### How this webinar is organized

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00pm</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>12:10pm - 12:50pm</td>
<td>“EMS Engagement”</td>
</tr>
<tr>
<td></td>
<td>St. Elizabeth Healthcare Edgewood, KY</td>
</tr>
<tr>
<td></td>
<td>Sparrow Health System Lansing, MI</td>
</tr>
<tr>
<td></td>
<td>Renown Medical Center Reno, NV</td>
</tr>
<tr>
<td>12:50pm</td>
<td>Q&amp;A</td>
</tr>
<tr>
<td>12:57pm</td>
<td>Wrap-up and Next Steps</td>
</tr>
</tbody>
</table>
Lower 30-Day Mortality Rates with these Seven Strategies

1. Evidence-Based Protocols And Processes in Place
2. Nurse AND Physician Champions
3. Creative Problem Solving Culture
4. Regular Case Reviews with EMS Providers
5. Cardiologist Presence Around the Clock
6. Dedicated Nursing Staff Assigned to Cath Lab
7. Pharmacists Involved With Care
How it all Connects

Success Metric

Assessment

Tool

Regular Case Reviews with EMS Providers

How often does your hospital have meetings with physician and nurse champions, and ED and cardiac catheterization laboratory teams to identify lessons learned?

Strategies to foster Collaboration with EMS Providers and Hospital Staff

Quality Improvement for Institutions
About Our Edgewood Hospital

*St. Elizabeth Edgewood* – 496 bed facility
Mission and Vision

St. Elizabeth Healthcare Mission

As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

Our Vision

St. Elizabeth will lead Northern Kentucky to become one of the healthiest communities in America.
Problem and Objective

• Problem:
  • EMS engagement was lacking
    • ED Registered nurse Team Lead and EMS coordinator 4 hours weekly dedicated to EMS engagement
    • Edgewood facility receives EMS from approximately 50 agencies

• Objective:
  • Leverage leadership and culture change to decrease mortality amongst chronic diseases
Strategies Selected

- Increase physician engagement
- Partner with EMS
- Increase community education
- Identify and implement new technology
Implementation Experience

Pre Hospital Coordination, Education and Relationship Building

• 2 full time EMS Coordinators added to our Emergency Department

• St. Elizabeth and local EMS established mutual goals for the care of the ACS patient

• St. Elizabeth partnered with American Heart Association working towards regionalized STEMI care with the Mission Lifeline Accelerator Program
Implementation Experience

Pre Hospital Relationship Building

- EMS STEMI Report for feedback within 24 hours
- EMS quarterly newsletter
- Mobile educational simulation service
- EMS Crew of the Quarter recognition program
- Monthly EMS/Nursing Lecture Series
- St. Elizabeth EMS course
Heidi Ho
Oct 18, 2016 at 7:05pm

Thank you, Joshua Ishmael and St. Elizabeth hospitals for putting on a fantastic educational experience. Your instructors were on point and interesting. I've been to several conferences in the state of Kentucky and nationally and this caliber of classes was on par with all of those. Thanks again for all of your hard work and for continuing to promote EMS education and careers!

Rick Sturgeon and 19 others

Mike Maher
I heard this conference described by a national speaker as top of the line quality and one that they would attend if they were not presenting. Thanks Josh. You made us STEproud!

Tue at 7:46 PM Like 2 Reply

Rob Kloeker
Amazing conference everyone, one of the best I've been to. I look forward to next year

Tue at 9:29 PM Like 2 Reply
Implementation Experience
ACS Case Review

GOALS & GUIDELINES

GOALS
- Inform healthcare team members of the outcomes related to the care they provided.
- Increase communication between all team members.
- Seek opportunities to improve processes.

GUIDELINES
- No blame
- Focus on successes and opportunities
- Hold to environment of collaboration and partnership
- All ideas are accepted
- Timeliness

Outcomes
1. (1848) EDG by POV DIDO 64 minutes
2. (0741) Grant by POV DIDO 59 minutes
3. (2033) Grant by POV DIDO 37 minutes
4. (1238) Crescent Springs EMS DIDO 5 Minutes
5. (0735) Florence by POV DIDO 35 minutes
6. (0954) Hebron EMS DIDO 14 minutes
7. (2237) PCEMS FMC 64 minutes
8. (1552) Florence by POV DIDO 65 minutes
9. (2225) Dry Ridge EMS FMC 123 minutes
10. (2123) Dry Ridge EMS Medical manage
11. (2123) Car to EDG D2B 96 minutes
12. (0426) Kenton EMS D2B 137 minutes
13. (0809) PCEMS CABG
14. (0752) Florence POV D2B 71 minutes
15. (0437) EDG by POV D2B 34 minutes

