In-Patient CODE STEMI

The Problem:

Faster times to reperfusion are associated with reductions in morbidity and mortality in patients presenting from the community with STEMI.

- Our internal system did not contain a process to rapidly activate and transfer an inpatient individual to the cardiac catheterization laboratory for reperfusion therapy.
- Non cardiology units not equipped to provide initial pharmacological therapy,monitoring standards during this high risk time were inconsistent and not communicated in a standard fashion to frontline providers.
- A delay in transfering a specific patient for emergent cardiac catheterization from the East Campus to West Campus had been identified.

Aim:

1. Standardize protocols for treatment of any in-patient manifesting an acute STEMI.
2. Facilitate administration of indicated pre cardiac catheterization medications prior to the patient's arrival in the cardiac catheterization laboratory.
3. Design an internal process for rapid activation of the cardiac catheterization laboratory and create a support response team to assist with transfer of an in-patient STEMI to the cardiac catheterization laboratory for open artery and intervention within 90 minutes.
4. Design a process to ensure ACLS ambulance transfer for patients residing on the East Campus.

The Team:

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- Donald Cutlip, MD; CVI
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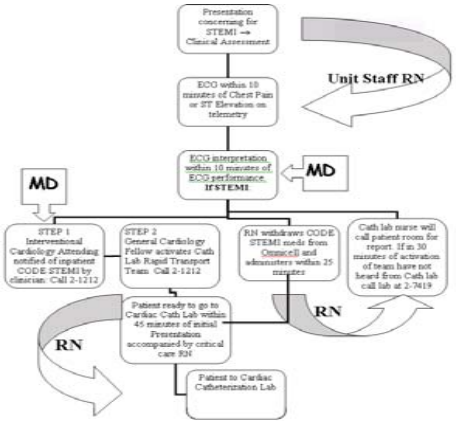
- Cindy Phelan, RN, MS; CVI
- Chris Borges, EMT; Cataldo Ambulance
- Jean Beach, CPhT; Pharmacy
- Diane Soulliard, PharmD; Pharmacy
- Sharon O' Donoghue, RN, MS; MICU
- Robin Griggs, RN, BSN; MICU
- Pam Browall, RN, BSN; CCU
- Sandra Denekamp; Telecommunications

The Interventions:

- Policy, procedure and staff education development
- In patient Code STEMI kits created in Omnicell with first tier medications; Pharmacy back up with second tier medications
- CCU and Finard 4 RN support nurse role description developed.
- Cataldo ambulance East Campus to West Campus transfer activation and process designed.
- In-patient CODE STEMI added to Telecommunications Paging system's CODE line (dial 2-1212)
- Protocol laminated and placed on all inpatient ECG machines in the Medical Center.

The Results/Progress to Date :



Lessons Learned :

- RN Concerns around providing immediate monitoring and initial medications were underestimated on non cardiology floors .
- This event rarely occurs therefore difficult to sustain MD's knowledge of steps / action to activate lab.

Next Steps/What Should Happen Next:

- Plan to revisit and reintroduce the initial care delivery, monitoring of the patient prior to transfer to the cardiac catheteriation laboratory.
- Reinforce process for initial activation on CODE cards to be distributed to all clinical staff.

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