

MISSION: Lifeline™



CAPITAL AREA TRAUMA
REGIONAL ADVISORY COUNCIL

2010 Goals

CATRAC Mission: Lifeline 2010 Goals Based on Updates to ACC/AHA STEMI Guidelines and Key Findings from QI Assessments

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2009 Focused Updates: ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (Updating the 2004 Guideline and 2007 Focused Update) and ACC/AHA/SCAI Guidelines on Percutaneous Coronary Intervention (Updating the 2005 Guideline and 2007 Focused Update). A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines
 Frederick G. Kushner, MD, Alan S. Gerson, MD, Robert J. Giblin, MD, Jeffrey J. Goldstein, MD, L. Anderson, Ed M. Bradley, MD, Robert Blankenship, Donald B. Devereux, MD, Harlan M. Krumholz, MD, D. Peterson, MD, et al.

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Table 5. Recommendations for Triage and Transfer for PCI

| 2004/2005/2007 Recommendations | 2009 Joint STEMI/PCI Focused Update Recommendations | Comments |
|--------------------------------|--|--------------------|
| Class I | 1. Each community should develop a STEMI system of care that follows standards at least as stringent as those developed for the AHA's national initiative, Mission: Lifeline, to include the following: <ul style="list-style-type: none"> • ongoing multidisciplinary team meetings that include emergency medical services, non-PCI-capable hospitals/STEMI referral centers, and PCI-capable hospitals/STEMI receiving centers to evaluate outcomes and quality improvement data; • a process for prehospital identification and activation; • destination protocols for STEMI receiving centers; • transfer protocols for patients who arrive at STEMI referral centers who are primary PCI candidates, are ineligible for fibrinolytic drugs, and/or are in cardiogenic shock. (Level of Evidence: C) | New recommendation |

Class I is The Highest Level of Recommendation

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Table 1. Applying Classification of Recommendations and Level of Evidence

| | | SIZE OF TREATMENT EFFECT → | | | |
|---|--|--|---|--|---|
| | | CLASS I <i>Benefit</i> >>> <i>Risk</i> Procedure/Treatment SHOULD be performed/ administered | CLASS IIa <i>Benefit</i> >> <i>Risk</i> Additional studies with focused objectives needed IT IS REASONABLE to perform procedure/administer treatment | CLASS IIb <i>Benefit</i> ≥ <i>Risk</i> Additional studies with broad objectives needed; additional registry data would be helpful Procedure/Treatment MAY BE CONSIDERED | CLASS III <i>Risk</i> ≥ <i>Benefit</i> Procedure/Treatment should NOT be performed/administered SINCE IT IS NOT HELPFUL AND MAY BE HARMFUL |
| ESTIMATE OF CERTAINTY (PRECISION) OF TREATMENT EFFECT | LEVEL A Multiple populations evaluated* Data derived from multiple randomized clinical trials or meta-analyses | <ul style="list-style-type: none"> Recommendation that procedure or treatment is useful/effective Sufficient evidence from multiple randomized trials or meta-analyses | <ul style="list-style-type: none"> Recommendation in favor of treatment or procedure being useful/effective Some conflicting evidence from multiple randomized trials or meta-analyses | <ul style="list-style-type: none"> Recommendation's usefulness/efficacy less well established Greater conflicting evidence from multiple randomized trials or meta-analyses | <ul style="list-style-type: none"> Recommendation that procedure or treatment is not useful/effective and may be harmful Sufficient evidence from multiple randomized trials or meta-analyses |
| | LEVEL B Limited populations evaluated* Data derived from a single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation that procedure or treatment is useful/effective Evidence from single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation in favor of treatment or procedure being useful/effective Some conflicting evidence from single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation's usefulness/efficacy less well established Greater conflicting evidence from single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation that procedure or treatment is not useful/effective and may be harmful Evidence from single randomized trial or nonrandomized studies |
| | LEVEL C Very limited populations evaluated* Only consensus opinion of experts, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation that procedure or treatment is useful/effective Only expert opinion, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation in favor of treatment or procedure being useful/effective Only diverging expert opinion, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation's usefulness/efficacy less well established Only diverging expert opinion, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation that procedure or treatment is not useful/effective and may be harmful Only expert opinion, case studies, or standard of care |
| Suggested phrases for writing recommendations† | | should is recommended is indicated is useful/effective/beneficial | is reasonable can be useful/effective/beneficial is probably recommended or indicated | may/might be considered may/might be reasonable usefulness/efficacy is unknown/unclear/uncertain or not well established | is not recommended is not indicated should not is not useful/effective/beneficial may be harmful |

