

Hospital Name:

Memorial Regional Hospital

Address:

3501 Johnson Street
Hollywood, FL 33021
(954) 987-2000

Contact:

Melinda Stibal, RN, BS, CEN
Administrative Director of
Emergency and Trauma Services

2005 ED Volume: 95,830
Growth from 2004: 14.1%
Total Staffed Hospital Beds: 684
Acute ED Beds: unknown
Fast Track: No
Clinical Decision Unit: No

Problem to be Resolved:

Unable to meet national
guidelines for care for heart
attack patients

Key Words:

- Quality of care
- EMS

Lessons Learned:

Crucial to the success of such a program is to engage a broad team early on. For Memorial, this team helped secure support throughout the project. Additionally, it is important that the project be led by a neutral facilitator, who can ensure that the focus remains entirely on improving patient care. Memorial's staff also recognized the importance of believing that a goal can be met, establishing trust between different team members, engaging the quality improvement staff, tracking and reviewing each case, hardwiring the process, and maintaining communication between all participants.

Reason for Change:

New national standards for measuring quality of care call for heart attack patients arriving in the ED to receive an angioplasty within 90 minutes. Like many hospitals throughout the nation, Memorial Regional Hospital initially had trouble meeting this target.

Implementation:

Treating a heart attack patient in Memorial Regional Hospital had historically been a segmented process, with each part of the treatment process working in a sequential manner. The new "Code Heart" process is instead the combined efforts of a team of physicians, administrators, nurses and staff of the hospital's ED, cardiac catheterization lab (CCL), and Quality and Patient Safety Departments. Instead of being a sequential process, the team members can work simultaneously to make sure that no time is wasted in treating the patient.

An EKG is performed as soon as a patient arrives at the ED with a suspected heart attack, and if the results support this suspicion, "Code Heart" is paged throughout the ED and cardiac catheterization lab. They do not wait to get the opinion of an interventional cardiologist before beginning preparations in the CCL. Immediately the CCL prepares to receive the patient, while the ED prepares the patient to get to the CCL as quickly as possible. The ED team is responsible for getting the patient transferred to the CCL, rather than waiting for the CCL to report that they are ready for the patient.

Additionally, all medications needed by a heart attack patient are packaged together in a "Code Heart Medication Kit," so that they are easily accessible in a Code Heart situation.

Another change that has helped ensure that heart attack patients receive an angioplasty within the recommended 90-minute timeframe has been to include EMS in the process. The ED staff met with all local EMS providers to discuss the goal, and discuss how this goal could best be met. With EMS involvement, the hospital staff can begin the Code Heart process even before the patient arrives at the ED, as most EMS providers now fax EKGs to the hospital ahead of time. By meeting with EMS providers and showing them how their role is crucial to the outcome of the patient, EMS participation has been positive and effective.

Results/Impact:

In the eight months after implementation of Code Heart, Memorial Regional Hospital was able to meet the national standard of 90-minute door-to-balloon time in 85 percent of heart attack cases. The hospital's performance continues to improve, with 90 percent of heart attack patients meeting the 90-minute standard in January of 2007, and 100 percent in February.