



Cardiac Recognition Application

2020



Application Instructions

Coordinator:

Interested facilities need to identify a Coordinator. The Coordinator will be responsible for submitting the required application information, submitting the surveillance data, QI documentation, and ensuring that the institutional commitment criteria are carried out.

Application Process:

Included in this packet is an application form. The application form, a copy of the acute care cardiac policy and procedures/order-sets, and the completed checklist need to be electronically submitted to the Cardiovascular Health Program no later than **August 9, 2020**.

Please submit to: Michael McNamara – mmcnamara@mt.gov

Notification:

Facilities will be notified by September 7, 2020 if their application was approved. The notification will include a sample press release, as well as information related to receiving the \$1,000 stipend.

Site Visit:

The application review committee will be conducting site visits on a sample of facilities. These visits may take place with little notice and may happen anytime between September 15, 2020 and September 15, 2021.

Questions:

If you have any questions regarding the certificate or application process, please contact:

Michael McNamara, MS, FAACVPR

Montana Cardiovascular Health Program

Phone: (406) 444-9170

mmcnamara@mt.gov



Cardiac Recognition Application

Date:

Facility name:

Address: City: Zip code:

Application submitted by:

Title:

Phone:

E-mail:

I attest that the material included in this application is accurate and represents the standard of care offered at our facility.

Applicant Signature: _____

CEO Signature: _____

Please return application, checklist and copy of cardiac policy and procedures/order sets to:

Michael McNamara, MS, FAACVPR
Montana Cardiovascular Health Program
PO Box 202951
Helena, MT 59620
Ph. (406) 444-9170
Fx. (406) 444-7465
mmcnamara@mt.gov



Cardiac Care Process Assessment – Quality Improvement

Cardiac care process assessment is a critical component in identifying areas that need targeted quality improvement (QI). Requirements of the recognition award are that facilities actively participate in process assessment, submit de-identified data to the Cardiovascular Health Program and demonstrate QI activities related to acute coronary syndrome (ACS). ACS includes ST elevation myocardial infarction, non ST elevation myocardial infarction and acute angina with a positive troponin. The process measures that need to be evaluated and reported on are:

- 1) Did the facility receive a 12-lead ECG from EMS prior to arrival?
- 2) Mode of arrival (EMS, privately owned vehicle, other)
- 3) ED arrival (date/time)
- 4) Door to ECG
- 5) Door to needle for thrombolytic patients
- 6) Transfer time (door in – door out)
- 7) ASA on arrival

For surveillance and feedback purposes, every six months over the 3-year recognition period, facilities are required to submit de-identified data on all patients to the Cardiovascular Health Program. A reporting Excel spreadsheet will be provided. Once the sample size is large enough, a semi-annual feedback summary will be shared with participating facilities. The summary will include benchmarking information that should help facilities in identifying QI projects. In addition, the facility must include documentation of at least one QI project that was conducted as a result of the feedback.

Cardiac Recognition Criteria Checklist for Acute Coronary Syndrome -- Critical Access Hospitals

Acute coronary syndrome order-set/policy and procedures include (please check):

- Vital signs, including pulse oximetry
- Morphine, O₂, Nitroglycerin
- ASA (aspirin)
- STAT ECG & continuous monitoring with 24/7 on site interpretation or referral reading specified
- Lab orders to include: CBC, platelets, PT/PTT, INR, BMP, Cardiac markers (troponin)
- IV placement
- TIMI risk score evaluation (optional)

STEMI policy and procedure (please check):

- Fibrinolytic protocol including specific agent, contraindications and dosing
- Post fibrinolytic anticoagulation protocol including agent and dosage schedule
- Antiplatelet protocol including specific agent with dosing

Non-STEMI policy and procedure (please check)

- Antiplatelet protocol including specific agent with dosing
- Anticoagulation protocol including agent and dosage schedule

Laboratory Services (please check):

- CBC, platelets, PT/PTT, INR, BMP, UA, Cardiac markers (troponin, etc.) available 24/7 lipid panel (within 24 hours)



Emergency Department (please check):

- EMS pre-notification
- Mode of arrival routinely recorded
- Cardiology consultation protocol with contact information available
- Documentation of time of arrival, time to ECG, time to cardiac marker analysis, time to fibrinolytic administration, and time to transfer
- Transfer protocol to include diagnoses, ECG, meds administered and referral care, no ASA or no fibrinolytic documented

Institutional Commitment (please check):

- Yearly ACS education provided
- Order-sets/policy and procedures reviewed every 2 years including date of last review – input from primary cardiac receiving facility recommended
- Orientation of ACS policy and procedures for new providers including locums
- Staff participation in ACS quality improvement supported by administration

Outcome Assessment/Quality Improvement

If awarded cardiac recognition, the hospital will commit to:

- Submit de-identified data on the last 10 (or all if <10) ACS patients to the Montana Cardiovascular Health Program every 6 months
- Identify and track one cardiac-related QI project/year based on feedback data