



ACC Chapters and AHA Mission: Lifeline STEMI Efforts 2009

This document captures information from ACC Chapter Presidents and Governors, Chapter Executives and ACC members and staff, and will be updated on a rolling basis as activities are reported.

HIGHLIGHTS

- Most Chapters reported difficulty in promoting the AHA Legislation to their lawmakers due to financial crisis.
- Many projects and meetings are scheduled already in 2009 to move MLL/STEMI efforts forward.

ALABAMA

Governor Michael B. Honan, M.D., F.A.C.C.

Dr. Pierre Scalise, Recommended STEMI Champion

- The Chapter held a STEMI organizational meeting in November 2008 and is presenting the Mission Lifeline at the Chapter Annual Meeting, June 6, 2009.
- The Alabama Chapter has opted to initiate regionalization of MI care in the Birmingham area in cooperation with an ongoing effort of the Birmingham Regional Emergency Medical Services System (BREMSS).
 - This is a volunteer organization that acts as an extension of the Alabama Department of Public Health serving a seven county area in and around the Birmingham metropolitan area, with CEO Joe Acker who has been very active with Mission Lifeline, and serves as the President of the local Chapter of AHA.
- Pierre Scalise, MD, FACC, was appointed STEMI Committee chair by Chapter governor, Mike Honan, to serve as their liaison to this process and representing cardiologists in the area.

- Dr. Scalise has created a virtual community with cardiologists representing each of the nine interventional hospitals in the BREMSS area, and has communicated with them. He now co-chairs the STEMI Implementation Committee of BREMSS with an emergency physician, Dr. Sarah Nafziger, with 22 multi-disciplinary members including three other cardiologists who serve on the Chapter council.
 - Subcommittees include (1) a data collection committee, (2) A group to investigate EKG transmission from the field, (3) A group to credential prospective STEMI centers. Initial plans are for paramedics to be trained in EKG interpretation, although currently the plan seems to be to have medics rely on computerized interpretation.
- The STEMI Plan Implementation Committee of the Birmingham Regional Emergency Medical Services System is currently credentialing STEMI centers in the seven-county area around Birmingham where half of the hospitals are PCI-capable. This organization is under the umbrella of the Alabama Dept of Public Health, and the committee is co-chaired by our chapter STEMI chair and an emergency medicine physician from UAB. The plan is modeled on our Trauma and Stroke systems.
 - When the AL_ACC considered trying to advance legislation to mandate this, we felt that since AHA had developed the program based on sound scientific evidence of better patient outcomes from many communities around the country and around the world, that this could be done without legislation in the name of quality care.
 - We have met very little of the resistance that many were anticipating thus far. Most of the physicians in community hospitals without a cardiologist I suspect are relieved to not have to participate in the care of these patients.
 - We are hoping to roll this process out to the rest of the state after it is a little more developed. We felt that legislation would just politicize what is really a quality initiative, and mandate tying it to standards of care of 2008 (now 2009), and would make the process less fluid and potentially more prone to liability.

ARIZONA

Governor Steven S. Mehta, M.D., F.A.C.C.

- The Chapter is organizing and laying groundwork for a 2009 MLL meeting in the greater Phoenix area.

CALIFORNIA

Governor Gordon L. Fung, M.D., F.A.C.C.

Governor John Harold, M.D., F.A.C.C.

- 3rd Annual STEMI Summit in partnership with ACEP
 - June 5-6, 2009, La Quinta, Palm Springs

- California Department of Public Health call with NCDR staff explored options of aligning data collection and reporting from the ACTION Registry-GWTG and CathPCI Registry with a CA STEMI workgroup looking at systematic STEMI care coordination
 - Dr. Ralph Brindis, Dr. Janet Wright, and ACC Staff participated
- Dr. Ralph G. Brindis presented on MLL and ACTION-GWTG data collection at the Alameda County level

COLORADO

Governor, M. Eugene Sherman, MD FACC

- The Colorado ACC Chapter is an active participant in Colorado's Mission Lifeline. Jeb Burchenal, MD FACC is Chairman of the STEMI Planning Committee - the working group in Colorado. Colorado ACC Governor, M. Eugene Sherman, MD FACC, and John Messenger, MD FACC serve on the committee. Through the efforts of the ACC Chapter and BOT member, John Rumsfeld, MD FACC, we plan to enlist more hospitals to sign up with NCDR in Colorado.

