Updates

- In a Heartbeat
 - Right care at the right time
- MQF Data Web site

In a Heartbeat EXECUTIVE COMMITTEE

WORK GROUPS

AMI Community Engagement (ACE)

HART (EMS)

Metrics and Data

Statewide STEMI Protocol

From Symptom Onset to PC

Even after 2.5 hours speedy treatment improves survival.

MUSCLE SAVED

2.5 HOURS

MUSCLE LOST



Ves

PCI Center Arrival ≤ 1 hour from first hospital arrival.

Contraindication to Lytic?

FD MFDS

ASA

BETA BLOCKER

PLAVIX: 300mg

HEPARIN:

Patient transport < 1 1/2 hours: Bolus @ 60units/kg (max 4,000 units)

Patient transport ≥ 1 1/2 hours: either bolus hourly with 12 units/kg or drip@12 units/kg/hour







TIMI

LOCAL OPTION: Observe or transfer

Maine Medical Center

Lytic Contraindications

- Any prior intracranial hemorrhage Known structural cerebral vascular
- Known malignant intracranial
- Ischemic stroke within 3 mos (EXC within 3 hours)
- Suspect aortic dissection
- Active bleeding or bleeding diathesis (EXC menses)
- Significant closed head trauma Uncontrolled HTN (SBP>175: DBP>110)
- Current use of anticoagulants

TIMI Risk Criteria

- Anterior Infarct
- SBP<100 HR>100
- A-Fib or Flutter
- Age>75 Killip Class>11
- Post CPR