Community STEMI System of Care Became a Class 1 Recommendation

- ➔ Each community should develop a STEMI system of care that follows standards at least as stringent as those developed for the AHA's national initiative, Mission: Lifeline, to include the following:

Community STEMI System of Care to Include:

- ➔ Ongoing multidisciplinary team meetings that include emergency medical services, non-PCI capable hospitals/STEMI referral centers, and PCI-capable hospitals/STEMI receiving centers to evaluate outcomes and quality improvement data.
- ➔ A process for pre-hospital identification and activation.
- ➔ Destination protocols for STEMI receiving centers.
- ➔ Transfer protocols for patients who arrive at STEMI referral centers who are primary PCI candidates, are ineligible for fibrinolytic drugs, and/or are in cardiogenic shock.

Top Five CATRAC Mission: Lifeline 2010 Goals:

Goal #1

Evaluate Outcomes and QI Data

- 1). Identify key measures that we would be interested in capturing.
- 2). Investigate data collection methods that could capture key measures.
- 3). Support PCI and non-PCI hospital participation in the national American College of Cardiology Acute MI database, Action Registry GWTG.

Top Five CATRAC Mission: Lifeline Goals

➔ Goal #2

A process for pre-hospital activation and identification.

- 1). Define what will activate the “STEMI response” in our region
- 2). Define name for activation “Code STEMI” , “STEMI Alert”
- 3). Define process for activation depending on point of entry and computer algorithm interpretation, EMS provider interpretation or wireless transmission/physician interpretation.

“Code STEMI” or “STEMI Alert” Proposed Definition

Signs / Symptoms of Acute Coronary Syndrome (ACS)

-----**AND**-----

ST segment elevation of 1mm or more in two contiguous leads

If both criteria are met then recommend field activation of PCI-Hospital

**If ST elevation inconclusive, isolated to V1 - V2, or LBBB identified then
recommend consultation with physician and PCI-Hospital prior to
activation**

Top Five CATRAC Mission: Lifeline Goals for 2010

Goal #3

Written regional destination protocols for STEMI receiving centers:

If first medical contact (EMS/non-PCI hospital or PCI hospital) to first device used can be accomplished in under 90 minutes, patient should be directed to STEMI receiving center for reperfusion in the cath lab.

If it is determined that first medical contact (EMS/non-PCI hospital or PCI hospital) to first device used will not be possible in under 90 minutes, administer lytics if patient is eligible and then transfer to STEMI receiving center.

Written regional transfer protocols for patients who arrive at STEMI referral centers who are primary PCI candidates, are ineligible for fibrinolytic drugs, and/or are in cardiogenic shock.

Top Five CATRAC Mission: Lifeline Goals for 2010

Goal #4

A plan for regional EMS, non-PCI hospital and PCI hospital education about regional STEMI protocols once they are complete.

Top Five CATRAC Mission: Lifeline Goals for 2010

Goal #5

Develop plan to address key finding that there are counties in our region without EMS equipment and training.

- 1). Meet with key contacts from each of these service areas to understand their obstacles and interest.**
- 2). Identify their specific equipment needs and interest.**
- 3). Identify their specific training needs and interest.**
- 4). Develop plan to obtain funding if needed.**