



Texas State Coalition efforts support the goal of the American Heart Association's Mission: Lifeline program, working to improve health care systems' response to and treatment of STEMI heart attacks.

CATRAC Mission: Lifeline mission statement: Optimize the outcome of CV emergencies through multi-disciplinary collaboration in CATRAC.

**Updated
June 2010**

**Mission: Lifeline – Texas CATRAC Plan
June 2009 through December 2010**

Top 5 Workgroup goals for 2010 are highlighted in yellow

Action	Activity	Date	Lead/Contact
INFRASTRUCTURE SUPPORT			
1. Establish Regional stakeholder advisory committee	<ul style="list-style-type: none"> ➔ CATRAC Mission: Lifeline Cardiac Care Workgroup and Workgroup leadership established ➔ Workgroup mission determined and regular meetings scheduled. 	June 2009 July 2009	AHA: Denne CATRAC: Dave Reimer Leadership: Wozniak/Zidar
2. Create a solid, inclusive and effective CATRAC Mission: Lifeline infrastructure.	<ul style="list-style-type: none"> ➔ CATRAC Mission: Lifeline sub-workgroups established Recruit participation and leadership from EMS, non-PCI and PCI hospitals, RAC and other key alliance partners to establish sub-workgroups: <ul style="list-style-type: none"> 1). EMS 2). QI 3). Protocols and Planning 4). Education and Public Awareness Finalize work plan for 2009-2010 	July 2009 November 2009	Denne/Reimer/Wozniak/ Zidar Zidar/Wozniak/Denne/ ardiac Care Workgroup
3. Planning session to determine priority actions	<ul style="list-style-type: none"> ➔ Assessment of current regional system including identification of PCI and non-PCI hospitals and EMS agencies. ➔ Establishment of regional plan based on ACC/AHA guidelines ➔ EMS equipment assessment for entire region ➔ Public awareness of heart attack signs/symptoms ➔ Report out from initial sub-workgroup meetings 	August 2009	CATRAC Mission: Lifeline Cardiac Care Workgroup
4. Communication with CATRAC Mission: Lifeline Cardiac Care Workgroup and Sub-group members	<ul style="list-style-type: none"> ➔ Maintain distribution list and update general and sub-group leadership on additions to workgroups ➔ Email Mission: Lifeline updates to distribution list- upcoming conferences, webinars, etc. ➔ Schedule upcoming CATRAC M:L Cardiac Care Workgroup mtgs and create agenda w/ leadership ➔ Planning meetings w/ leadership 	Fall 2009- Spring 2010	AHA: Loni Denne
5. Begin discussions about sustainability of regional	<ul style="list-style-type: none"> ➔ Meet w/ CATRAC Executive Directory ➔ Discuss with CATRAC M:L Leadership 	April 2010	Denne/Reimer Denne

