

Safer  Systems
Saving Lives

AMI INTERVENTION

Chris Rasmussen
Nurse Unit Manager
CCU Dandenong Hospital

Mirella Alessio
SSSL Project Officer
Dandenong Hospital &
MMC Clayton



integrity • compassion • accountability • respect • excellence

Southern Health

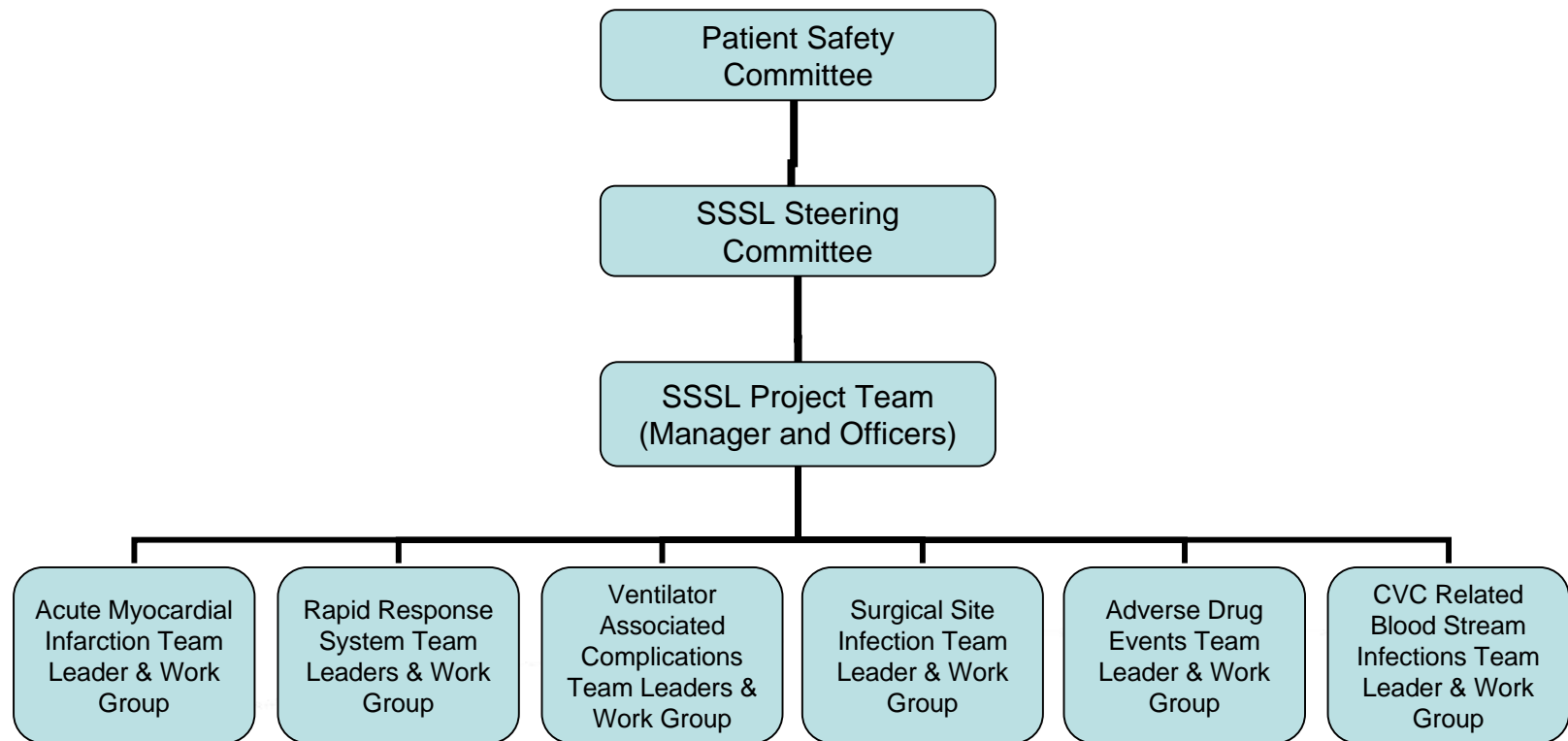
Better Health for Our Community

SSSL MMC Clayton & Dandenong Hospital (Southern Health)