Cardiarc arrest
D2B 82 minutes
D2B 68 minutes
D2B 98 minutes
D2B 84 minutes
D2B 99 minutes
D2B 106 minutes
D2B 77 minutes
Independence
Fire and EMS
Improving the System of Care for STEMI Patients
Mission Lifeline
2015

KENTUCKY

- Air Methods Kentucky, Georgetown, KY*
- Anchorage Fire-EMS, Anchorage, KY
- Boyd County EMS, Ashland, KY
- Bullitt County EMS, Shepherdsville, KY
- Georgetown-Scott County EMS, Georgetown, KY†
- Independence Fire District, Independence, KY
- Jessamine County EMS, Nicholasville, KY
- Louisville Metro EMS, Louisville, KY
- Madison County EMS, Richmond, KY
- Meade County EMS, Brandenburg, KY*
- Medical Center EMS, Bowling Green, KY
- Mercy Regional EMS, Paducah, KY†
- Newport Fire/EMS, Newport, KY
- Oldham County EMS, Lagrange, KY
- Shelby County EMS, Shelbyville, KY
- Winchester Fire-EMS, Winchester, KY

2016 EMS Recognition Award Winners

- Cincinnati Fire Department
- Green Township Fire and EMS
- Miami Township Fire Department
- Reading Fire Department
- Colerain Township Department of Fire and EMS
- West Chester Fire Department
- Evendale Fire Department
- Sharonville Fire Department
- Springfield Fire Department
- Independence Fire District (KY)

GOLD
- Cincinnati Fire Department
- Green Township Fire and EMS
- Miami Township Fire Department
- Reading Fire Department

SILVER
- Colerain Township Department of Fire and EMS
- West Chester Fire Department
- Evendale Fire Department

BRONZE
- Sharonville Fire Department
- Springfield Fire Department
- Independence Fire District (KY)
INDEPENDENCE – When chest pains come on, there’s no time to waste, according to Phil Dietz. “Time is muscle when it comes to the heart,” said Dietz, the Independence Fire District EMS coordinator. “The longer you wait to get help, the more damage to your heart. That’s why it’s so important to call us for help. “

“There’s a common misconception that all the ambulance does is pick you up and take you to the hospital. That’s not true, we do so much more,” Dietz said.

Calling for the ambulance can mean the difference between life and death.
Pulsara - New technology

- Provides one standardized communication
- A Cloud-based platform
- Provides access to telecommunications services via smart device
- Early secured EKG transmission
- Early activation of Cath Lab

Implementation Experience
Pulsara Implementation

Before

After

Before

After

Newport

Gallatin

DTB  FMC
Implementation Experience

- St. Elizabeth Sponsored implementation of Pulse Point
  - Bystander CPR activation application
  - Active on over 4000 phones in this region
- Hands only CPR community training
  - 1085 trained in 2015
  - 2916 trained YTD 2016
St. Elizabeth Healthcare Partners with Air Evac Lifeteam

- An Air Evac Lifeteam crew, which includes a registered nurse, paramedic and pilot, is on call 24 hours a day, seven days a week
- Ensure even more residents in the region will have access to life-saving medical care.
Implementation Experience

- Simulation Lab over 23,000 square feet
Implementation Experience
Simulation Lab in Action
Future Implementation

Pre Hospital Initiatives in Development

- Community para-medicine program in development
- ESO Health Data Exchange EPIC interface for continuum of care
- HeartSafe Community
- Marketing campaign
  - Don’t Drive. Don’t Delay. Call 911 Right Away
Measuring Progress

