

## Inova Health System Hosting

### VHAC — GREEN TEAM MEETING

June 28, 2018 – 0700 -0900

<b>Purpose:</b> Review AMI patient care across the Inova System	<b>Facilitator:</b> Shirley Riggsbee, RN	<b>Chair:</b> Dr. Nicholas Cossa <b>Co-Chair:</b> Dr. Joseph Kiernan
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**Team Members:**

Nicholas Cossa, Joseph Kiernan, Beth Adams, Rob Anderson, Vickie Barber, Adam Brown, Aaron Bagnola, Jonithan Brantley, Kevin Campbell, Topper Cramer, Stephen Day, Dustin Diesing, Kimberly Dillon, Glenn Druckenbrod, Courtney Elliott, Johnny Ellis, Embrey Everett, Lisa Everett, Sondra Fleming, Chandra Garcia, Julianne George, Audrey Grant, Alma Harizi, Marian Hartle, Stephen Ives, Albert Kim, Michael Jenks, Amey Kulkarni, Karla Lacayo, Robyn Merriam, Christopher Mills, Andrew Miner, John Morgan, Nancy Morrissey, Patricia Murphy, Marina Ocasio, Christopher O'Connor, Carla Porter, Chris Potts, Natasha Powell, Edward Puccio, Narian Rajan, David Reich, Matthew Rhames, Erik Rhodes, Shirley Riggsbee, Kevin Rogan, Heather Russell, Harvey Sherber, Matthew Sherwood, David Skibbie, Alison Smolsky, Donna Soper, Sarah Stanmyle, Anne Summers, Ross Switkes, Behnam Tehrani, Puja Wadhwa, Scott Weir, Zachary Wotherspoon, Rafiq Zaheer

Guests: Matt Berenger for Stephen Ives, Craig Evans – NOVA EMS Council/VHAC, Rajat Garg, MD (Reston CL Director), Julia Streich

Attendance: Highlighted

Topic	Responsible Staff	Discussion
<b>Welcome and Introductions</b>	S. Riggsbee Dr. Cossa	
<b>In-house STEMI Policy</b>	A. Harizi K. Frese	<p>The 6/19 CPC System Policy Committee Meeting (Chair-Pat Brodfu ehrer) introduced an in-house STEMI patient system policy that includes separate process addendums (attached) for each OU. An IFH representative contacted Shirley with questions about the IFH addendum. Ken Frese, CNS at ILH, presented the policy at CPC. It has not yet been put through for signatures.</p> <p>Shirley suggested that Green Team could assist with coordination of having addendums reviewed and signed off by appropriate parties from each OU so that Ken can resubmit through system policy committee.</p> <p>Goals: establish In-House STEMI system policy, match best processes when possible, In-House STEMI EKG2B 60-90 minutes. Dr. Day: goal should be 30-60 not 60-90 STE EKG2B</p> <p><b>ACTION:</b> Alma Harizi (CCU) will review and complete IFH addendum. Each OU will identify a point person to review, update, and obtain appropriate signatures for their respective addendums. Once complete, each OU will present their addendum at GREEN Team at which point Ken can resubmit.</p>
<b>CP-MI Registry formerly ACTION</b>	S. Riggsbee	Effective June 26, the <b>ACTION Registry</b> has been renamed <b>Chest Pain – MI Registry</b> . This change reflects the expanded scope of data collected in version 3 which launches Fall 2018. New patient populations include unstable angina and low-risk chest pain. More specifics to come.