FLORIDA

Governor Alberto E. Montalvo, M.D., F.A.C.C.

Recommended STEMI Champion: Sameer Mehta, M.D., F.A.C.C.

- The FCACC successfully helped defeat legislation - Specifically, proposed legislation HB 1033 and SB 1938. While these pieces of legislation increase the awareness of the need to create a state wide STEMI care system, both of these bills by imposing a timeline for the establishment of EMS referral patterns and by mandating hospital care protocols have raised significant concern from Florida Cardiologists, as well as a number of healthcare provider groups. The legislation seeks to enforce changes in STEMI care through these government mandates to be implemented by the Florida Agency for Health Care Administration (AHCA) and the Florida Department of Health (DOH) in different regional emergency care areas. FCACC was joined in opposition by the EMS and ER physician groups. FCACC plans a meeting of stakeholders in June to address building a network outside of legislation.
- FL-ACC will not push MLL legislation as any legislation that defines the practice of Medicine, as any deviation breaks the law and becomes a criminal act.

HAWAII

Governor Edward Chesne, MD, FACC

Governor Elect Joana H. Magno, MD, FACC

- Hawaii has recruited the Queen's Medical Center enrolled in the ACC D2B initiative. We have been very proud to have worked on this project as a collaborative effort between paramedics, who now have the ability to transmit pre hospital EKGs, ER MDs and Cath lab, and Cardiologists in dramatically improving the Door to Balloon time. We have also had tremendous support from our nursing staff who have just been recognized with MAGNET status. It is now the expectation to have MI patients managed within the 90 minute target, in fact, many of our patients are now under 60 minutes.

- Our efforts at the Queen's Medical Center have received local recognition as well as regional recognition thru the VHA system. It has also certainly accelerated the efforts of other hospital systems in our State to get active.

INDIANA

Governor Richard J. Kovacs, M.D., F.A.C.C

- Indiana Chapter ACC and AHA partnered to conduct a highly successful Mission Lifeline kickoff meeting in Indianapolis on April 23. Dr. Richard Kovacs FACC chaired the event, attended by more than 100 cardiovascular providers from all regions of Indiana. The output from that meeting is being used to form workgroups that will tackle the issues facing EMS, STEMI accepting and STEMI referral hospitals, with a goal to provide door to balloon times of less than 90 minutes to all Hoosiers with STEMI.
- IN-ACC has met with representatives of the AHA to plan for a meeting with ACC/EMS/AHA representatives for spring 2009.
- AHA Mission Lifeline representatives will attend the upcoming legislative day dinner to meet key stakeholders in the IN-ACC chapter.
- An ACC champion has yet to be named, but we will likely partner with EMS in the Mission Lifeline project.
- Like other states, legislative action this session will not happen.

ILLINOIS

Governor Diane E. Wallis, M.D., F.A.C.C.

Illinois Mission: Lifeline STEMI Systems of Care 2008-2009

- After a year of stakeholder collaboration on the Mission: Lifeline Task Force, a large and successful conference was held in June in Peoria IL to celebrate the progress and set the action plan for 2008-2009.
- Downstate IL boasts a large network through Prairie Heart Institute covering the Capitol city of Springfield and stretching from south central IL well into the southern part of the state.
- Also in central IL, Peoria IL continues its long standing STEMI network using a 12 lead and D2B program that actually began in the late 80's.
- Chicago IL is covered by one EMS region and agency, the Chicago Fire Department. The Mission Lifeline Task Force in collaboration with the CFD will launch a pilot in the spring representing rapid progress and change in what had been identified as the state's greatest challenge for implementation.
- A recent survey revealed the good news that many of the Chicago suburbs and collar counties are well supplied with 12 leads and the task force will now work to help organize networks of receiving centers and transfer agreements.
- A close, consistent working relationship with the state's EMS system has been a key factor in a successful first year and beyond for the Mission: Lifeline Task Force.

