

In a Heartbeat Executive Committee Conference Call  
Tuesday, August 22, 2006  
9:00 AM- 10:00 AM  
Teleconference Minutes

**ATTENDANCE:**

Executive Committee members in attendance: Dr. Dennis Shubert, Ms. Deborah Carey Johnson, Dr. Steve Diaz, Dr. Bud Kellett, Dr. William Phillips, Dr. Guy Raymond, and Dr. Paul vom Eigen.

Not able to attend: Dr. Gus Lambrew, Ms. Darlene Glover, and Ms. Kim Tierney,

MQF staff: Mr. Christopher McCarthy, Ms. Tish Tanski

**MINUTES:**

Dr. Shubert reviewed the minutes of July 28, 2006 which were subsequently approved.

**DYNAMIC WORKGROUP REPORTS:**

**Metrics and Data:** Dr. Dennis Shubert began with a discussion of the two issues raised by Ms. Sandra Parker of the Maine Hospital Association:

1. Definitive legal opinion regarding the availability of data, given HIPAA restrictions: Ms. Parker has suggested that the In a Heartbeat Project procure a definitive legal opinion on the availability of data to be collected and distributed, particularly in light of HIPAA restrictions. Dr. Shubert explained that MQF would intend to hire a HIPAA-compliant contractor who would use patient identifiers to link records from the multiple providers in the chain of care and then provide the de-identified data to the project. The contractor would maintain business associates agreements with providers to allow submission of personal health information. IRB approval will be necessary. HHS allows such a project to proceed without individual patient permission when the only risk to the patient is privacy. He has asked the state Attorney General for an opinion on that approach.
2. Ms. Parker also asked that the Metrics and Data workgroup identify external reporting requirements for all reporting organizations (such as CMS) and identify those data elements that all hospitals would report. MQF staff has conducted preliminary analysis, and has concluded that EMS data will be a rich source of time-sensitive information. There is very little overlap with data collected presently by CMS and MHDO/MQF. The project anticipates that the data requirements will be different between transferring hospitals and PCI programs. The Metrics and Data workgroup and the Executive Committee will have to work with PCI Centers and hospitals to identify the information elements that might now be collected but not reported to external sources. Executive Committee

members discussed data definition differences between PCI centers, which will be addressed in the meeting of the PCI programs.

The meeting of the PCI representatives will be held on September 11 from 1-4:00 PM. Dr. Kellett will work with Ms. Tanski to distribute information on protocols prior to that meeting. Another meeting will be scheduled for the full workgroup, and the meeting scheduled for October 29 will be rescheduled because it conflicts with a professional cardiology meeting.

3. Data on AMI in Maine: At the request of the AMI Community Engagement workgroup, MQF is working with the Maine Health Data Organization (MHDO) to identify the number of STEMI AMI discharges in Maine by age, gender, location and primary treatment for a five year period. Mr. Christopher McCarthy indicated that the most frequent procedure code associated with admission for AMI was no procedure. The Executive Committee discussed a number of possible explanations, including:

- Patients who refused procedures.
- Same day deaths.
- Admissions for AMI that occurred remotely in time.

MQF staff will continue to work on the analysis.

#### **AMI Community Engagement (ACE):**

Ms. Debra Wigand reported that the ACE workgroup had not met since the last Executive Committee conference call, and that a meeting was scheduled for later in the day on August 22. The workgroup has nearly completed its analysis of goals, assets, barrier and potential solutions, and is reviewing research on the best ways to improve early recognition of symptoms by patients, their families and their friends, and early action by calling 911. The workgroup is also interested in working with EMS and the Heartbeat AMI Emergency Response and Treatment (HART) to involve EMS in reaching the public, and to review curriculum for EMS and Dispatch. Ms. Wigand asked Dr. Diaz about the best mechanisms to achieve that cross-committee work. Dr. Diaz indicated that Mr. Dan Batsie, EMS Director of Training, and Mr. David Kingdon, coordinator of Dispatch, are the best contacts. He noted however that Mr. Kingdon would be leaving soon. Ms. Tanski will contact Mr. Kingdon to ask for his suggestions on how to coordinate work after his departure.

Dr. Shubert announced that Maine Health has offered to fund AMI related community engagement activities that grow out of the process with two stipulations: (1) the proposed activities are high quality, and (2) other hospitals partner with In a Heartbeat.

**ALL STAKEHOLDER MEETING NOVEMBER 9, 2006, 12:00 Noon until 4:00 PM**

The Executive Committee discussed the meeting of all stakeholders, which is currently scheduled for the afternoon of November 9. The audience is the same as the initial meeting in April, and will include representatives of those involved in the chain of care, organizations with an interest, and those who work with the public. The purpose of the meeting is to present the work of the In a Heartbeat process and recruit people to begin implementing the recommendations. Products to share will include:

- HART:
  - twelve lead quality tool
  - twelve lead EMS curriculum
  - Dispatch protocols
- Metrics and Data
  - Transfer protocols
  - Metrics
- AMI Community Engagement (ACE)
  - A set of messages and strategies to improve patient awareness of early symptom recognition and early action (calling 911)
- Executive Committee
  - A data collection/dissemination/feedback process

**NEXT MEETINGS**

Conference call meetings:

- Thursday, September 21, 9-10:00 AM
- Tuesday, October 17, 9-10 AM

Stakeholder meeting (Augusta and 3 videoconference sites): November 9, 12:00-4:30 PM