## Inova Health System Hosting

<b>Specific code for Type II MI</b>		<p><b>ACTION:</b> Dr. Z. Ksovreli and coding team will share ICD coding information to distinguish NSTEMI and Type II MI-demand ischemia. Recommending MD note that AMI core measures are not indicated for these patients.</p> <p>Dr. Ksovreli presented at Cardiac Section 6/28</p>
<b>NCDR Slides -Defect Free care -STEMI performance -DIDO</b>	S. Riggsbee	<p>2018 Q1 NCDR data presented for three measures.</p> <p>As IHS is working toward 'Zero Harm', Dr. Summers requests presentation to include a 90<sup>th</sup> or national top quartile delineation instead of the 50% benchmark.</p> <p><b>ACTION:</b> Use whisker plots to show 90<sup>th</sup> percentile.</p>
<b>VHAC</b>	Craig Evans	<p>Review of VA state/regional data –Slides (attached). Northern VA doing well. Discussed presentation given at State VHAC meeting by J. Pena (PWMC) about obtaining arterial access before IOC arrival as possible process to decrease D2B times.</p> <p>Several questions and much discussion: why isn't IOC there? 1990s WHC did this, certification? Sedation? Actual time saved? Inova monitors IOC arrival times (≤30 min goal)</p> <p><b>ACTION:</b> Craig will ask Mr. Pena to present at next VHAC meeting Next meeting September 19, 2018</p>
<b>CAHP – Cardiac Arrest Hospital Prognosis Score</b>	Dr. Cossa	<p>European Heart Journal and JACC articles presented and discussed – Use of CAHP score (0-200) – tool for risk stratification after <b>out-of-hospital</b> cardiac arrest. Lower score = better neuro outcome, higher score = poor neuro outcome/death</p> <p>Discussion included:</p> <ul style="list-style-type: none"> <li>• If a 'score' is used – must be documented.</li> <li>• Useful in ED, CL and CCU</li> <li>• Teach residents how to evaluate probable outcomes</li> <li>• Use shock MD as second opinion</li> <li>• Useful when having prognosis discussion with family</li> <li>• If information unavailable (ie: pH, down time) use 0 minutes to give pt benefit of doubt and best score possible.</li> <li>• Early consultation EDP and IOC to avoid inappropriate activation – involvement of EMS to provide information on variables</li> <li>• Validation of current decision making process</li> </ul> <p><b>ACTION:</b> In order to include score in Epic EHR, Dr. Summers will coordinate discussion about potentially adding CAHP to the EPIC Decision Support Module. Meeting to initially include A. Minor, MD and C. Garcia. Dr. Cossa and Dr. Tehrani: education for transferring EDs and IOCs</p>
<b>Case presentations</b>	Dr. Cossa	<p>Two cases presented with discussion about EKGs.</p> <p>If EDP unsure of EKG – can ask CAL for consult before CL activation</p>
<b>STEMI – false activation /cancellations</b>	N. Morrissey (4/19 Meeting)	<p><i>From 4/19</i> <b>Action:</b> To discuss further at next meeting with recommendations. Identify the numerator and denominator used. Focus on inappropriate area of misreading EKGs.</p> <p>Discussed how we can define false activation at Inova/Benchmark?</p> <ul style="list-style-type: none"> <li>• Include EMS, PCI and Non-PCI centers or not?</li> <li>• Remove the "IS a STEMI" from equation?</li> <li>• Identify initial source of activation and initial interpretation method</li> <li>• Are ischemic symptoms present? Define them</li> <li>• Capture the source of cancellation and reasons (categorized)</li> <li>• Also look at "false positive" activations—rate</li> </ul> <p>Fairfax EMS changing vendor for EKG monitors. Discussed Fairfax EMS constraints with transmissions and IT security.</p>