IOWA

Governor Craig Clark, D.O., F.A.C.C. Recommended STEMI Champion
Dr. Mark Tannenbaum, MD, F.A.C.C. Recommended STEMI Champion
Amar Nath, MD., Recommended STEMI Champion

- As of May, written and had approved by the state department of health a STEMI diversion protocol for all EMS systems in Iowa.
- Immediate Goals:
 - Identify and involve all stakeholders
 - Develop a statewide diversion protocol for EMS to transport to PCI facility
 - Identify EMS resources and needs around the state- survey 80% completed
 - Partner with Iowa Healthcare Collaborative for data acquisition and management
 - Involve industry update state EMS protocols to assure 12 lead ECG capability for all EMS agencies in the state at all training levels.
- Several of the metro areas have already developed successful local EMS integrated "Cardiac Alert" programs.
- Partnering with AHA on Mission Lifeline:
 - Two meetings have been held which involving IA-ACC, AHA, several PCI facilities, EMS representatives, Iowa ACEP representatives, state Department of public health representatives, University of Iowa, nursing leaders, and community leaders to the successful local programs to a statewide system.
 - Next meeting is planned for January 2009.
- Recently talks in our STEMI committee have turned towards seeking state legislation that would MANDATE transfer of all STEMI patients to a PCI center. If said patients were identified in the field by EMS they would bypass non-PCI hospitals.
 - Such legislation already exists in Iowa for trauma patients within 30 minutes of a level I trauma center. This debate on this issue is ongoing. We understand that in the current economic environment we will not receive government funding but rather are seeking a mandate with enough "teeth" to drive change and compliance. Perhaps combining STEMI with stroke and trauma as "time critical events".

KANSAS

Governor Thomas Doyle, M.D., F.A.C.C.

- Dr. Doyle has been actively involved along with Dr. Lambert Wu, a state council member.
 - Dr. Wu is on the educational subcommittee working with the Kansas Dept. of Health and Environment (KDHE) educating the public, legislature and health care worker about heart disease and smoking.
 - Dr. Doyle is the chairman of the cardiovascular disease council and work directly with the KDHE.
 - The chapter has met with EMS officials from around the state, AHA and others in forming a working group to treat both MI and CVA. They have divided the state into 6 regions to help coordinate care especially for rural areas with no PCI center. It is quite a task and one that will continue for months to years to come.

- KS-ACC has divided the state into different regions based on population and EMS coverage to engage MLL.
 - Some areas are literally hours from a PCI center and some with very low volumes not staffed 24/7, while others such as Kansas City have many. Thus we believe the standard of care depends on available resources.
 - I am very strongly opposed to legislating this type of care especially in today's environment. We need to build more bridges and put up fewer barriers.

MAINE

Governor Marco Diaz, M.D., F.A.C.C.

Dr. Gus Lambrew, M.D., F.A.C.C., Recommended STEMI Champion

- In Maine we (ACC) participated in AHA annual scientific session this year which focused on AHA mission lifeline and coordination of STEMI care. I was on the steering committee. Drs Janet Wright and Alice Jacobs spoke. Maine quality forum and all PCI centers shared ideas.

MARYLAND

Dr. Scott Friedman, M.D., F.A.C.C., Recommended STEMI Champion

- The MDACC Council will meet in person with Robert Bass, MD, chair of the effort to develop specialty referral centers for STEMI management in June to discuss recommendations from the cardiology community.

MICHIGAN

Governor Howard S. Rosman, M.D., F.A.C.C.

Dr. Eric Bates, Recommended STEMI Champion

- Referring Hospital Workgroup and EMS Workgroup have been formed. Both groups are conducting surveys. Action plans will be formed based on the results of the surveys.
- The second state meeting was held in January 2009 and focused on refining the work plan for the remainder of the first year of Mission: Lifeline in Michigan. Task force members agreed to break into three separate work groups for the remainder of the year to accomplish the following tasks: a statewide meeting of the STEMI receiving hospitals, a survey of STEMI referral hospitals on educational and institutional needs, and identification of key EMS needs and barriers around the state. For more information, contact [Sarah Poole](#).
- June 10, 2009 Conference: *Moving Beyond D2B in Michigan: Establishing STEMI Systems of Care*
 - Eric Bates and Stu Winston are Co-Chairs
- The Michigan Chapter ACC is partnering with AHA for Mission Lifeline in Michigan.
 - Sarah Poole, Michigan Director of State Health Alliances, American Heart Association Midwest Affiliate is the project lead.
 - Eric Bates, MD and Stuart Winston, DO are co-chairing Mission Lifeline in Michigan.

