VHAC/Mission: Lifeline Bill of Rights

We hold these truth to be self-evident… that all STEMI patients are created equal, and are endowed with the inalienable right to rapid Reperfusion therapy and excellent Outcomes…that in order to form a more perfect STEMI System… we propose the following…

I. RIGHT TO REGIONAL STEMI TEAMS AND MEETINGS

a. A system-wide, defined STEMI champion team including:
   i. EMS
   ii. Emergency Medicine
   iii. Cardiology
   iv. Administration & Quality Improvement staff
b. All of whom are committed to scheduled (quarterly) meetings

II. RIGHT TO A PRE-HOSPITAL ECG

a. Pre-hospital ECG's performed on all chest pain patients in the field. As determined by local resources & practices, this would be available on all appropriate 1st response vehicles and may include transmission capability

III. RIGHT TO RAPID RECOGNITION

a. Screening ECG within 10 minutes of first medical contact regardless of initial site of patient presentation (fixed or EMS)

IV. RIGHT TO EMS / STEMI PROVIDER EDUCATION

a. A documented strategy and commitment to ongoing EMS ECG-related education (focused on ECG acquisition skills & interpretation), including processes for ongoing competency measurement. This should include all EMS providers at the level of BLS and above
b. Level-appropriate education for all STEMI care professionals

V. RIGHT TO STEMI PROTOCOLS

a. Written STEMI protocols (agreed on by all regional providers in advance) that specify therapies and destination. Those should clearly promote transport to the closest appropriate PCI hospital irrespective of health system affiliation. Guideline based thrombolytic use should also be addressed

VI. RIGHT TO PREHOSPITAL ACTIVATION

a. Written protocols that standardize, endorse, (**and expect**) real-time communication between EMS & STEMI treatment facilities in order to optimize pre-arrival activation of the cath lab and in-house STEMI system.

VII. RIGHT TO APPROPRIATE BYPASS

a. Appropriate regional protocols that promote EMS bypass of non-PCI hospitals if the nearest PCI hospital is within approximately 45 minute transportation time at the time of STEMI diagnosis, or as best determined by local treatment parameters.

VIII. RIGHT TO RAPID INTERFACILITY TRANSFER

a. Pre-specified and protocol driven processes for Recognition and transport to PCI hospitals of patients presenting to non-PCI facilities. This should also address timely administration of thrombolytics (per AHA/ACC guidelines) in appropriate circumstances
b. To anticipate system delay, each inter-facility transfer protocol should list more than one option for transport

IX. RIGHT TO PROMPT PROVIDER FEEDBACK

a. Standardized data collection on each STEMI case to include:
    i. 911 call
    ii. EMS first contact/Door time
    iii. First ECG time
    iv. Hospital arrival time
    v. Decision Time
    vi. Cath lab activation/Patient Arrival/Device activation
    vii. Door to 'lytics time
    viii. EMS response cycle times (for inter-facility transfers)
b. This performance data should be communicated to EMS, ED, non-PCI providers, and Cath lab staff in a timely manner

X. RIGHT TO FAIR AND ACCURATE DATA

a. A Call to ACTION: PCI centers (and non-PCI centers where resources allow) should participate in ACTION-GWTG, and should commit to sharing of blinded data at the Regional, State, and National level to promote fair and just quality improvement
b. Real-time Feedback: Each system of care should utilize a real-time data feedback loop to optimize rapid systems improvement and provider feedback.

Drafted by Dr. Pete O'Brien, Dr. Mike Kontos, Dr. David R. Burt, and Mr. John Dugan on behalf of the Virginia Heart Attack Coalition (VHAC) constituency; June 2012