



CATRAC Mission:Lifeline QI Subgroup

Best practices and key elements of hospital multi-disciplinary team meetings	
<i>AHA M:L Certification Requirement</i>	There should be on-going multidisciplinary team meetings to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified, and solutions implemented.
<i>AHA M:L criteria for multidisciplinary team meetings</i> Non-PCI Hospital Data & Measures	<ol style="list-style-type: none"> 1) A multidisciplinary STEMI team, including EMS, should review hospital specific STEMI data on a quarterly basis. <ol style="list-style-type: none"> a) Door-to-first ECG time (goal <10 minutes) b) Proportion of STEMI-eligible patients receiving any reperfusion (PCI or fibrinolysis) therapy. c) STEMI Referral Center ED door-to-balloon (first device used) time for patients transferred to PCI center <ol style="list-style-type: none"> i) STEMI Referral Center ED door to ED discharges d) STEMI Referral Center ED door-to-balloon (first device used) time within 90 minutes (including transport time) e) Eligible transferred to PCI – Door in to Door out within 45 minutes f) Percentage of reperfusion eligible patients with door to needle time 30 minutes.
<i>AHA M:L criteria for multidisciplinary team meetings</i> PCI Hospital Data & Measures	<ol style="list-style-type: none"> 1) There should be monthly multidisciplinary team meetings to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified, and solutions implemented. The following measurements should be evaluated on an ongoing basis: <ol style="list-style-type: none"> a) Door-to-balloon (first device used) time, non-transfer within 90 minutes b) STEMI Referral Hospital ED door-to-balloon (first device used) time, transfer within 90 minutes c) First Medical contact to balloon inflation (first device used) non-transfer within 90 minutes d) First Medical contact to balloon inflation (first device used) transfer e) Proportion of eligible patients receiving reperfusion therapy f) Proportion of eligible patients administered guideline-based Class I therapies g) Proportion of patients with field diagnosis of STEMI and activation of the Cardiac Catheterization Laboratory for intended primary PCI that <ol style="list-style-type: none"> i) do not undergo acute catheterization because of misdiagnosis ii) undergo acute catheterization and found to have no elevation in cardiac biomarkers and no revascularization in the first 24 hours h) In hospital mortality <ol style="list-style-type: none"> i) Symptom Onset to Device Interval j) First medical contact to ECG within 10 mins k) Cath lab activation based on EMS ID/Notification l) Percentage of patients with non-traumatic chest pain >35 years treated by EMS for whom pre-hospital 12-lead electrocardiograms were obtained

Best practices and key elements of hospital multi-disciplinary team meetings (Draft)
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	Required – Must be included
<p><i>AHA M:L criteria for multidisciplinary team meetings</i></p> <p>PCI Hospital Best Practices & Key Elements</p>	<ol style="list-style-type: none"> 1. Clearly defined roles/responsibilities of STEMI team members 2. Regular participation by multidisciplinary team member. Suggested team members included: Hospital Quality Improvement Representative, ER Physician, ED Management, Cath Lab Management, Interventional Cardiologist, STEMI Outreach Coordinator, Administration Representative 3. Invite representative from each transferring hospital and EMS system monthly (Invitation required on months when reviewing cases that were accepted from outside facility/agency) 4. Review each STEMI case for process improvement opportunities monthly with required minimal intervals broken down and activation EKG available. 5. Review all STEMI Alerts that were aborted/canceled for process improvement monthly. 6. Identify process improvement action items monthly. This includes identification of financial, administrative and medical staff support and resources needed for implementation.
	Highly Recommended – Should be a near-term Goal
<p><i>AHA M:L criteria for multidisciplinary team meetings</i></p> <p>PCI Hospital Best Practices & Key Elements</p>	<ol style="list-style-type: none"> 1. Review all in-patient STEMI's monthly. 2. Participation of high level medical administration at monthly meetings. 3. Communicate meeting objectives/agenda to team members in advance of monthly meeting. 4. Coordinate conference call capability for transferring hospitals and EMS system participation. 5. Recommend out of standard physician performance to peer review for process improvement.
	Consider – Practice has proven beneficial to some
<p><i>AHA M:L criteria for multidisciplinary team meetings</i></p> <p>PCI Hospital Best Practices & Key Elements</p>	<ol style="list-style-type: none"> 1. Review related data reports as appropriate (AR-GWTG, Mission: Lifeline, Core Measures and Cath PCI Reports). 2. Invite front line staff bedside nurses.