<table>
<thead>
<tr>
<th>Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Rate</th>
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<tbody>
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<td>Jan-16</td>
<td>4</td>
<td>60</td>
<td>6.7</td>
</tr>
<tr>
<td>Feb-16</td>
<td>4</td>
<td>49</td>
<td>8.2</td>
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<td>Mar-16</td>
<td>2</td>
<td>49</td>
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<td>1.8</td>
</tr>
<tr>
<td>Jun-16</td>
<td>0</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Jul-16</td>
<td>1</td>
<td>40</td>
<td>2.5</td>
</tr>
<tr>
<td>Aug-16</td>
<td>4</td>
<td>59</td>
<td>6.8</td>
</tr>
<tr>
<td>Sep-16</td>
<td>1</td>
<td>59</td>
<td>1.7</td>
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</tbody>
</table>
Leadership Saves Lives

Recognition

STAR Award

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>TOOLS AND INNOVATIONS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Leverage leadership and culture change to decrease inpatient AMI mortality</td>
<td>EMS outreach, communication documents, technology/apps, hands-only CPR training for community</td>
<td>AMI Mortality Rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.59%</td>
</tr>
</tbody>
</table>

ROOT CAUSES
- More than 50% of AMI patients arrive via personal vehicle
- Patients wait an average of 9 hours before presenting to the hospital
- Medication record discrepancies and noncompliance
- Lack of inclusion of EMS on patient care team

KEY STRATEGIES
- Early identification of AMI patients
- Increase community education
- Partner with EMS
- Implement pharmacy rounding

LESSONS LEARNED
- Keeping patient as focus helps group overcome challenges
- Multiple roles represented in non-threatening environment generates better solutions, more buy-in
- Partnering with stakeholders to create shared goals is key to success

NEXT STEPS
- Continue the work of the coalition utilizing same guiding principals
- Redefine scope to include our entire healthcare system
- Review membership, responsibilities and champions

LEADERSHIP SAVES LIVES
THANK YOU

Culture change in action
EMS STRONG
Collaboration with EMS in AMI Care

Lansing, Michigan
Presented By
John Dery, DO, FACOEP, FACEP, FAWM
Jennifer Katafiasz, RN, MSN
PATIENT
Patient needs must always come first.

CAREGIVERS
Empowered and engaged. Treated with RLC.

VISION
Sparrow will be recognized as a national leader in quality and Patient experience.

MISSION
Improving the health of the people in our communities by providing quality, compassionate care to everyone, every time.

VALUES
Innovation | Compassion | Accountability | Respect | Excellence

PLAN OF EXCELLENCE PILLARS
People | Service | Quality | Resources | Growth

THE SPARROW WAY
Defining, deploying and adhering to Patient-centered, evidence-based, best practices, in a culturally sensitive manner, to reduce non-value added process variation and deliver national benchmark-level outcomes on a consistent and sustainable basis.
Over 22 EMS agencies service the Sparrow service area
Where We Started

» Culture difference between pre-hospital and in hospital cardiology care
» Lack of interaction between EMS and specialists
» ECG interpretation differences
» Technology gap
» Lack of communication between separate groups
» No feedback loop
Needs Analysis

» Consistent early identification of cardiac events
» Standardized treatment
» Reliable ECG interpretation
» Early notification of cardiology
» Closure of feedback loop
» Education
Integration of Technology

» Implemented LifeNet
  » ECG transmission system
  » Standardizing across all EMS agencies

» Purchase of equipment
  » Maintaining wireless contract

» Standardized education
Empowering EMS

» Allowed to call STEMI alert from the field with or without transmission

» Medical Control Follow up
  » Any misses or non-transmissions are discussed with EMS and feedback is given to the whole D2B team
EMS-Hospital Collaboration

» EMS invited to Leadership Saving Lives (LSL) and Door to Balloon Meeting (D2B)

» Sparrow representatives attended bi-monthly EMS directors meeting
  » Door to Balloon update

» Open forum
  » Successes and opportunities
# Cardiac Alert Feedback Form

## D2B STEMI Alert Patient Feedback

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode of Transportation to ED:</td>
<td>EMS</td>
</tr>
<tr>
<td>EMS:</td>
<td>Eaton Area</td>
</tr>
</tbody>
</table>

### EMS DATA

| Time EMS Received Call: | 5/2/2016 13:35 |
| Time of EMS at patient: | 13:52 |
| Time of first ECG: | 14:01 |
| Was ECG Transmitted?: | Yes 14:16 |
| Alert called from EMS?: | Yes 14:39 |
| Arrival Time to Hospital: | 14:39 |
| EMS arrival to first ECG: | 9 min |
| First Medical Contact to balloon | 81 min |