Action	Activity	Date	Lead/Contact
STEMI work			
INFRASTRUCTURE SUPPORT			
6. Support STEMI systems and system components with education and sharing of best practices	↻ Statewide STEMI conference sponsored by S&W.	August 2010	Dr. Tim Mixon Dr. Greg Dehmer Dr. Jaime Jollis
7. Collaborate with statewide GETAC Cardiac Care Comm.	↻ Support newly formed statewide task force.	2009-2010	Dr. David Persse
8. Identify funding opportunities	↻ Special Appeals for M:L at Heart Ball ↻ Major gifts identifying potential foundations	March 2010 Ongoing	Major Gifts/ Development staff
STEMI SYSTEMS			
9. Support CATRAC STEMI System(s) in meeting Recommendations for Criteria and "ideal system" elements	<ul style="list-style-type: none"> ↻ Educate STEMI systems about the AHA criteria for STEMI systems of care ↻ Meet with PCI, non-PCI hospitals and staff, EMS agencies and staff ↻ Encourage and support our CATRAC STEMI systems to participate in the Mission: Lifeline Participation Program and be acknowledged: <ul style="list-style-type: none"> • Register their STEMI system in the Mission Lifeline Directory • Identify a champion for each component of the system, the system and a system coordinator • Have ongoing multidisciplinary team meetings (resources, operational issues, outcomes data) • Maintain a commitment to developing plans to meet the ideal system and individual component destination plans • Participate in a data collection and quality feedback loop ↻ Support our CATRAC STEMI systems, non-PCI and PCI hospitals and EMS agencies as they advance toward AHA Mission: Lifeline recognition and certification. 	June 2009 2009-2010 2009-2010 2009-2010	Denne
10. Regional D2B Assessment	<ul style="list-style-type: none"> ↻ Aggregate D2B data for reporting PCI hospitals in region ↻ Monitor PCI hospital D2B progress 	June 2009 2009-2010	Denne
11. Address regional equipment and training needs	<ul style="list-style-type: none"> ↻ Develop plan to address key finding that there are counties in our region without EMS equipment and training. <ol style="list-style-type: none"> 1). Meet with key contacts from each of these service areas in order to understand their obstacles and interest, identify equipment needs and interest, identify their specific training needs and interest, develop plan to obtain funding if needed. <ol style="list-style-type: none"> a). San Saba Met w/ EMS director b). Llano Workgroup member in communication w/ EMS director c). Lexington Spoke w/ EMS director d). Spicewood 	Jan 2010 January 2010 May 2010 March 2010 N/A	Denne/Wozniak/Behrhorst/Flores/STEMI coordinators
Protocols and Planning Sub-group			
12. Infrastructure	<ul style="list-style-type: none"> ↻ P/P leadership identified ↻ Recruit and maintain sub-group membership, meeting schedule, agendas, and distribution list. 	August 2009 2009-2010	Traci Forister Pat Ramming
13. Develop regional plan and	↻ Define geography of regional system	Aug. 2009	Forister/Ramming/

Action	Activity	Date	Lead/Contact
protocols	<ul style="list-style-type: none"> ➤ Explore regional needs ➤ Finalize triage "who gets a 12 lead" protocol for use by all ➤ Finalize regional plan/guidelines that are based on current AHA/ACC STEMI guidelines and science and distribute for review EMS- transport and treatment guidelines Non-PCI hospitals- transport and treatment guidelines PCI hospitals- treatment and feedback process guidelines Reperfusion checklist ➤ Regional plan/guidelines to CATRAC Mission: Lifeline Cardiac Care Workgroup for review and approval ➤ Plan for annual regional plan/guideline updates and revisions ➤ 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. 	Sept. 2009 Jan. 2009 July 2010 July 2010 July 2010 July 2010	Protocols and Planning sub-group
14. Process plan/development	<ul style="list-style-type: none"> ➤ Examine process for prompt data feedback loop for all system components that shared in the STEMI pt process (non-PCI or PCI ED, EMS agency) and make recommendations for consistent regional process. ➤ Examine process for false positive activation tracking and reporting 	TBD TBD	
Quality Improvement Sub-group			
15. Infrastructure	<ul style="list-style-type: none"> ➤ QI sub-group leadership identified ➤ Recruit and maintain sub-group membership, meeting schedule, agendas, and distribution list. 	August 2009 2009-2010	Louis Gonzales Ronda Mackey
16. Assess, Define and Identify	<ul style="list-style-type: none"> ➤ Develop Baseline Assessment forms that include STEMI system criteria ➤ Assessment elements/forms available upon request ➤ Distribute assessments to PCI, non-PCI hospitals and EMS agencies ➤ Compile and distribute baseline assessment data ➤ Develop and distribute non-911 baseline assessments ➤ All assessment data analyzed and shared w/Workgroup ➤ Define data elements and measures ➤ Compile and distribute non-911 assessment data ➤ Identify key STEMI measures that the workgroup would be interested in capturing ➤ Investigate data collection methods that could capture the key measures/ define potential solutions for STEMI data elements not captured by ARG (data capture, storage and reporting) ➤ Support PCI and non-PCI hospital participation in the national ACC/AHA Acute MI data registry- Action Registry GWTG ➤ Define process for solution implementation (interim) 	July 2009 Sept. 2009 Nov. 2009 Jan. 2010 Jan/Feb2010 March 2010 April 2010 April 2010 April 2010 2010 TBD	Denne/Gonzales QI Sub-group/Gonzales/Mackey