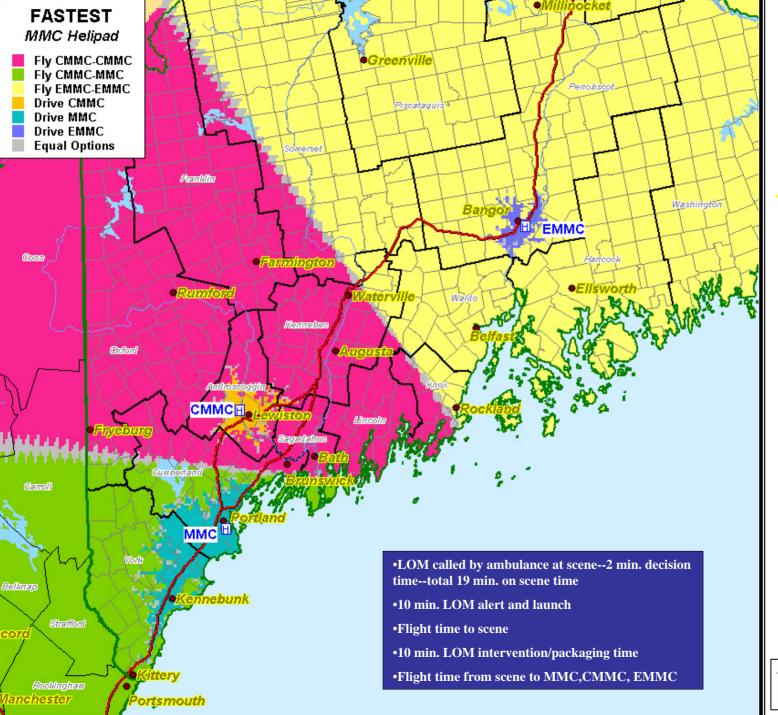


795-7525



662-2950

Maine Quality Forum a Service of Dirigo Health Maine PCI Centers

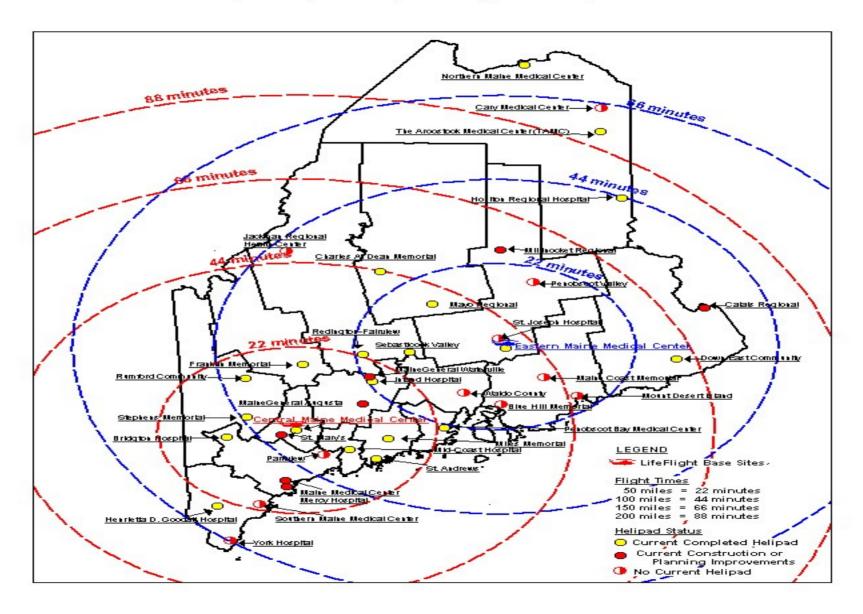


Decision
Support
Time
Modeling

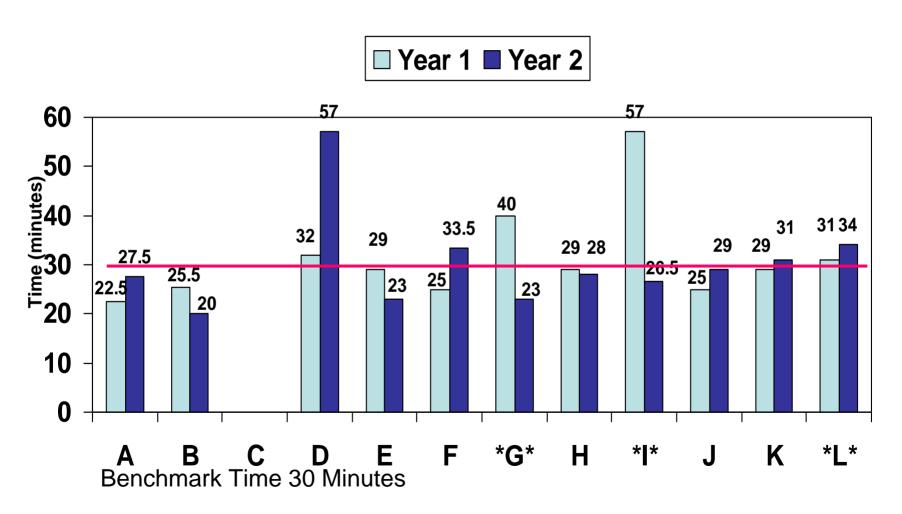
Scenario B; Helipad at



LifeFlight of Maine Medical Helicopter Flight Time, Coverage and Helipad Status



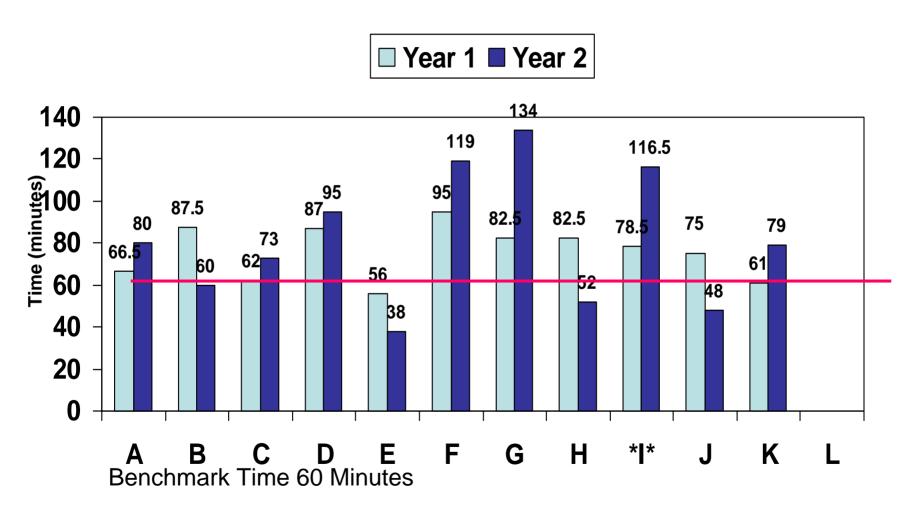
Door to Drug – Years 1 and 2



All times are median; *X less than 5 patients represented in Year 1: X* less than 5 patients represented in Year 2