- A steering committee has been formed that includes:
 - Eric Bates, MD
 - Stuart Winston, DO
 - Brahmajee Nallamotheu, MD
 - Cecelia Montoye, RN, MSN, CPHQ
 - Eva Kline-Rogers, RN
 - Denise Busman, RN
 - Alice Betz, MI-ACC Chapter Executive

MINNESOTA

Governor Gary Hanovich, M.D., F.A.C.C.

- Chapter President Hanovich and Chapter Executive Bill Monn met with AHA representatives at AHA offices in October 2008 to discuss joint participation in Mission Lifeline.
- MN-ACC board member Dr. Tim Henry was one of the key speakers at a Mission Lifeline afternoon program in December 2008 hosted by the AHA and the Minnesota Department of Human Services.
 - MN-ACC Executive Director Monn was in attendance and reported to the MN-ACC Board meeting in later December.

MISSISSIPPI

Governor Thad Waites, M.D., F.A.C.C.

- Dr. Waites is on the STEMI committee for the Greater Southeast affiliate of the AHA

MONTANA

Dr. Blair Erb, Recommended STEMI Champion

NEBRASKA

Governor Michael Delcore, M.D., F.A.C.C.

- The first meeting for Mission Lifeline is January 14 to begin organizing efforts.

NEW MEXICO

BOG Chair Jane Schauer, M.D., F.A.C.C.

- Presbyterian Hospital registered STEMI system with Mission Lifeline
 - They are working with D2B protocol and Mission Life Line to hopefully achieve a State wide/regionalized network of STEMI care.
- New Mexico is experiencing difficulty in achieving D2B times due to the large size of the State.

NORTH CAROLINA

Governor Oscar R. Jenkins, M.D., F.A.C.C.

Dr. James Jollis, M.D., F.A.C.C. Recommended STEMI Champion

- STEMI system involving 65 hospitals was established by the North Carolina Chapter 3 years before the initiation of Mission Lifeline. [JAMA 2007;298:2371-2380]
 - Currently the Chapter is targeting all 120 hospitals and associated emergency medical systems in the state.
- Activities include appointment of two state system directors (Lisa Monk, RN, and Jenny Underwood, RN, co-funded by hospitals), establishment of 12 additional regional STEMI system coordinators, RACE-ER kick-off meeting May 2008, 4 regional meetings October through December 2008, 3 regional ECG STEMI training courses for EMT's and nurses, provision of on-line ECG training to all emergency medical systems in the state, multiple hospital and EMS site meetings, and execution of data use agreements for all 22 PCI hospitals to collect and aggregate ACTION data.
 - These activities are directed and led by ACC Councilors and members throughout the state including William Hathaway, M.D., F.A.C.C., Hadley Wilson, M.D., F.A.C.C., David Bohle, M.D., F.A.C.C., Lee Jobe, M.D., F.A.C.C., Joseph Babb, M.D., F.A.C.C., Christopher Granger, M.D., F.A.C.C., and James Jollis, M.D., F.A.C.C.
 - These efforts have been conducted in collaboration with the Society for Academic Emergency Medicine, American College of Emergency Physicians, North Carolina Office of EMS, regional hospitals, and the Mid-Atlantic Affiliate of the AHA.
 - To date, the Mid-Atlantic Affiliate has funded 1 regional coordinator and co-funded multiple meetings.

OKLAHOMA

Governor Stanley P. Defehr, M.D., F.A.C.C.

- I think this could have unintended consequences in Oklahoma as distances between PCI hospitals is sometimes great.
 - Treatment with thrombolytics may be more advantageous for more isolated communities.

OHIO

Governor Robert E. Hobbs, M.D., F.A.C.C.

- OH-ACC has designated a STEMI champion and formed a STEMI physicians committee.
- A state-wide STEMI meeting is planned for March 24, 2009.
- There are >1100 medical transport companies in Ohio and hundreds of hospitals.
 - There are several rural counties in Ohio that do not have a 911 system.
 - Several hospital systems in Cincinnati, Columbus and Cleveland purchased EKG equipment for their local EMS providers.

