by a provider within 5 minutes. If the provider is not available in 5 minutes for a read, a backup is provided. The inpatient with a Stat EKG now has the same ECG read times and review as the patient from the "Outhouse.""