

In a Heartbeat Metrics and Data July 18, 2006

ATTENDANCE:

Workgroup members in attendance: Dr. Bud Kellett, Dr. Richard Chandler, Mr. Joel Johnson, Ms. Sandy Parker, ESQ., and Ms. Kim Tierney. By teleconference, Dr. Guy Raymond.

Not able to attend: Ms. Susan Horton, Dr. Kevin Kendall, and Mr. Doug Libby

MQF staff: Dr. Dennis Shubert, Mr. Christopher McCarthy, Ms. Carrie Hanlon, Ms. Tish Tanski

IN A HEARTBEAT PROJECT AND THE ROLE OF THE METRICS AND DATA WORKGROUP

Dr. Kellett opened the meeting with introductions. Dr. Shubert described the “In a Heartbeat” Project, and the role of the workgroup, which is to come to make recommendations to the Executive Committee for the following:

- ◆ Consensus on the scientific basis for diagnosis and treatment of AMI.
- ◆ Agreement on regionally appropriate metrics.
- ◆ Identification of data elements needed and a method for compiling and utilizing the data.

Dr. Kellett provided additional background, noting that Emergency Medical Service providers and sending hospitals are looking to the state’s four PCI Programs to rationalize requirements.

PROTOCOLS

Dr. Kellett distributed three recent publications* on AMI, and stated that the In a Heartbeat Project is using the recent ACC/AHA guidelines as its standard. He explained that the science can be interpreted differently by different people, as is the case at the national level. Dr. vom Eigen added that each PCI Program faces different circumstances, and has developed its protocols for good reasons, but that there is much to be learned from each other by just sharing data, discussing the reasons for the respective protocols and finding common ground where it can be done to benefit patients. The workgroup discussed a next step of convening the leadership of the PCI centers in Maine.

Ms. Parker asked for clarity on the decisions to be made, questioning whether there would be one protocol or branching protocols. Dr. Kellett responded that consumers might like one protocol, but the workgroup might not be able to reach that goal.

Ms. Parker expressed concern that agreements between cardiology leadership might not address the concerns of sending hospitals. Dr. Shubert asked if the Quality Council of the Maine Hospital Association would be the best way to work with sending hospitals. Dr. Kellett observed that precedence has been that the tertiary care cardiologists are involved in areas relating to tertiary care, and emergency room doctors are involved in areas relating to non tertiary care. The group concluded with a two step process of first bringing together the cardiology centers, followed by a session with emergency room doctors. Ms. Tierney and Ms. Tanski will work with Dr. Kellett to organize and implement this two-step process. Ms. Tierney and Dr. Kellett will identify an appropriate contact at the PCI center in York county.

The group agreed that a key issue for sending hospitals is whether they can get the patient to a PCI center given the time requirements of the ACC/AHA guidelines.

DATA ELEMENTS

Ms. Tierney discussed the challenges of defining a patient cohort because different guidelines use different inclusion criteria. The group discussed using the advantages and disadvantages of using existing CMS criteria. Dr. Shubert and Ms. Parker have concerns, particularly for small hospitals, such as those with only ten patients. Dr. Shubert asked Dr. Kellett about Maine Health/Maine Medical Center practice regarding sampling of patients.

The workgroup developed a matrix for identifying all possible data elements that could be collected (attached to these minutes by reference). MQF will distribute the matrix to all workgroup members and ask for their comments and feedback. The workgroup will then work with providers at all level to identify the minimum data elements to be collected. Dr. Kellett emphasized the importance of looking retrospectively at the patient base and asked Dr. Shubert how the data will be collected. Dr. Shubert responded that a system was in development. Ms. Tierney indicated that the project in Minnesota involves a monthly call to patients, but it is very expensive.

METRICS

Dr. Kellett explained that the metrics developed by the workgroup would include outcome and process measures, and focus on data that providers are now required to collect and report to others. He described the fundamental approach of the workgroup, which is as follows:

1. Develop the metrics to measure:
 - a. Project outcomes (e.g., mortality, % patients receiving reperfusion, door to reperfusion)
 - b. Project process that will impact outcomes (door to data, door to reperfusion)
2. Metrics chosen should be amendable to collection during the process of care and:
 - a. Meet all current CMS, JCAHO, MHA data reporting core requirements, or
 - b. Important outcomes as determined by this committee, or

- c. Measure important processes which when carefully measured and managed can help improve outcomes.
3. Determine which metrics should be part of the public reporting process and which would be used internally for process improvement

WORKGROUP MEMBERSHIP

The workgroup discussed membership, and concluded that an EMS provider and an Emergency Department nurse would be important additions to the committee. Ms. Tanski will work with Dr. Diaz, Mr. Bradshaw and Dr. Kendall to identify an appropriate EMS provider. She will also ask Darlene Glover (RN, Stephens Memorial Hospital) to join the group.