- OH-ACC leaders:
 - Met with leadership of the regional AHA to partner with them on STEMI programs
 - Designated a "champion" of the cause to keep abreast and spearhead new STEMI programs
- D2B results are reported for all STEMI centers in Ohio
 - Hospitals could use information on "best practices" or "How we do it" from the best of the best in order to improve D2B performance
 - The political scene is difficult to navigate with hundreds of EMS providers and hospitals in Ohio.
- At the ACC-Ohio Legislative Day in May, 2008 in Columbus, lawmakers did not seem willing to take on the task of legislating STEMI mgt guidelines for EMS or hospitals
 - Cleveland EMS could not afford to purchase the equipment to transmit EKGs to STEMI centers. University Hospitals plan to purchase the equipment for them.

OREGON

Governor Michael C. Widmer, M.D., F.A.C.C.

- The OR-ACC is now on their third summit planning meeting and the medical school (OHSU) is also now involved.
- The Oregon Chapter is planning a STEMI/D2B conference on May 29, 2009 in Portland.
 - This event will precede the Oregon Cardiovascular Symposium which is scheduled for May 30 - 31, 2009.
 - The goal of the summit is to create a statewide STEMI alliance between all the stakeholders in the state (cardiologists, ER, EMS, Admin etc) in order to develop regional guidelines/best practices for treating STEMI, dovetailing with the AHA's mission Lifeline initiative. One of the individuals on the planning committee is Beth Gepstadt of the AHA, Pacific NW region.
- On Dec 10th, the Chapter will conduct the 2nd planning meeting for the STEMI conference. The meeting objective is to finalize the agenda for the "2009 STEMI/D2B Conference - Finding the Oregon Solution"
 - Included in this meeting are major stakeholders on this issue including the State EMS Director and the American Heart Association and American Stroke Association
- Governor Widmer and Beth Gepstadt will meet in January 2009 to discuss collaboration on advocacy, education and prevention issues.

PENNSYLVANIA

Governor Paul N. Casale, M.D., F.A.C.C. (Chapter President)

Governor Daniel Edmundowicz, M.D., F.A.C.C.

- Dr. Steven Ettinger, past-president of the Pennsylvania Chapter has been leading the efforts with the American Heart Association.
 - He most recently met with AHA on Friday, December 5th to help define the direction of the program. He outlined the following areas of discussion:
 - Encouraging hospitals to enroll in the AHA Mission Lifeline program.

- Survey EMS in an effort to establish current state with regards to STEMI care (12-lead ECG capability; triage protocols).
 - Creating a map that lists all PCI hospitals in the state that are "EMS receiving".
 - Communicate with all hospitals / state organizations (PMS, ACC, Emergency physicians) about this program in an effort to gain interest.
 - Identify other stakeholders for this program (healthcare providers, payers, etc) who will be responsible for certain tasks.
- The next meeting is scheduled for mid-January.

PUERTO RICO

Governor Jose R. Rivera Del Rio, M.D., F.A.C.C. Recommended STEMI Champion
 Dr. E. Viruet Recommended STEMI Champion

RHODE ISLAND

Governor Steven R. Fera, M.D., F.A.C.C. (AHA Chapter President)

- This was the [news coverage](#) surrounding our recent STEMI Summit. The media focused on preparedness of EMS personnel to deal effectively with the appropriate triage of these patients. With a multitude of EMS providers in RI, this remains a considerable challenge.
- On April 7th, the RI Founders Affiliate of the AHA held a STEMI Summit to explore ways in which pre-hospital care could be improved throughout the state through the development of STEMI networks and standardized protocols. This event was sponsored by our Chapter with financial support provided through a new program of grants received from the national ACC organization. Several chapter members have participated in ongoing organizational meetings both at the AHA and at the DOH and made presentations last evening to a large group of stakeholders including: EMS providers, physicians, nurses, hospital administrators, third party payers and municipal leaders. This initiative serves to perfectly complement the ACC's highly successful D2B project whose goal was to improve efficiency in the delivery of primary PCI care for STEMI patient's at PCI centers. The AHA recognizes the importance of pre-hospital care which resulted in it's Mission:Lifeline initiative. The Summit explored the challenges and barriers which need to be overcome statewide to improve STEMI care in RI. This collaborative effort proved quite successful in providing a strong foundation for further progress. During the summit a recommendation was made that all health care facilities participate in the combined ACTION – GWTG registry to provide the tools essential to assess quality and improve performance as this project evolves.
 - Enthusiasm for the event, especially among EMS providers was very high and over 200 individuals attended. Dr Alice Jacobs provided the keynote address followed by several other speakers. For the second half of the program, Jim Taricani, a local Channel 10 investigative reporter and heart transplant recipient moderated a group panel discussion. The feedback was very positive and we expect this to be the first steps in developing a state-wide STEMI network.
- In spring 2008, the RI Division of the American Heart Association began a series of meetings to address the need for establishing a statewide STEMI Network