### Hospital Data

| ED Attending: | Gollapalli |
| ED Resident: |  |
| Interventional Cardiologist: | D'Haem |

### D2B Goals

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>D2B Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival to Sparrow:</td>
<td>5/2/2016 14:41</td>
<td>Door to EKG: 5</td>
</tr>
<tr>
<td>ECG</td>
<td>EMS</td>
<td>Door to EKG: 5</td>
</tr>
<tr>
<td>STEMI Activation:</td>
<td>14:18</td>
<td>EKG to Alert: 5</td>
</tr>
<tr>
<td>Cath lab &quot;table time&quot;:</td>
<td>14:57</td>
<td>Alert to Lab: 30</td>
</tr>
<tr>
<td>Lido</td>
<td>14:59</td>
<td>Door to Lab: 16</td>
</tr>
<tr>
<td>Intervention</td>
<td>15:13</td>
<td>Lab to Lido: 2</td>
</tr>
<tr>
<td>Lido to Intervention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL D2B TIME:

| 32 |

**ECG:**

- Abnormal ECG **"Unconfirmed"**
- **"Possible Hypoventilation + Slow Ventricular Response"**
- **"Possible Hypoventilation + Slow Ventricular Response"**
- **"Possible Hypoventilation + Slow Ventricular Response"**
- **"Possible Hypoventilation + Slow Ventricular Response"**
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- **"Possible Hypoventilation + Slow Ventricular Response"**

**STEMI Activation:**

- 14:18
- EKG to Alert: 5
- Alert to Lab: 30
- Door to Lab: 16
- Lab to Lido: 2
- Lido to Intervention: 14
# Cardiac Alert Feedback Form

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**EMS arrival to first ECG:** 9 min

**First Medical Contact to balloon:** 81 min
# Cardiac Alert Feedback Form

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<td>D’Haem</td>
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## Date and Time

<table>
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<th>Time</th>
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<tr>
<td></td>
<td></td>
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<td>14</td>
</tr>
</tbody>
</table>

**TOTAL D2B TIME:** 32 10

---

**ECG Tracing:**

- **Abnormal ECG:**
  - Unconfirmed
- Possible idioventricular rhythm with slow ventricular response
- RBBB with left anterior fascicular block
- Inferior ST elevation, CONSIDER ACUTE INFARCT
- Marked precordial ST depression, CONSIDER ACUTE INFARCT
- Lateral ST-T abnormality suggests myocardial infarction/ischemia
Results
Door-to-Balloon Percent < 90 Minutes
July 2014 - September 2016
Median D2B Times

Door-to-Balloon Median Times
July 2014 - September 2016

- 3rd Q 2014: 61
- 4th Q 2014: 63
- 1st Q 2015: 74
- 2nd Q 2015: 66
- 3rd Q 2015: 56
- 4th Q 2015: 53
- 1st Q 2016: 51
- 2nd Q 2016: 53
- 3rd Q 2016: 60
Next Steps

» EMS Feedback
  » Timely bidirectional communication

» Common Mission

» Opportunities
  » More frequent and focused meetings
  » Education opportunities
Renown Regional Medical Center
Reno, Nevada

- 802 bed flagship of a locally owned and governed, not-for-profit health network
- Serving an 80,000 square mile catchment area
- Receiving patients from 29 rural referring hospitals
- Rural Nevadans comprise 40% of our patient population

A REGION-WIDE NETWORK OF HEART CARE
THROUGH 20 BOARD CERTIFIED CARDIOLOGISTS
Total Primary PCI Cases

Arrived by EMS

- 2009: 89
- 2010: 106
- 2011: 127
- 2012: 128
- 2013: 101
- 2014: 108
- 2015: 108

Arrival by EMS Percentage

- 2009: 71%
- 2010: 82%
- 2011: 78%
Renown Regional Heart Failure Population

Primary/Non Primary HF Discharge Diagnosis

Source:

Crimson Clinical Advantage
Continuum of Care
REMSA
Regional Emergency Medical Services Authority

- REMSA Paramedic Ambulance Service
  - 42 ambulances & 400 employees serving 6,000 square miles
  - Nationally accredited (EMD ACE, ECNS ACE, COAEMSP, CAAMTS, CAAS), regional medical disaster coordination center, special events coverage

- Care Flight Medical Helicopter Service
  - Four aircraft serving 40,000 square miles

