



Vermont Program for Quality in Health Care, Inc.

# Reducing Door-to-EKG Time

MBQIP Domain - Outpatient

# Background

- VPQHC will be delivering four webinars, one for each MBQIP domain area
  - Care Transitions (EDTC)
  - Patient Safety
  - Outpatient
  - Patient Engagement
- Webinars will be **recorded** and posted to the VPQHC website, here:

<http://www.vpqhc.org/qp-mbqip/>

# Participating

- Registration is not required – a link will be sent to all participating hospitals via email
- Please use **either** your computer speakers/microphone or the dial-in information provided – using both causes an echo
- We will mute all lines at the start of the presentation – to ask a question, please use the chat box (you can send to all participants or just leaders) or the “raise hand” feature so we can unmute your line

# Door-to-EKG Times

- Current AHA guidelines <10 minutes
- Hospital Compare Data
  - Vermont 7 minutes
  - National 7 minutes

# Door-to-EKG Times

- Hospitals reporting this information (Hospital Compare)
  - BMH
  - CVMC
  - NMC
  - RRMC
  - SVMC

CAHs are not reporting this information

(UVMC did not have results available for the reporting period)

# Getting Started

- Inform ED leaders and staff
- Identify ED Champions/Task force
- Encourage staff involvement
- Determine current ability to obtain information and identify/address any barriers
- Determine current baseline

# ED Task Force

- Evaluate the patient arrival process to the ED
- Remember that patients arrive via different ways
  - Main ED entrance
  - EMS
  - Other

# ED Task Force

- Patient arrival through the main entrance
  - Greeter
  - Registration process
  - Signage

What steps occur from this door to the EKG?

Are there steps that could be streamlined?



# ED Task Force

- Patient arrival via EMS
  - Early notification?
  - Bed assignment process
  - Staff assignment process
  - Who obtains the EKG?
  - Do the various clocks match?

# ED Task Force

- What are the other ways that patients arrive to the ED?
- Consider patients coming from:
  - Internal clinics
  - Radiology
  - Visitors

# ED Task Force

- “Bed to EKG” components
  - EKG-trained staff
  - EKG machine requirements
  - Data entry piece

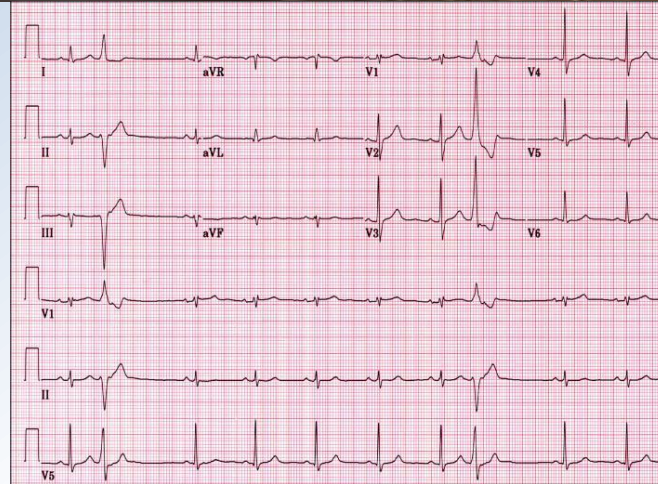
# ED Task Force

- EKG to provider for review
  - Initial/date/time?
  - Notification

# ED Task Force

- Opportunities
- Streamline processes
- WOW moments

# Process Changes



# Next Steps

- What if??? What if???? WHAT IF???
- Educate! Educate! Educate! ALL involved staff!
- Reference list
- Provide feedback
- Recognize “Good Catches”

# Other ideas...

- Assigned staff
- EKG machine location/availability
- Alternate locations for EKG



# Abstraction

- Manual
  - Issues with data integrity
  - Difficult to capture 100%
  - Typically retrospective analysis
  - Difficult to locate in EHR
- Automated
  - Includes all patients
  - Enable tracking, trending
  - Deeper dive
  - Improved PI

# Wrap Up

- Door-to-EKG <10mins
- New for smaller hospitals
- Inform ED leaders and staff
- Identify Task force
- Map process
- Determine current baseline
- Identify/address barriers

# Wrap Up

- Identify opportunities to streamline
- WOW moments
- Education and support
- Open communication
- Acknowledge “Good Catches”
- Evaluate abstraction methods

- Questions?
- Thank you!