- This working group included both local AHA staff members assigned to the project as well as regional AHA leadership. Several cardiologists were recruited (including Dr. David Williams, a member of Dr Alice Jacobs advisory committee to develop the Mission Lifeline (MLL) initiative) as well as local EMS leaders
- Although the RI-AHA initially considered a legislative initiative to advance the project, the state's fiscal crisis virtually guaranteed a lack of funding to implement any new legislative mandates, even if broadly supported
 - Dr. Fera sent a "call to action" letter to the Governor and the Director of the Department of Health (Dr. David Gifford) to assess their level of interest and received a favorable response. Subsequently, several members of this group met with Dr. Gifford and the Director of Emergency Medical Services to discuss the MLL initiative and need for a STEMI Network in RI
 - The RI DOH is engaged in the process of developing an acute STEMI protocol for statewide use
 - The RI Department of Health understood the importance of reperfusion therapy for all STEMI patients and have developed a EMS protocol to enable transfers to a PCI-capable institution. This mandate obviated the need for a legislative mandate from the General Assembly and enabled us to focus on education of EMS personnel and ED physicians to ensure access to rapid reperfusion (especially PCI) occurs.
 - RH-ACC recommends other Chapters to reach out to their DOH as they may be empowered to provide this mandate without legislative approval and establish a model for EMS much like they have with trauma patients (who bypass local hospitals to be transported to a "trauma center").
- As there are nearly 90 separate EMS providers in RI, the workgroup sent out a survey to evaluate the existing capabilities and current practices of the various EMS units
 - The availability of 12-lead ECGs, extent of use and ability to transmit tracings to PCI-capable facilities were among the questions asked. The response to the questionnaire, which was due December 5th, has been good and the data will be shared with the DOH to assist in their needs assessment.
- For many groups, funds are not available in this fiscal year to provide specific training or update/acquire contemporary 12-lead ECG technology.
- In April 2009 the AHA will be hosting a Summit Meeting for EMS providers, ER physicians and nurses, hospital administrators, government officials, third party insurers and other stakeholders
 - Through a combination of speakers and panel discussions the attendees will learn more about the current AHA/ACC STEMI guidelines and why the establishment of a STEMI Network can most efficiently improve rapid and widespread access to reperfusion therapy
- The AHA has allocated significant resources to promote the current guidelines and to help train EMS in the importance of 12 lead ECG acquisition and transmission as the key to cath lab activation and short D2B times. Local AHA chapters have provided great community "connections".

SOUTH CAROLINA

Governor Michael Gold, M.D., F.A.C.C.

Dr. Eric Powers, Recommended STEMI Champion

- Statewide STEMI initiative
- ACC has been a partner since the beginning
- SCHA formed the SC Heart Care Alliance during the D2B initiative - had 100% enrollment of SC PCI centers
- Have now created the SC Mission: Lifeline, from the national Mission: Lifeline initiative as part of the HC Alliance
- SC Mission Lifeline Steering Committee consists of AHA, ACC, SCCEP, SCHA, DHEC EMS/Trauma, Cardiac Center Administrators, ED Nurse, Cardiologists and ED Physicians
- Developing an EMS advisory Committee to the Steering Committee
 - Statewide STEMI system of care – emulating after the Duke Program in NC but with a statewide (not regional) focus

SOUTH DAKOTA

Governor Jim Walder, M.D., F.A.C.C.