- Extensive Investment in Community Service Programs
  - Largest community & professional medical training center in NV
  - Specialized TEMS team supporting 3 local SWAT agencies

- Private non-profit serving Northern Nevada for 30 years
  - Nationally acclaimed for high performance, quality, innovation
History of Collaboration

• 2010 started STEMI activation from the field
• EMS to perform 12-lead and activate within 10 min of arrival
• Lab draw – hand off to lab tech/obtain replacement bag with tubes
• Lessons learned
  ✓ Hospital shares cancelled activations with EMS educator to share with medic
  ✓ Discontinued including monitor interpretation of acute MI in criteria
  ✓ Discontinued LBBB as a criteria for activation
• Sustaining collaboration
  ✓ ED board with most recent STEMI times
  ✓ Binder in ED with follow up for each STEMI
  ✓ EMS representative attends case review quarterly
EMS Collaboration

REMSA STEMI CASES
Activations versus Activation Cancelled

- May 46%
  - REMSA STEMI Activations: 13
  - STEMI Activation Cancelled: 6

- June 27%
  - REMSA STEMI Activations: 15
  - STEMI Activation Cancelled: 4

- July 17%
  - REMSA STEMI Activations: 23
  - STEMI Activation Cancelled: 4

REMSA STEMI Activations  STEM Activation Cancelled
7 male with little medical history. At airport waiting to leave for a flight. REMSA activated for c/o increasing chest pain. REMSA reports him to be screaming in pain when they arrive. Pale, cool, and diaphoretic. Rates pain, which is non-radiating at 10/10, appears anxious and short of breath. Intervention to LAD and later may need intervention to circumflex.

Door to Device 36 minutes  FMC to Device 56 minutes

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to CVL</td>
<td>09:09:06</td>
</tr>
<tr>
<td>CVL to Ready</td>
<td>09:09:08</td>
</tr>
<tr>
<td>Ready to Flow</td>
<td>09:09:27</td>
</tr>
<tr>
<td>Total D2B</td>
<td>09:09:27</td>
</tr>
</tbody>
</table>
COMMUNITY PARAMEDICINE

• Launched April 2013

• CMS Innovation Award Grant

• Specially-trained Community Health Paramedics provide in-home services to improve the transition from hospital to home, including:
  – Medical care plan adherence
  – Medication reconciliation
  – Point of care lab tests
  – Personal health literacy
  – Protocols: CHF, COPD, MI, Cardiac Surgery

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Hospital Admission/Readmission Avoidance Program

This program is in place to help patients through the transition from Hospital to Home.

The patients who get referred to this program have either a primary or secondary diagnosis of CHF, or COPD. Or are Post MI or Post Open Heart surgery.

This program is built to deliver better care, improve the patients health, and do so at a low cost.

TRIPLE AIM

Improve the quality and experience of care

Improve the health of populations

Reduce per capita cost

Source: Berwick, DM, et al; The Triple Aim: Care, Health & Cost; May/June 2008; Health Affairs

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WHAT DO THE COMMUNITY PARAMEDICS DO?

• Hospital Admission/Readmission Avoidance - The Community Paramedics work with hospitals, PCPs, Cardiologist, Pulmonologists, and Open Heart surgeons to safely avoid unneeded Admissions or re-admissions to the hospital.

• Hotspotter - Work with “Hotspotters” and redirect their use of the 911 system to more appreciate resources. (Urgent Cares, clinics, PCPs, Ect.).

• Evaluate/Refer - This program is in place to avoid initial hospital admissions by intervening with a Patient before their condition requires hospitalization.
Evaluate/Refer

• This program is in place to avoid initial hospital admissions by intervening with a Patient before their condition requires hospitalization.
• Typically a patient’s doctor will contact the CP’s requesting us to evaluate and treat at patient who they are unable to see and/or if the patient is unable to come to them.
• At these appointments we evaluate the patient, report findings to the referring Dr, and treat as appropriate. The referring Drs office is sent a copy of the chart and contacted to schedule the pt for a follow up visit.
Partnership with Acute Care

- Began as a grant funded program with no limitations related to payer source
- Assessment by inpatient nurse navigator, social services, bedside nurse, provider
- Referral to Community Paramedic
- Consent
- Paramedic meets with patient prior to discharge
What Happens in the Home?