- Project Facilitation Role
- Initiatives and Achievements
- Example of STEMI & non STEMI Data Collection Form
- Example of Algorithm for Management of STEMI Patient on Arrival to Hospital
- Sustainability Beyond Life of Project Team

Project Facilitation

- Structure of project - meetings and reporting



Initiatives and Achievements

- Review of available data
- Introduction of data collection form
- Clinical Care Guidelines
- STEMI and non STEMI Algorithms

STEMI & non STEMI Data Collection Form

Southern Health STEMI & non STEMI Patient Passport DRAFT / PILOT	UR Number: _____ Name: _____ Affix patient label Surname: _____ Arrival Date: / /
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CARE ON PRESENTATION TO HOSPITAL - Site: C D MMC Time of arrival: : : am/pm

COMPLETE FOR ALL STEMI and non STEMI PATIENTS

Admission Component 1: Early administration of antiplatelet agent Aspirin Clopidogrel Both

Yes → ≤ 24 hours or > 24 hours after arrival
 No → If no, why? _____
 If delay, why? _____ Print Name: _____

Admission Component 2: Early administration of beta-blocker

Yes → ≤ 24 hours or > 24 hours after arrival
 No → If no, why? _____
 If delay, why? _____ Print Name: _____

COMPLETE FOR STEMI PATIENTS	COMPLETE FOR NON STEMI PATIENTS
Component 3: Timely initiation of reperfusion therapy <input type="checkbox"/> Thrombolytics → <input type="checkbox"/> ≤ 30 mins <input type="checkbox"/> > 30 minutes after arrival OR <input type="checkbox"/> PCI → <input type="checkbox"/> ≤ 60 minutes <input type="checkbox"/> > 60 minutes after arrival If delay, why? _____ Was patient transferred prior to the PCI? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Transfer time to PCI: : : am/pm	Component 3: Timely initiation of antithrombin therapy <input type="checkbox"/> Yes → <input type="checkbox"/> ≤ 24 hours <input type="checkbox"/> > 24 hours after arrival If yes, select type: <input type="checkbox"/> UFH <input type="checkbox"/> LMWH <input type="checkbox"/> No → If no, why? _____ Print Name: _____

Were glycoprotein 2b/3a inhibitors administered? Yes No → If no, why? _____

COMPLETE FOR ALL STEMI and non STEMI PATIENTS

CARE DURING HOSPITALISATION - Site: C D MMC

Patient Education Component 1: Patient information

Information provided about medication prescribed for ongoing treatment of cardiac disease? Yes No
 (Including guidance about alcohol consumption and prescribed medication)
 If no, why? _____ Pharmacist's name: _____

Information given about cardiac symptoms and the need for prompt response to chest pain? Yes No
 If no, why? _____ Provider's name: _____

Patient Education Component 2: Risk prevention counselling

Smoking cessation counselling provided? Yes No N/A If no, why? _____
 Nutritional advice provided? Yes No If no, why? _____
 Physical activity advice provided? Yes No If no, why? _____
 Print Name: _____

Weight management advice provided? Yes No If no, why? _____
 Print Name: _____

COMPLETE FOR ALL STEMI and non STEMI PATIENTS

CARE AT DISCHARGE - Site: C D MMC

Discharge Component 1: Beta-blocker prescribed on discharge

Beta-blocker prescribed at discharge? Yes No If no, why? _____
 Print Name: _____

Discharge Component 2: ACE-inhibitor or angiotensin receptor blocker (ARB) for patients with systolic dysfunction

ACE-inhibitor or ARB prescribed at discharge? Yes No If no, why? _____
 Print Name: _____

Discharge Component 3: Antiplatelet prescribed on discharge

Aspirin prescribed at discharge? Yes No If no, why? _____
 Name of drugs: _____ Print Name: _____

