

LERN STEMI Data collection

Data Dictionary Excerpt for Subsequent EKG

13) Subsequent EKG Diagnosed STEMI (Column N)

If the patient was not a STEMI or STEMI equivalent on pre-hospital or first EKG, and not diagnosed as a STEMI until a subsequent EKG performed, Please enter the time (military time) of this subsequent EKG in this column. *Note this is only if they do not meet above exclusion criteria.

**In the event that a Subsequent EKG is entered into Column N, the following changes in calculations will be made:*

- *Arrival at Receiving Center to Primary PCI (Device Activation) (Column W) will be calculated from Column P minus N rather than Column P minus L.*
- *Time of FMC (non-transferred patients) to Primary PCI (Device Activation)- (Column X) will be calculated from Column P minus N rather than Column P minus K.*
- *Door to Needle Time (Receiving) (Column Y) will be calculated from Column O minus N rather than Column O minus L.*

Feedback Report



STEMI FEEDBACK REPORT (JULY 2020-SEPTEMBER 2021)

Quarter	Hospital	Number of Patients	Time in ED of Referral Hospital				Time in ED of Referral Hospital with lytics				Time in ED of Referral Hospital with No lytics				Time FMC (transferred) to PCI			
			N	Median	25th	75th	N	Median	25th	75th	N	Median	25th	75th	N	Median	25th	75th
2020Q4	Blinded	9	5	63	62	81	0				5	63	62	81	4	122.5	95	157.5
2021Q1	Blinded	17	13	63	52	79	0				13	63	52	79	13	136	116	199
2021Q2	Blinded	18	12	75	50.5	108.5	0				12	75	50.5	108.5	11	129	93	173
2021Q3	Blinded	16	3	106	42	126	0				3	106	42	126	3	174	128	219
2021Q3	All STEMI	484	114	67.5	47	114	27	108	66	196	87	58	43	97	92	143	95	210

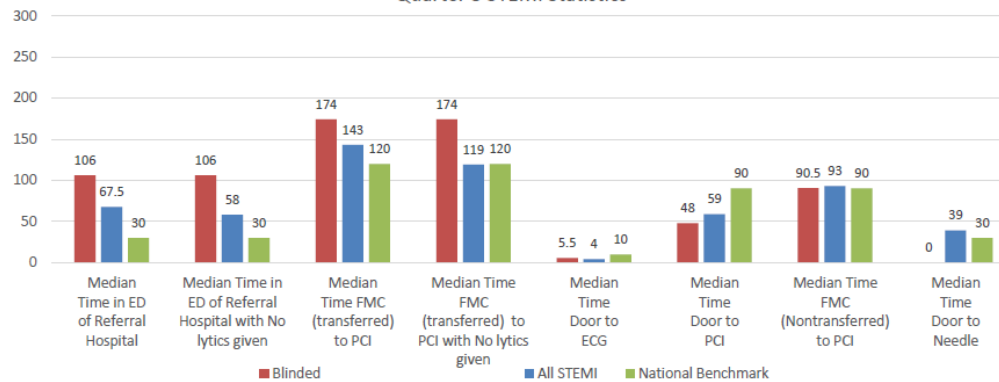
Quarter	Time FMC (transferred) to PCI with lytics				Time FMC (transferred) to PCI with No lytics				Time Door to ECG				Time Door to PCI				Time FMC (Nontransferred) to PCI				Time Door to Needle			
	N	Median	25th	75th	N	Median	25th	75th	N	Median	25th	75th	N	Median	25th	75th	N	Median	25th	75th	N	Median	25th	75th
2020Q4	0				4	122.5	95	157.5	4	5	4.5	5	8	30	21	55.5	8	78.5	62.5	92.5	0			
2021Q1	0				13	136	116	199	4	6	4.5	8.5	17	33	28	37	4	95	68	105	0			
2021Q2	0				11	129	93	173	5	7	5	9	16	38	25.5	53	5	71	65	83	0			
2021Q3	0				3	174	128	219	12	5.5	4	7.5	15	48	38	66	12	90.5	83	109	0			
2021Q3	15	186	153	286	77	119	93	200	384	4	1	7	420	59	39.5	81	195	93	73	114	15	39	35	72

Feedback Report



STEMI FEEDBACK REPORT (JULY 2020-SEPTEMBER 2021)

Quarter 3 STEMI Statistics



STEMI Feedback from LERN STEMI Medical Director, Dr. Christopher J. White MD.

During the third quarter of 2021, there were 16 patients treated for STEMI, with 3 transferred patients, with 0 receiving lytic therapy.

- The median time in the referring ED was 106 min, significantly longer than the LA receiving hospital average (67.5 Min), but more than 3 times the national benchmark (30 min).
- The median time from first medical contact (FMC) for the transferred patients to PCI without lytics was 174 minutes, longer than the LA receiving hospital average (119 min), and the national benchmark (120 min).
- The ED time to first ECG (5.5 min) similar to the LA receiving hospitals' average (4 min) and better than the national benchmark (10 min).
- The median DTB time was 48 minutes, much shorter than the LA average (59 min), and much better than the national benchmark (90 min).
- The median FMC to PCI for non-transferred patients was 90.5 min, similar to the LA average (93 min) and the 90 min national benchmark.

STEMI Receiving Center Requirements



STEMI-RECEIVING CENTER REQUIREMENTS

Each STEMI-Receiving Center in Louisiana should:

- 1) Have recognized hospital champion(s) for STEMI care.
- 6) Meet hospital procedural volume standards as delineated by the American Heart Association and ensure annual interventional cardiologist volume as delineated by the American Heart Association. May choose an alternate pathway for procedural volumes to include:
 - a. Evaluation of low volume operators Risk Adjusted Mortality Index (RAMI) by participating in the NCDR registry or GWTG-CAD registry with local quality over-sight, or
 - b. Develop internal quality program to evaluate low volume operators and indicate quality program specifics in attestation.
- 7) Have on-going multidisciplinary team meetings to evaluate outcomes and quality improvement data for all STEMI patients. Operational issues should be reviewed, problems identified, and solutions implemented.
- 8) Provide concurrent feedback to EMS and STEMI Referral Centers (including data sharing with EMS or referral Center at the end of case, quarterly meetings to review cases, and data exchange with the EMS/STEMI Referral Center).
- 9) Participate in the LERN STEMI workgroup to contribute to the development and management of a regional STEMI System of Care plan.
- 10) Demonstrate commitment to the Emergency Department (ED) and Cardiac Catheterization Lab having adequate staff, equipment, and training to perform rapid evaluation, triage, and treatment for STEMI patients.
- 11) Demonstrate commitment to developing and/or refining ED and Cardiac Catheterization Lab transfer protocol to be in compliance with the regional STEMI systems of care plan.

inegriore patients receive highest priority response and are communicated en-route to bypass STEMI Referral Centers (where appropriate).

13) Participate in state-wide data collection, quality improvement efforts, and feedback to ensure optimal STEMI care is delivered in Louisiana.

REVISED 1/21/2021

STEMI 2022 Strategic Plan

STEMI System
<i>2022 Goals</i>
Increase public awareness of heart attack signs and symptoms and the importance of calling 911 through the development and implementation of communications/marketing plans.
Develop and implement strategy to validate data sharing and performance improvement between STEMI Receiving Centers, EMS, and Referral Centers.
Develop and implement process for STEMI Referral Centers to submit data with a primary focus on: <ul style="list-style-type: none">• Time of symptom onset• Door to EKG• Lytic: yes or no• Time of transfer out to Receiving Center