



World Quality Month 2020 Celebration

Title: "Time is Muscle"- PCI in time saves the heart!



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INTRODUCTION

Introduction:

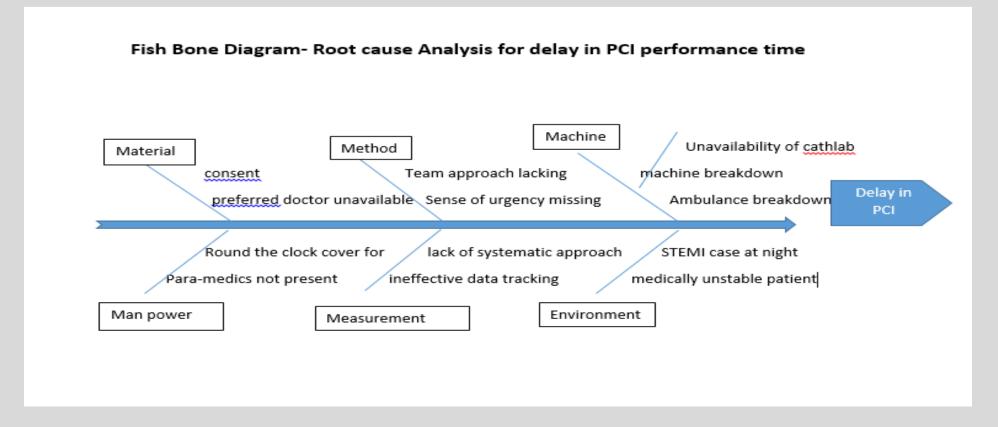
The management of acute ST-Elevation Myocardial Infarction (STEMI) has rapidly evolved worldwide during the last two decades with the better understanding of the need for early reperfusion and protocol based pharmacotherapy. Primary PCI in STEMI has been proven worldwide as the gold standard of treatment by way of establishing high percentage of complete and lasting reperfusion. Therapy is time bound, as is the death of heart muscle. Intervention is the key and it is often said that "time is muscle". The proficiency of the STEMI team of a hospital is measured by "Door to balloon time" which should ideally be below 90 minutes. (Cardiological Society of India-https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388060/)

PROBLEM DEFINITION

Despite efforts, 40%-60% of STEMI cases (16 cases out of 27 cases) were getting delayed due to different reasons every month (March 2018- October 2018)

PROBLEM DIAGNOSIS

- 1. Presentation beyond routine working hours.
- 2. Team approach lacking.
- 3. Sense of urgency missing due to insufficient knowledge and process orientation
- 4. Round the clock cover for paramedics not present



PROBLEM REMEDY

- 1. Training of entire team on the importance of promptitude in STEMI cases (Refer Annexure 1.1-1.3,4.1-4.4)
- 2. Defining a process for STEMI during day hours and night
- 3. Ensuring round the clock presence of support staff by optimizing available resources









MINUTES OF MEETING – STEMI workshop

NAME OF UNIT: Fortis Anandpur

1. Date & Time: 26.10.18

2. Total no. of Members in the committee: NA

3. Number of members attended (attach attendance sheet): 11

4. Chairman, convener & Mandatory Members present (Yes/No): yes

5. Details of essential members who neither attended nor sent a representative: 0

6. Agenda circulated prior to meeting (Yes/No): yes

7. Discussion on Action Taken Report on action items / recommendations from previous

meeting (Yes/No): yes

8. Details of action items open from previous meeting : None

9. Details of action items open from previous two meetings: None

10. Summary of discussion on Reports / documents of all essential Agenda items presented:

Daily night rota of nursing staff for cathlab

Daily night rota of technician

Clarity on STEMI protocol was found to be inadequate

· One point contact for STEMI at night

11. Timelines & responsibilities

| Action Item | Responsibility | Expected Closure Date | Interdependencies |
|--|---|-----------------------|--------------------|
| It was agreed by Nursing Superintendent to have night staff for cathlab | | 27.10.18 | 2010-00-7-00-00-00 |
| Dr Suvanon Roy sir has agreed to have one technician for night duty. | Dr Ritesh Sanwal to prepare rota with covenant of Dr Suvanon Roy | 27.10.18 | |
| Night manager on duty will be one point contact for STEMI | MOD (night) | Immediately | |

| patients; there financial counselling, billing and so on. | | | |
|---|-----------------|----------|--|
| Dr Suvanon Page | Dr. Suvanon Roy | 01.11.18 | |

