



Interdisciplinary Approach to Myocardial Infarction on Door to Balloon Time- Implementation of "Code STEMI"

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INTRODUCTION

- ▶ The American Heart Association has set a goal of door to balloon time of 90 minutes in the treatment of patients presenting with an acute ST-elevation myocardial infarction.
- ▶ Current guidelines are for greater than 75% of patients to have D2B less than 90 min.

OBJECTIVE

To create a multidisciplinary approach to patients with STEMI that ensures adherence to the guidelines.

Direct Emergency Department Attending opening of the Cardiac Catheterization Lab.

Prompt 24 hour-turn chart evaluation of process and flow

Monthly "root cause analysis" of all patients

METHODS

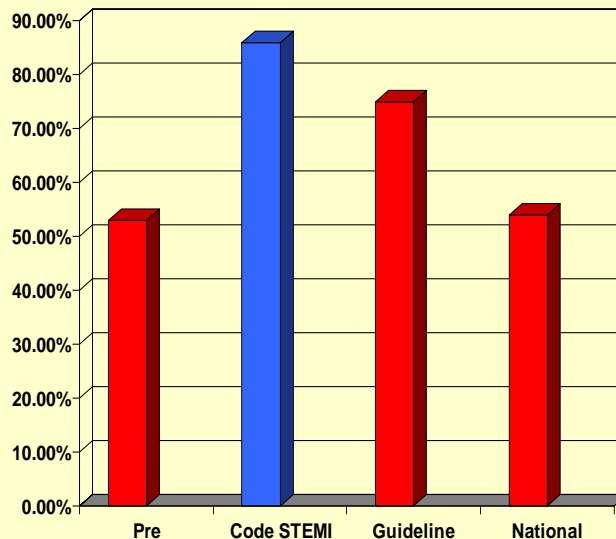
Setting: Urban academic medical center emergency department with an annual census of over 50,000 patients

Design: A before and after cohort study of all patients with STEMI who underwent emergent cardiac catheterization between July 1, 2006, and Dec 31, 2007.

The code STEMI system was implemented July 1, 2007.

Exclusion criteria: 1. STEMI from within the hospital. 2. STEMI transferred from another facility. 3. STEMI that evolved during the emergency department visit (non-diagnostic initial EKG).

RESULTS



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A total of 36 patients in the pre intervention group, and 21 patients in the CODE STEMI group.

The mean D2B times improved from 111min (95%CI 89-134) to 75 min (60-89) in the CODE STEMI group (p=0.01).

The proportions meeting the 90 minute goals increased from 56% (40-73), to 86% (70-100) (p=.04)

CONCLUSION

A multidisciplinary approach to the patient with STEMI markedly decreased total D2B time and percentage of patients below the 90 minute window