- Point of care lab work
  (BMP, H&H, Blood glucose, Blood alcohol, clean catch UA, INR)
- Home Blood Draws
- 12 Lead ECGs
- IV Diuresis and Hydration
- Measure Peak Flow Rates
- Medications
  - Lasix PO or IV
  - Toradol
  - Prednisone
  - Potassium
- Collaboration with Cardiology Office
Ratio of enrollments by protocol is: 54.5% Congestive Heart Failure (CHF), 15.2% Chronic Obstructive Pulmonary Disease (COPD), 12.5% Open Heart Surgery, 2.0% Post Myocardial Infarction, 13.6% Evaluate & Refer, 2.2% Hotspotter (Figure 30: Enrollments by Protocol).
Program Savings by Payer
Patients insured by Nevada Medicaid generated the largest share of total program savings at 31.8% (Figure 12: Program Savings by Payer).

### Community Health Programs
**Program Savings by Payer**
Program-to-Date (Jan 2013 - June 2016)

<table>
<thead>
<tr>
<th>Program</th>
<th>Medicaid</th>
<th>Commercial Insurance</th>
<th>Medicare</th>
<th>Unknown</th>
<th>Uninsured</th>
<th>Other Gov't</th>
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<tbody>
<tr>
<td>Ambulance Transport Alternatives</td>
<td>$780,026</td>
<td>$133,622</td>
<td>$327,491</td>
<td>$0</td>
<td>$548,740</td>
<td>$51,810</td>
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<tr>
<td>Community Paramedicine</td>
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<td>$726,553</td>
<td>$633,166</td>
<td>$396,310</td>
<td>$69,902</td>
<td>$1,624</td>
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<tr>
<td>Nurse Health Line</td>
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<td>$1,461,813</td>
<td>$478,153</td>
<td>$857,277</td>
<td>$383,193</td>
<td>$519,195</td>
</tr>
<tr>
<td><strong>Total Savings</strong></td>
<td><strong>$3,074,305</strong></td>
<td><strong>$2,321,988</strong></td>
<td><strong>$1,438,810</strong></td>
<td><strong>$1,253,587</strong></td>
<td><strong>$1,001,835</strong></td>
<td><strong>$572,629</strong></td>
</tr>
</tbody>
</table>

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Program Savings by Intervention
The Nurse Health Line generated 60% of total program savings (Figure 10: Savings Generated by Intervention). Below is a breakdown of program savings by intervention (Figure 11: Program Savings by Intervention)

### Community Health Programs

#### Program Savings by Intervention

**Program-to-Date (Jan 2013 - June 2016)**

<table>
<thead>
<tr>
<th></th>
<th>Ambulance Transport Alternatives</th>
<th>Community Paramedicine</th>
<th>Nurse Health Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Gov't</td>
<td>$51,810</td>
<td>$1,624</td>
<td>$519,195</td>
</tr>
<tr>
<td>Medicare</td>
<td>$327,491</td>
<td>$633,166</td>
<td>$478,153</td>
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<tr>
<td>Uninsured</td>
<td>$548,740</td>
<td>$69,902</td>
<td>$383,193</td>
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<tr>
<td>Commercial Insurance</td>
<td>$133,622</td>
<td>$726,553</td>
<td>$1,461,813</td>
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<tr>
<td>Medicaid</td>
<td>$780,026</td>
<td>$243,021</td>
<td>$2,051,258</td>
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<tr>
<td>Unknown</td>
<td>$0</td>
<td>$396,310</td>
<td>$857,277</td>
</tr>
<tr>
<td><strong>Total Savings</strong></td>
<td>$1,841,689</td>
<td>$2,070,576</td>
<td>$5,750,889</td>
</tr>
</tbody>
</table>

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Evolution of the Partnership

• Grant ended 😞
• Successful outcomes
  ✓ Medicaid approved by CMS for reimbursement
  ✓ Extended grant period
• Exploring options of sustainability
• Path forward with populations “at risk” in the Health Network
• Formalizing a partnership
Surviving MI
AN ACC QUALITY INITIATIVE

Please submit your questions for the moderated question and answer session.

SurvivingMI@acc.org
CVQuality.ACC.org/SurvivingMI
The Quality Improvement for Institutions program combines the ACC’s NCDR data registries with toolkits and proven hospital-based quality improvement initiatives like Hospital to Home, the D2B Alliance and Surviving MI.