

Kingman Regional Medical Center

Team Charter: Acute Myocardial Infarction



Team	Distinctions
Vision	The right care for every patient every time
Goal Statements	<p>RRMC: <i>an environment that fosters... pride in performance, clinical excellence</i></p> <p>ACM Acute Myocardial Infarction: Meet or exceed JCAHO mean score for quality indicators:</p> <ul style="list-style-type: none"> ACEI/ARB for LVSD Aspirin at arrival Aspirin at discharge Beta Blocker at arrival Beta Blocker at discharge PCT within 90 minutes of arrival (effective 7/1/06 discharges; changed from 120 minutes of arrival) Smoking cessation advice/counseling Thrombolytic medication within 30 minutes of arrival <p>TEAM:</p> <ol style="list-style-type: none"> Review current literature for evidence based materials relating to care of AMI patients Develop and implement Clinical Practice Guideline for AMI patient care, including suggested treatment protocol that is evidence based, appropriate, and effective Data Collection and staff and medical staff education as determined by the committee Monthly reporting of data collection regarding AMI indicators Share data and best practices from 8th scope of work Develop plan to educate medical staff and clinical staff regarding AMI Clinical Practice Guideline

Project Scope	<p>Plan: Identify customer needs/expectations, describe current process, measure and analyze data.</p> <p>Identify improvement opportunities, identify root causes of problems</p> <ul style="list-style-type: none"> Collect information relating to current evidence based care of AMI patients Present findings, recommendations, actions <p>Do: Generate and choose solutions, plan and implement a pilot of the solutions</p> <ul style="list-style-type: none"> Implement prioritized recommendation and actions Develop Clinical Practice Guideline for AMI patient <p>Check: Evaluate results of pilot, draw conclusions</p> <ul style="list-style-type: none"> Collect data to evaluate effectiveness of implemented recommendations and actions Analyze results Identify barriers and lessons learned and successes <p>Act: Monitor the change and hold the gains, standardize the change</p> <ul style="list-style-type: none"> For success, implement widely For non-effective actions return to planning to identify improvement opportunities Determine ongoing monitoring timeline to establish stability of new process
Team Leader(s)	Bill Clouse - Chair Clare Crum
Physician Champion	Dr. Saadeh Saadeh
Members	<p>RT: Danny Grado</p> <p>Pharmacy: Robert Tucker</p> <p>ICU/PCU: Dan Embrook</p> <p>Education: Ad Hoc-Love Elliot</p> <p>Case Management: Pat Robinson</p> <p>IR: Keith McKinney</p> <p>Ad Hoc Physicians: Dr. Katie Ager</p>
Facilitator	Edren Prevezer

Milestones	<p>November: Initiate Team</p> <ul style="list-style-type: none"> Organizational Meeting Design and assign data collection activity <p>January:</p> <ul style="list-style-type: none"> Analyze data Formulate recommendations and actions Implement actions <p>February/March:</p> <ul style="list-style-type: none"> Analyze results Implement widely or determine changes needed
Resources	<ul style="list-style-type: none"> 8th Scope of Work Resources AHA "Get with the Guidelines"
Ground Rules	<p>No cell phones, beepers, pagers, voceras</p> <p>100% participation</p> <p>"Get in, Get out" philosophy</p> <p>Respect for each other</p> <p>Complete assignments</p>

CEO/CMO support

- Attendance at Team Meetings
- "It's an incredible climb" – Brian Turney, CEO


My Responsibilities in Promoting Patient Safety

Because we are concerned about the health, safety and well-being of all who are patients, work for and visit Kingman Regional Medical Center, we are communicating information to you regarding our campus and the policies that will impact your stay with us.

- We are a Tobacco-Free Campus and comply with the Smoke-Free Arizona Act.** This includes all buildings, walkways and parking lots. It applies to our employees, physicians, contractors, visitors and patients.
 - If you are a smoker:**
 - As a patient you will not be permitted to smoke during your hospitalization. We are providing you with smoking cessation information and resources available to you during your hospitalization.
 - We strongly urge you to discuss with your physician and nursing staff, the use of available smoking alternatives and aids.
 - _____ (initial) I have received tobacco cessation information.
 - _____ (initial) I have been offered, but decline smoking cessation information.
 - _____ (initial) I am not a smoker.
- While hospitalized, for your safety, it is important that you **remain on the patient care unit.**
 - If you are considering leaving the patient care unit for any reason, please **first discuss this with your nurse.** Failure to notify your nurse is not in compliance with hospital policies and may affect your re-admission status.
 - If you leave the patient unit without permission from your nurse, you put your safety in jeopardy and assume the risk of injury. It is your responsibility to follow the treatment plan established by your physician, including the instructions of your nurse and the other health professionals assisting in your care. Kingman Regional Medical Center will not assume responsibility and disavows any liability, for any injury you sustain as a result of your refusal to follow the instructions of your caregiver, including leaving the patient unit without permission from your nurse.
- We urge you to **report safety issues** and concerns during your stay in the hospital. A safety hotline is available 24 hrs a day, 7 days a week. The phone number is extension 1131.
 - _____ (initial) I have received a patient safety brochure.