## Inova Health System Hosting

		<ul style="list-style-type: none"> <li>✓ Emboli</li> <li>✓ Cocaine use/vasospasm</li> <li>✓ Aortic Dissection</li> </ul>
		<ul style="list-style-type: none"> <li>• <b>IS a STEMI</b> <ul style="list-style-type: none"> <li>✓ Age</li> <li>✓ Bleeding—active or risk</li> <li>✓ Terminal Illness</li> <li>✓ Severe Comorbidities</li> <li>✓ Severe dementia</li> <li>✓ Medically Unstable</li> </ul> </li> <li>• <b>IS a STEMI</b> <ul style="list-style-type: none"> <li>✓ Death in ED</li> <li>✓ Death in CL</li> </ul> </li> <li>• <b>IS a STEMI</b> (patient refused/AMA)</li> </ul>
<b>IOC documentation for cancellation</b>	Dr. Tehrani Dr. Cossa Dr. Day Dr. Pollock	<p>IOCs should be documenting if they are consulted and a plan of care is discussed. EDPs usually document the discussion, but IOC should also document.</p> <p><b>ACTION:</b> IOC leaders to share with all IOCs of discussion and expectation</p>
<b>Updates:</b>	S. Weir  P. Murphy	<p>FFX Co EMS continues process of obtaining new cardiac monitors. EKG transmission is high priority but limited technology.</p> <p>Structured Reporting in design:</p> <ul style="list-style-type: none"> <li>• Will assist with data abstraction for registries</li> <li>• Should incorporate clear data point verbiage that matches registry format</li> <li>• ACTION Registry public reporting will begin soon with data reported on overall defect free care and STEMI performance composite.</li> </ul>
<b>On-Going or Deferred Issues</b>		
<b>ACTION Registry Metrics</b>	N. Morrissey	<ul style="list-style-type: none"> <li>• 38 metrics—Composites(6), Performance (13), Quality (17) and Outcome (2)</li> <li>• Serve as a vehicle to <b>accelerate translation</b> of scientific evidence into clinical practice</li> <li>• Metrics are intended to be used to measure quality and identify opportunities for improvement</li> <li>• Measures are aligned with published clinical guidelines (STEMI and NSTEMI—and updated with new research evidence)</li> <li>• <b>Performance measures</b> = published and evidence based—should do—public reporting—Awards—key metrics in the composite metrics</li> <li>• <b>Quality Measures</b> = quality improvement, new measures tried out/tested, later promoted to performance when supporting evidence becomes available, should do</li> </ul> <p>ACTION/Chest Pain – MI Registry is promoting several quality measures to performance and adding other quality measures in Q4 2018</p> <p><b>New “Performance” Measures for 2018</b></p> <ul style="list-style-type: none"> <li>• AMI prescribed High-Intensity Statin at D/C</li> <li>• AMI prescribed an appropriate P2Y12 at D/C (DAPT)</li> <li>• Median FMC (EMS)—Goal is &lt; 90”</li> <li>• % Cardiac Arrest with STEMI receive immediate Cath</li> <li>• % AMI medically treated with documentation that a noninvasive stress test was performed before D/C</li> <li>• % acute NSTEMI with troponin measured within 6 hours</li> </ul>
<b>Pre-Activations</b>	Not discussed	<p><b>Goal for 2017 was 75%.</b> ILH = 76.5%    IAH = 80.6%    IFH = 77%</p> <p><b>Measure is defined as</b></p> <ul style="list-style-type: none"> <li>• EKG must be EMS/prior to arrival</li> <li>• Must have device</li> <li>• No transfers</li> </ul>

## Inova Health System Hosting

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<b>Handoffs for STEMI Transfers</b>	D. Reich N. Morrissey	<p><b>Not discussed – Deferred by D. Reich. To present next meeting-Oct</b></p> <p>Discussed the lack of standardized handoff process between transferring hospitals/HP to PCI centers within Inova. Most are done verbally. There are different checklists used internally by the transferring facilities. Transfer form is used by some hospitals but lacks complete clinical data.</p> <p>D. Reich’s team is working on a standard process at Loudoun: phone report is ED to ED (eliminated phone report to Cath Lab staff); created a simple internal checklist (i.e. gowned, IV site etc.); next will develop a transfer handoff form ideally electronically so it can be viewed.</p> <p>PTS is involved in majority of transfers at Inova and requests there be a standardized handoff approach.</p> <p><b>ACTION:</b> David to look at various examples in paper and electronic format and make recommendations for a standardized documentation process and share at the next meeting.</p>
<b>Door to Uploading Protocol (IFH)</b>		<p>Discussed new use for acute AMI patients; insert Impella first then wait 30 minutes before cath intervention; infarct reduced in size in those patients and typically better outcomes; pain relieved sooner and better flow to area of infarct; this is a trial on posterior AMI (2-3 a month).</p>
<b>Next Meetings</b> October 25, 2108 Jan 24, 2019		