- SD-ACC is holding meetings to develop a general statewide "access to medical care" plan
 - Dr. Walder is a representative to this workgroup for the ACC
 - The first meeting took place on 11/17/08, and was attended by SD-ACC's STEMI Quality RN Part of this overall initiative involves AHA and MLL
- Dr. Walder met with his AHA counter part in December 2008 to discuss how to work together to further the statewide plan, and how to use the regional D2B framework implemented at Rapid City Regional Hospital to link together hospital system institutions in the region, as well as some outside the system, to facilitate rapid access to appropriate STEMI care.
 - Rapid City is unique in the state for the development and use of a regional outreach program devoted to STEMI management, education, and transfer and communication procedures.
 - This is the agreed upon strategic approach based upon the existing infrastructure from D2B to achieve joint cooperation among SD state agencies, AHA, and ACC toward a common goal, better access to medical care for a rural state.
 - South Dakota is another state with wide geographic separation of STEMI-PRIMARY PCI capable institutions. We have looked at the timing of D2B in the western part of the state, and have seldom been successful in getting in under guideline timetable despite a considerable effort at organizing transfer protocols and education in outlying hospitals.
 - We are not considering any legislative mandates to interfere with good clinical judgment and optimal patient care, but are forming a state-wide committee under AHA-ACC MISSION LIFELINE umbrella to developed a plan for facilitating patient access to medical care in a general sense.

- The initial focus will be on the STEMI issue, probably combining PCI and thombolytics according to geographic dictates. STEMI was picked to start since there are already systems in place on both east and west sides of state. Nearly simultaneous work will relate to stroke treatment and systems of care, access, and education. Though I understand the reasoning behind it, I think the fewer legislative mandates we allow in medicine, the better.

TENNESSE

Dr. Steven Manukian, Recommended STEMI Champion

VIRGINIA

Governor John E. Brush, Jr., M.D., F.A.C.C.

Governor Elect John Dent, M.D., F.A.C.C.

- On May 16th the VA Heart Attack Coalition will host its Stakeholdres Summit. This program will address development of STEMI systems of care in regions of Virginia, through the Virginia Heart Attack Coalition’s implementation of AHA Mission: Lifeline guidelines, and provide a forum for building relationships with key stakeholders. Its focus is appropriate for physicians (noninvasive and interventional cardiologists, cardiac surgeons, emergency care and critical care practitioners, internists, nurses, EMS personnel, PCI and non-PCI hospital administrators, payers, quality and outcomes experts, and government officials invested in the care of ST-elevation myocardial infarction (STEMI) patients.
- ACC and AHA worked with the QIO in Virginia in 2004 on a statewide QI project called GAP-Virginia Using Get with the Guidelines. They have analyzed Medicare data which showed that we had a modest positive effect on quality of care; this study will be published in *Circulation*.
- Founding members of the Virginia Heart Attack Coalition and project
 - Dr. Pete O'Brien is the lead for VCACC
 - Project Goals: To improve system performance from first recognition to reperfusion by
 - Achieving implementation of a formal customized interdisciplinary plan in each region
 - Standardizing identification, treatment and transfer protocols consistent with current ACC/AHA guidelines
 - Establish clear-cut transfer systems/methods
 - Reduce door to reperfusion times
 - Providing appropriate quality improvement resources at all levels of service delivery
 - Improve EMS capabilities, including needed equipment and training
 - Establish integrated data collection that provides a feedback mechanism
 - Standardized
 - Streamlined

WASHINGTON

Governor Daniel P. Fishbein, M.D., F.A.C.C.

- First STEMI Summit, in close partnership with AHA, WA Dept of Health, and the WA Hospital Assn is in the process of being created.

WEST VIRGINIA

Governor Steven McCormick, M.D., F.A.C.C.

- Dr. William Carter has supported sustained D2B efforts over the last year organizing work groups, traveling to different towns, gathering stakeholders, and holding numerous meetings. These efforts were supported by a grant of \$200,000.00 from a local foundation
- ACC's CVN featured this work
- Forged close alliance with local AHA
- WV-ACC Chapter meeting held on Nov.22 started with a well organized presentation on MLL. Local AHA sponsorship
 - Dr. Chris Granger and Mayme Roettig NP were sponsored by AHA and they made inspiring presentation to 65 attendees. The presentation was then completed by Dr. Janet Wright with discussion on D2B
- WV-ACC is planning to expand efforts statewide with involvement of Chapter members and other stakeholders
- D2B in WV has 100% participation and is making very good progress

WISCONSIN

Governor Matthew Wolff, M.D., F.A.C.C.

- Wisconsin is working closely with WS-AHA.
- The first stakeholder meeting was Tuesday, May 19.