The above information has been explained to me and I understand my responsibility to comply with these policies for my safety while a patient at Kingman Regional Medical Center.

Patient Signature _____ Date _____ Witness Signature _____ Date _____

HR002 (Rev. 09/14/2016)

Lots of tools....

- How to put them in use?
- IS involvement

KINGMAN REGIONAL MEDICAL CENTER
 "Serving Our Community With Compassion and Commitment"

Home | Dept 7 | Log In | Physician | Resources | Medications | Policies and Procedures

List Medications By Number Sort Medications Alphabetically

MedForms
Quick Link

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Pick Your Search Criteria

By Number

By Site Code

By Title

Partial Number

All Forms CMP Forms Prescription Forms

Quality Indicators

Pneumonia
Document Your Evidence Based Care

Quality Indicators
Congestive Heart Failure
Document Your Evidence Based Care

Quality Indicators
Acute Myocardial Infarction
Document Your Evidence Based Care

THE 10 COMMANDMENTS OF ACUTE MYOCARDIAL INFARCTION TREATMENT FOR NURSES

1. Thou shalt give aspirin on arrival.
2. Thou shalt have an other intervention before unnecessary coronary intervention that those patient may get to Cath Lab within 90 minutes.
3. Thou shalt teach those sin-hungry patient to take aspirin every day henceforth, even into the end of days.
4. The infarcted heart is a jealous heart and if it sufferech rejection fraction less than 40%, thou shalt give ACE inhibitor to the heart may resisteth.
5. As thou giveth aspirin, so shalt thou give a beta blocker in the first day.
6. As thou teacheth aspirin, so shalt thou teach taking a beta blocker every day henceforth.
7. Thou shalt counsel those patient against smoking, and discourageth it, though they covet even their neighbor's tobacco.
8. Thou shalt ask the Cardiologist what those patient's rejection fraction is, and if the documenteth it not, thou shalt ask if he wants an echocardiogram.
9. Yea, though those patient have little blood, thou shalt giveth Plavix on the first day and not, unless thou giveth in Cath Lab.
10. Honor thy neighbor for those patient's pain's sake.

CONGESTIVE HEART FAILURE

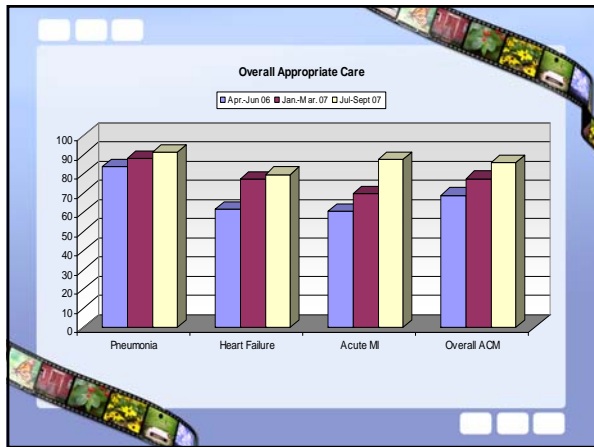
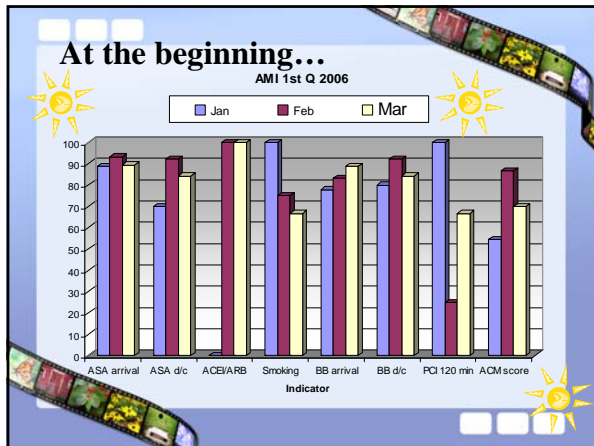
Dear Doctor,

LVF assessment is a quality indicator for Congestive Heart Failure patients. As a courtesy to you, we have located your patient's most recent LVF assessment done here at KRMC and placed it in the chart.

As you review the most recent LVF available, this information can be used to determine appropriate ACEI/ARB therapy for LVF less than 40%.

QM Department

Not a permanent part of the medical record. Please return to QM Department.



- ### What we learned....
- Must have Administrative support
 - Make it interdisciplinary
 - Educate, Educate, Educate
 - Keep the data visible
 - Celebrate your successes!