Dirigo Health Agency discussion

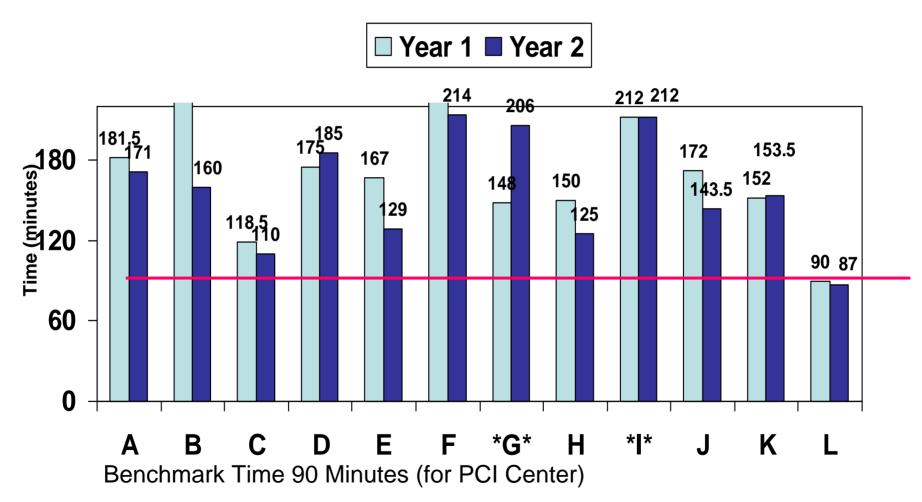
Door to Departure – Years 1 and 2



All times are median; *X less than 5 patients represented in Year 1: X* less than 5 patients represented in Year 2

Dirigo Health Agency discussion

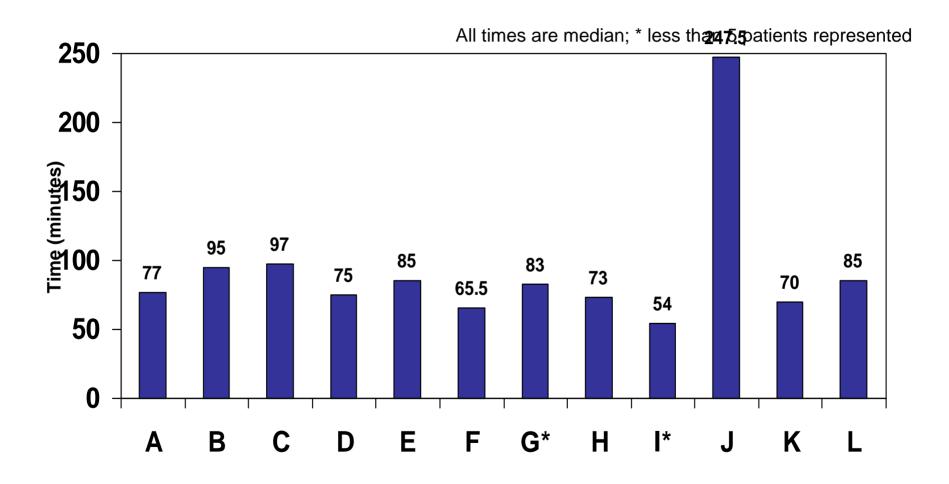
Door to Balloon – Years 1 and 2



All times are median; *X less than 5 patients represented in Year 1: X* less than 5 patients represented in Year 2

Dirigo Health Agency discussion

Symptom Onset to ED – Year 2



MQF Dirigo Health Agency

Incomplete without accompanying discussion

Why Patients Delay

- Demographic factors associated with delay in seeking care:
- Increasing age, being female, low education level, low socioeconomic status, black race
- Clinical factors associated with delay:
- Less severe or atypical symptoms, chronic medical problems

Why Patients Delay

- Social Factors associated with delay in seeking care:
- Location, onset at home
 - Most AMIs begin at home
- Living alone or being alone
- Feelings of embarrassment and the concern of a false alarm

Learning from the Literature

- 1. target high risk populations
- 2. target the social, cognitive and emotional factors that contribute to delay
- 3. include use of 911 in the message
- 4. explore new methods of delivering the message



Displayed on page as drop-down menu or as a permanent list – MQF decision needed.

Maine Quality Forum a Service of Dirigo Health

Navigation Menu

Introduction

Select Hospital

Methods

Return to MQF Homepage

How to start:

- 1. Select a hospital, below, to go to its "performance meter" for all measures.
- 2. On the first "performance meter" page, you can select other measures from the left Navigation Menu.