KOL-107

Signature of Chairman and Convener

Date: 26.10.18





Meeting Name: STEMI workshop

Time: 11am

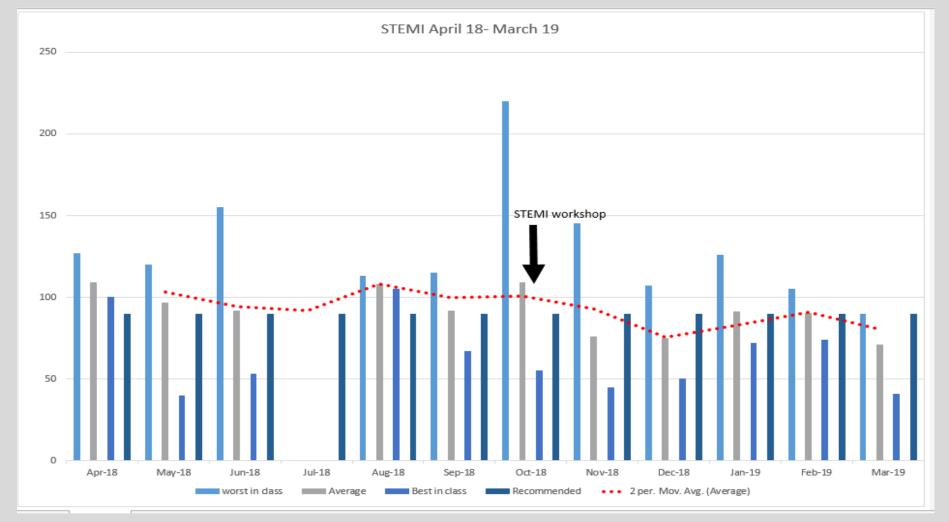
Date: 26.10.18

Venue: VC Room

| SL No | Name | Designation | Signature |
|-------|---------------------|--------------------------------------|------------------|
| 1 | Dr Shuvanan Roy | Director cardiology | fort. |
| 2 | Dr Arafat Faisal | Medical Superintendent | No. |
| 3 | Dr Somrita Ganguly | Sr Officer Medical Administration | Garguly. |
| 4 | Sr Sushweta | Cath lab in charge | Syluthornia |
| 5 | Mr Samir Singh | Zonal Director | S.P. Sty. |
| 5 | Mr Ashish Mukherjee | Head- Marketing | 0/2/ |
| 6 | Dr Sanjukta Datta | Head- ER | Sangue Wille. |
| 7 | Sr Sudeshna | Nursing in charge-ER | Sangular Wester. |
| 8 | Moloy Acharya | PCS - ER | Maley |
| 9 | Mr Karan Puri | Head-Administration | Soven Prosi |
| 10 | Hetal Ashar | IP Head | that Aghir. |
| 11 | Dr Ritesh Sanwal | DMS | Ritesh Samur |
| 12 | | | |
| 13 | | | |

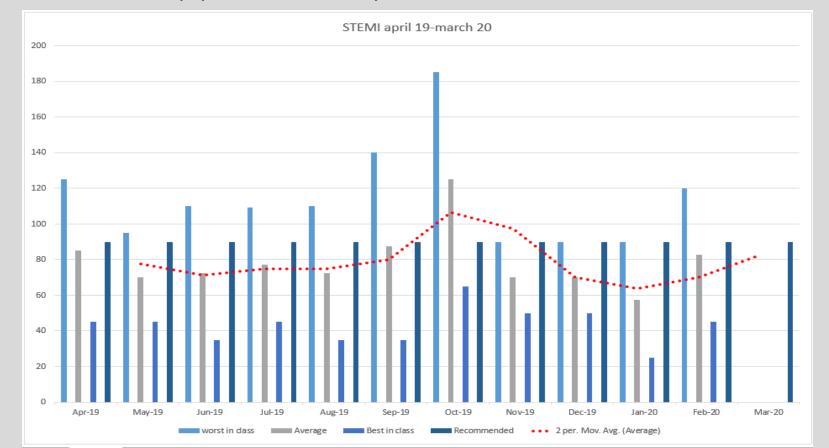
LOCKING THE IMPROVEMENT

From November 2018 onwards there was a gradual improvement in the process and percentage of delays was brought down to 20%. (Refer Annexure 2)



CLONING THE IMPROVEMENT

The improvement was sustained in the coming months and in March 2019, 100% cases were done within 90 minutes. Now the target time was brought down to 75 minutes. This parameter also showed improvement and there has been 0 delays in the last 3 months (Nov 2019- Jan 2020). (Refer Annexure 3)



TANGIBLE RESULTS

- 1. Saving lives by performing primary PCI on time
- 2. Ensuring good hospital outcomes and compliance to international benchmarks of quality. (ICHOM)

INTANGIBLE RESULTS

- 1. Increasing the happiness quotient of patients and their families by delivering quality care
- 2. Good will generation for clinician peers within state & increase in referrals to our center. (Annexure 5.1-5.2)