Discharge Component 4: Statins prescribed on discharge

Statin prescribed at discharge? Yes No If no, why? _____
 Print Name: _____

Discharge Component 5: Referral for appropriate follow-up

Referral to secondary cardiac rehabilitation? Yes No If no, why? _____
 Print Name: _____

Discharge Outcome

N/A + 2nd MI Stroke/CVA CABG MACE Free Other: _____

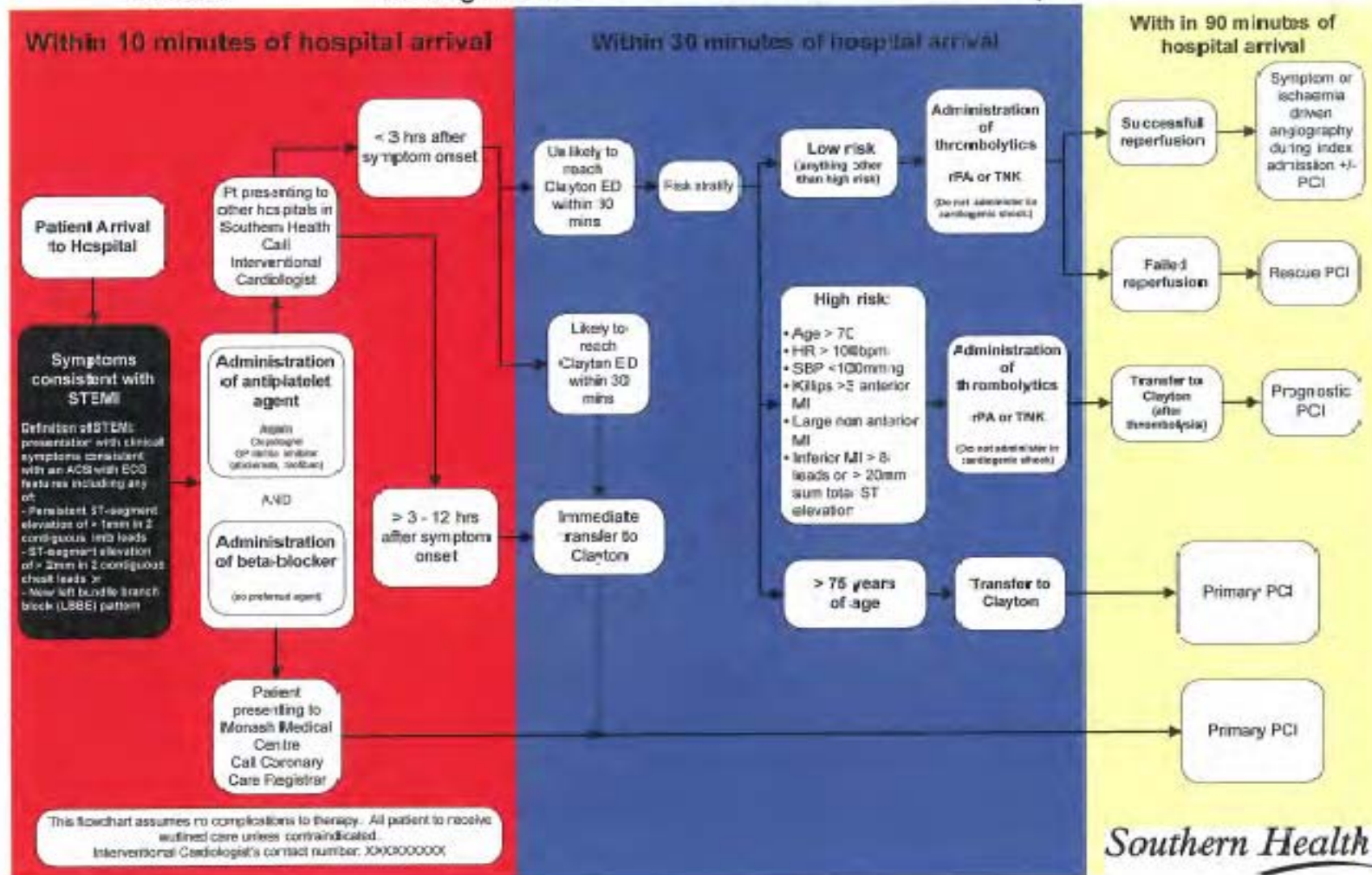
SOUTHERN HEALTH STEMI & non STEMI PATIENT PASSPORT