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	<ul style="list-style-type: none"> ➤ Define standard reporting methods ➤ Define measures for data feedback loop 		
17. Data solutions	<ul style="list-style-type: none"> ➤ Encourage ongoing collection of reperfusion outcome data via the ACC Action Registry GWTG (PCI and non-PCI hospitals) ➤ Update Workgroup re. webinars, GWTG CAD transition to Action ➤ M:L Recognition informational session for hospitals ➤ Permission forms from hospitals to enable reception of Mission: Lifeline special reports and allow notification of recognition award status eligibility ➤ Identify metrics needed from EMS and non-PCI hospitals to ease data collection efforts by PCI hospitals 	<p>Aug 2009 Summer/Fall 2009</p> <p>Jan 2010 April 2010</p> <p>July 2010</p>	Carol Winick/Denne
EMS Sub-group			
18. Infrastructure	<ul style="list-style-type: none"> ➤ EMS sub-group leadership identified ➤ Recruit and maintain sub-group membership, meeting schedule, agendas, and distribution list. ➤ System of communication established through Wiggio groups 	<p>Aug. 2009 2009-2010</p> <p>Sept. 2009</p>	Terri King John Moseley
19. Collaborate with and assist other sub-groups and committee with priority tasks.	<ul style="list-style-type: none"> ➤ Assist P/P sub-group with identification of regional needs ➤ Review and provide input on EMS guidelines that will be included in the regional plan (P/P sub-group) ➤ Assist QI sub-group w/ non-911 assessment development and distribution ➤ Examine process for pre-hospital 12 Lead acquisitions, STEMI identification, and communication of results and activation of cath lab. EMS ability to activate the Cath Lab/STEMI alert based on field ECG interpretation. Recommendation to Workgroup ➤ Written process for pre-hospital activation and identification. <ul style="list-style-type: none"> 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. 	<p>Sept. 2009 July 2010</p> <p>Jan/Feb 2010 April-July 2010</p> <p>July 2010</p>	King/Moseley/EMS Sub-group
20. EMS equipment and education needs	<ul style="list-style-type: none"> ➤ Review baseline assessment data to determine 12 lead ECG equipment and STEMI/12 lead ECG education needs 	Jan 2010	King/Moseley/EMS Sub-group
Public Education and Awareness Sub-group			
21. Infrastructure	<ul style="list-style-type: none"> ➤ Public Education sub-group leadership identified ➤ Recruit and maintain sub-group membership, meeting schedule, agendas, and distribution list. 	Aug 2009 2009-2010	Tammy Moseley Neva Schmelzer
22. Public awareness	<ul style="list-style-type: none"> ➤ Evaluate options for public awareness campaigns ➤ Review Mission: Lifeline ideal public and education information ➤ Benchmarking and regional data to determine target audience ➤ Develop plan to include: Identification of heart attack signs and symptoms, Regional STEMI initiative awareness and when to call and appropriate use of 911 ➤ Marketing and Communications plan for public awareness campaign ➤ Fundraising for Heart Ball M:L matching funds for public awareness campaign 	<p>Fall 2009 Fall 2009 Spring 2010</p> <p>Spring 2010</p> <p>June 2010 Summer/Fall 2010</p>	<p>Raab/Schmelzer/Education and Public Awareness sub-group members</p> <p>Marketing Company AHA Development</p>
Professional Education			

Action	Activity	Date	Lead/Contact
23. Infrastructure	<ul style="list-style-type: none"> ➔ Professional Education sub-group leadership identified ➔ Recruit and maintain sub-group membership, meeting schedule, agendas and member distribution list. 	February 2010	Behrhorst/Flores
24. 12 Lead/STEMI education	<ul style="list-style-type: none"> ➔ Review compilation of baseline assessments and determine regional education needs ➔ Develop plan to address gaps in 12 lead/STEMI education for PCI, non-PCI and EMS. ➔ Plan to address 12 lead ECG educational needs for counties acquiring new 12 lead ECG equipment ➔ A plan for educating EMS and non-PCI hospitals about data elements needed to facilitate regional data capture by PCI hospitals ➔ Plan for regional STEMI conference for 2011 ➔ A plan for regional EMS, non-PCI hospital and PCI hospital education about regional STEMI protocols/guidelines when they are complete. 	Spring 2010 Spring 2010 Summer/Fall 2010 August 2010 Fall 2010 July 2010	Behrhorst/Flores/Professional Education subgroup members