Select hospital: Hospital 200001

Augusta – Maine General Med Center

Augusta – Riverview Psychiatric Center

Bangor - Acadia Hospital

Bangor - Dorothea Dix Psychiatric Center

Bangor - Eastern Maine Medical Center

Bangor - St. Joseph Hospital

Bar Harbor - Mount Desert Island Hospital

Belfast – Waldo County General

Biddeford - Southern Maine Med Center

Blue Hill - Blue Hill Memorial Hospital

Boothbay Harbor - St. Andrews Hospital

Bridgton – Bridgton Hospital

Brunswick - Mid Coast Hospital

Brunswick - Parkview Adventist Med Center

Calais - Calais Regional Hospital

Caribou - Cary Medical Center

<u>Damariscotta - Miles Memorial Hospital</u>

<u>Dover-Foxcroft – Mayo Regional Hospital</u>

Ellsworth - Maine Coast Memorial Hospital

Only slides 4, 5, and 6 have been changed pending acceptance by MQF (Nov. 7, 2006).

Maine Quality Forum a Service of Dirigo Health



Navigation Menu

Introduction

Select Hospital

Hospital Quality (All Measures)

Treating Diseases

Heart Disease (All Measures)

Heart Attack

Heart Failure

Pneumonia Care

Preventing Infections

In General Surgery

In Specialized Surgery

In Specialized Care

Nursing Care

Nursing Outcomes

Nursing Availability & Experience

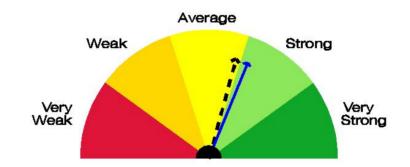
Data Tables

Methods

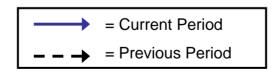
Advice to Users

Return to MQF Homepage

What is <HospitalName>'s Performance for <Overall Healthcare Quality> Compared to <All Maine Hospitals> and How Has it Changed?



Performance Meter: All Measures



How do I read this meter?

To examine all the measures behind this performance meter, click on the meter.

My Hospital Compared with:

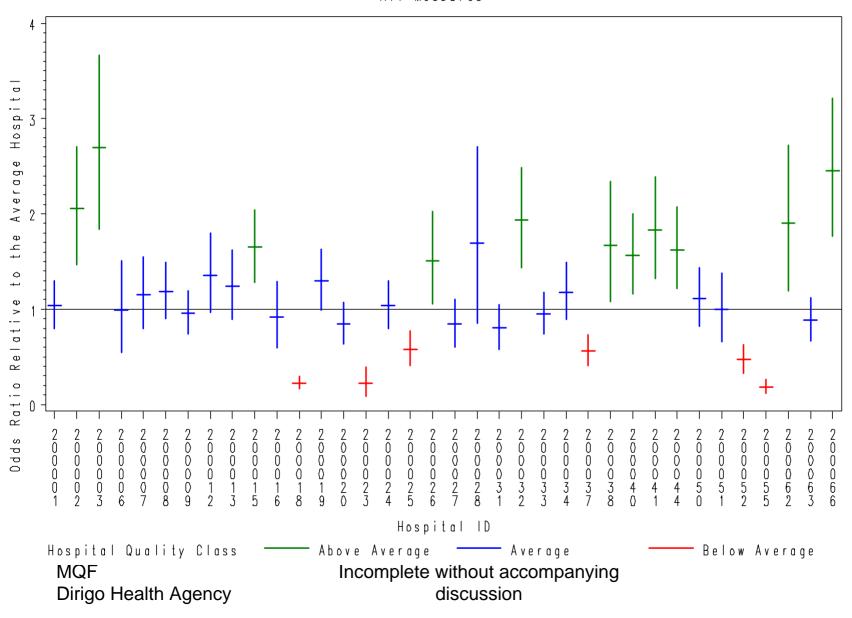
All Maine Hospitals

Similar Maine Hospitals

Best Maine Hospitals

Hospital Comparisons to the Average

All Measures



Variation Data Update

- First look 2005 data, no impact from public discussion
- ? What are the next steps?
 - Public media
 - Geographically targeted outreach to PCP and patients
 - Work with payers
 - Mandatory Second opinion
 - Predictive modeling and intervention