Algorithm for Management of STEMI Patient on Arrival to Hospital

DRAFT

Management of STEMI Patient on Arrival to Hospital



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Sustainability Beyond Life of Project Team

Immediate Future

- Use of Sustainability Tool to assess chance of successful sustainability
- Clinical Care Guidelines, algorithms and data collection form in place by January 2007
- Regular reporting of compliance as KPI via program Quality Coordinator to Quality and Safety Committee

Long Term

- Development of an Integrated Care Pathway

SSSL – Dandenong Hospital

- Background
- The AMI toolkit
- Data collation
- Challenges
- Where to now?

Background

- Data collection process established
- Data collection sheets for MI patients
 - Door to needle time (initially with ED)
 - Review of trends for delay
 - Mortality
 - Inpatient
 - 30 day
 - 6 months
 - Spot audits of discharge medications
 - (TASC)

SSSL – AMI Toolkit

- Getting started
 - Clinical nurse specialist identified to oversee project
 - Communicated to nursing staff
 - Ward meeting
 - Newsletter
 - Quick reference cards
 - Communicated to other participating staff
 - Medical / pharmacy
 - Direct communication
 - Quick reference cards

Data Collection

- All MI's identified for SSSL
 - ASAP post admission
- Data collection form placed in patient record
 - Filled in as care happened
- Identified as SSSL:
 - On handover sheet
 - In admission book
- Completed on day of discharge
- Filed for end of month collation

Data Collation

- Use of formatted excel workbook
- Data entered ↵ end of month
 - Sheet per month
 - Final entry into a summary sheet
 - Compliance
 - Total MI's
 - Mortality
 - Comments
- Compliance defined as:
 - Received defined care

Or

 - Had reason for not receiving defined care in record

Data Collation

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1		Data collection period	Start Date											End date									Total -	
2																								
3		Patient Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	use this information to identify components which need improving	
4	Yes answer indicated either treatment given or reason why not documented in record	STEMI Yes / No																					0	
5		Timely initial of reperfusion																						0
6		Non STEMI Yes / No																						0
7		Administration of antithrombin (non-STEMI)																						0
8		Administration of antiplatelet agent (within 24 hrs of admission)																						0
9		Administration of beta-blocker (within 24 hrs of admission)																						0
10		Beta-Blocker prescribed at discharge (within 24 hrs of admission)																						0
11		ACE inhibitor or ARB prescribed at discharge																						0
12		Antiplatelet prescribed at discharge																						0
13		Statin therapy prescribed at discharge																						0
14		Patient information provided																						0
15		Risk prevention counseling provided																						0
16		Follow-up referrals																						0
17			Number of components present	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18			Total possible	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
19			Died inpatient																					0
20		No 100% bundle compliant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	
21																							Overall compliance rate	#DIV/0!
22		Comments																						
23																							SAAB No	0
24																							SAAB %	0

Challenges

- Patients who:
 - Were transferred to another facility
 - Pre admission to CCU
 - Post admission to CCU
 - Who owned the process?
 - Where should data collection begin?
- Came to CCU with multiple co morbidities
 - Transferred to general ward for further management of other issues
- Data entry
 - Nursing input
 - Medical
 - Pharmacy
- Definitions
 - Compliance
 - Care standards
- UA vs. non STEMI

Where to Now?

- More detailed review of reperfusion requiring group
- Embedding of passport and algorithms across all sites and disciplines
- Establishment of an Integrated Care Pathway
 - Used across all sites
- Greater multidisciplinary involvement
 - Reinforcement of practice

Any Questions?

