



Highly Informative Tips (HITs) for Implementation

Acute Myocardial Infarction

Dissect the individual steps in the process. For door to balloon time measurements, for example, drill down each step in the process to identify large gaps. Examples are:

1. Time from arrival to AMI diagnosis
2. Time to notify Cardiologist
3. Time to Cath Lab
4. Time from Cath Lab to artery perfusion

Provide data to staff that is both meaningful and easy to identify. Make data very simple to read, bold, and easily identifiable for each person specific to their role. Look at outlying cases and what happened. Drill down to physician and staff level and discuss with them.

Share success with other departments. Engage staff by having them share their success with other departments. One hospital does a storyboard fair once a year, and departments can win prizes on their successes, outcomes and improvements and their work is displayed for all departments to see.

Segment the population. Rather than trying to improve every aspect of care for every AMI patient who comes to your hospital, start with a smaller group, such as only those patients who walk into the ED with an AMI. Once your team has implemented improvements with this group, spread the improvements to other groups, such as patients who arrive by ambulance.

Work with EMS and neighboring hospitals. Collaborate with Emergency Medical Services to identify potential AMI patients prior to hospital arrival. Make AMI improvement a community effort and work with other hospitals. We should work together when it comes to saving lives! Some hospitals allow the sending hospital to activate the cath lab team when transferring patients, or allowing EMS to activate the cath lab from the field.

Consider time saving processes. Save time by preparing items ahead of time. For example, have the catheter lab prepare a table for a catheterization before they leave at night for night shift cases. Also consider empowering staff to start the room set-up process rather than waiting for physician confirmation of AMI to save time. Look for places that involve delays or staff time to improve the time to reperfusion - e.g. cath lab staff parking when getting to hospital after hours. One hospital overcame this by providing valet parking to reduce staff time spent getting from parking lot to lab.

Use Multi-disciplinary rounds for AMI care. Conduct multi-disciplinary rounds on all AMI patients and be sure to include every member of the health care team (physician, nurse, pharmacist, discharge planner, etc.).

Share data publicly and give physicians a personal comparative "Report Card". Post data on the walls of the hospitals so that both patients and staff can see how they are doing. Share physician-specific rates on an annual or bi-annual basis to encourage 100% compliance. Some hospitals have tied physician-specific rates for AMI to their credentialing protocol, which is another way to encourage physician engagement and compliance.