Executive Committee

Gus Lambrew, MD, MACC (Chair & Project Medical Director), Maine Medical Center

Steve Diaz, MD, Maine EMS and MaineGeneral Medical Center

Darlene Glover, RN, MSN, Stephens Memorial Hospital

Larry Hopperstead, MD, Central Maine Medical Center

Mirle Kellett, MD, FACC, Maine Medical Center

Deborah Carey Johnson, RN, Eastern Maine Medical Center

William Phillips, MD, Central Maine Medical Center

Guy Raymond, MD, Northern Maine Medical Center

Dennis Shubert, MD, Maine Quality Forum

Kim Tierney, RN, Maine Medical Center

Debra Wigand, MEd, CHES, Maine CDC Cardiovascular Health Program

Paul vom Eigen, MD, FACC, Northeast Cardiology Associates

HART

Steve Diaz, MD (Chair), Maine EMS & MaineGeneral Medical Center John Alexander, MD, Maine Medical Center Alan Azzara, JD, EMT-P, North East Mobile Health Services Dan Batsie, NREMT-P, Northeastern Maine EMS Jay Bradshaw, EMT-P, Maine EMS Mary Harkins Becker, MD, MaineHealth Donnell Carroll, Southern Maine EMS Rebecca Chagrasulis, MD, Stephens Memorial Hospital Richard (Pat) Cochran, MD, FACS, Central Maine Medical Center Joshua Cutler, MD, FACC, Maine Heart Center (Maine Medical Center) Norman Dinerman, MD, Eastern Maine Medical Center David Dumont, MD, Penobscot Valley Hospital David Ettinger, MD, Penobscot Bay Medical Center Michael Gibbs, MD, FACEP, Maine Medical Center Chuck Gill, Central Maine Medical Center Mark Fourre, MD, Miles Memorial Hospital Larry Hopperstead, MD, Central Maine Medical Center Susan Horton, RN, MSN, Central Maine Heart & Vascular Institute

MQF Dirigo Health Agency Incomplete without accompanying discussion

Mirle Kellett, MD, FACC, Maine Medical Center

HART continued

Kevin Kendall, MD, FACEP, Central Maine Medical Center David Kingdon, MPH, NREMT-P, Maine EMS Joanne LeBrun, MSEd, EMT, Tri-County EMS Paul Liebow, MD, Northeastern Maine EMS Chris McCarthy, MA, Maine Quality Forum Kim McGraw, RN, CCEMT-P, FP-C, LifeFlight of Maine David McKelway, DO, Inland Hospital & Kennebec Valley EMS Thomas Mockus, RN, Mount Desert Island Hospital Rick Petrie, EMT-P, Kennebec Valley EMS & Northeastern Maine EMS George Petropoulos, MD, FACC, Maine Cardiology Associates Paul Potvin, MD, Northern Maine Medical Center Jay Reynolds, MD, The Aroostook Medical Center & Aroostook EMS J. Matthew Sholl, MD, Maine Medical Center Eliot Smith, MD, York Hospital & Southern Maine EMS Scott Smith, RN, NREMT-P, Maine EMS Peter Ver Lee, MD, FACC, Eastern Maine Medical Center David White, CCEMT-P, United Ambulance **Debra Wigand, M Ed, CHES**, Maine Cardiovascular Health Program Francis (Bill) Zito, Mid-Coast Maine EMS

MQF Dirigo Health Agency Incomplete without accompanying discussion

ACE

Debra Wigand, MEd, CHES (Chair), Maine CDC Cardiovascular Health Program

Carol Bell, Partnership for a Healthy Community

Dona Forke, Healthy Options Together

Chuck Gill, Central Maine Medical Center

Danielle Louder, Maine CDC Cardiovascular Health Program

Cynthia Pernice, MaineHealth

Connie Putnam, Knox County Community Health Coalition

Kelly Roderick, Maine EMS for Children, Kennebec Valley EMS

Dennise Whitley, MHA, American Heart Association

Metrics and Data

Mirle Kellett, MD, FACC (Chair), Maine Medical Center Richard Chandler, MD, Penobscot Bay Medical Center Darlene Glover, RN, MSN, Stephens Memorial Hospital Susan Horton, RN, MSN, Central Maine Heart & Vascular Institute H. Joel Johnson, RN, CCM, ACS, NovaHealth Sandra Parker, Esq., Maine Hospital Association Guy Raymond, MD, Northern Maine Medical Center Kim Tierney, RN, Maine Medical Center Peter Ver Lee, MD, FACC, Eastern Maine Medical Center Paul vom Eigen, MD, FACC, Northeast Cardiology Associates David White, CCEMT-P, United Ambulance

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