

Surviving MI

AN ACC QUALITY INITIATIVE

Protocols and Processes for AMI Care

Hospitals should have evidence-based protocols and processes in place for AMI care, which continuously align with clinical guidelines. Some examples of protocols and processes include standard order sets, rapid-response team processes, and other risk-mitigation strategies. Tools may be developed by quality improvement committees and coordinated with pre- and post-hospital providers¹. Below is a list of protocols and processes a hospital may find useful to have on file.

SUGGESTED PROTOCOLS AND PROCESSES

Please email SurvivingMI@ACC.org to share your hospital's best practices.

- Protocol for STEMI team responsibilities
- Transfer to PCI hospital protocol
- Walk-in with chest pain protocol (rapid ECG)
- One-call activation of cardiac catheterization laboratory by ER/EMS protocol
- Cardiac catheterization activation by cardiologist protocol
- In-hospital STEMI protocol
- Cardiac catheterization lab protocols:
 - Management of patients with impaired renal function
 - Management of contrast allergic patients and contrast reactions
- Thrombolytic protocol
- Post AMI protocols
- Discharge protocols

OPPORTUNITIES FOR TRAINING

- New fellows
- In-service training
- Grand rounds

ITEMS TO REGULARLY REVIEW TO KEEP PROTOCOLS AND PROCESSES UPDATED

- ACC/AHA Guidelines
- ACC/AHA Performance Measures
- Contraindications
- Drug interactions
- New drugs and technologies in the market
- Improvements in hospital-specific policies and processes based on internal feedback

References

1. Curry LA, Spatz E, Cherlin E, Thompson JW, Berg D, Ting HH, Decker C, Krumholz HM, Bradley EH. What distinguishes top performing hospitals in acute myocardial infarction mortality rates? A qualitative study. *Annals of Internal Medicine*. 2011; 154(6):384-390.