

The eEmergency Chest Pain Project: Time is Muscle

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Objectives

1. Understand the challenges rural communities face in meeting “door to needle” time goals.
2. Define measurable outcomes as a result of the coordination and collaboration in clinical teams caring for cardiac patients.
3. Explain evidence-based practices and how quality was improved and cost was reduced.

Avera

Avera is a regional health care family with more than 300 facilities in 100+ communities in the five-state region of South Dakota, North Dakota, Iowa, Minnesota, and Nebraska.

A map of the five-state region (South Dakota, North Dakota, Iowa, Minnesota, and Nebraska) with numerous Avera facility locations marked. The Avera logo is in the top right corner.

Rural Health Diminishing Community Economics

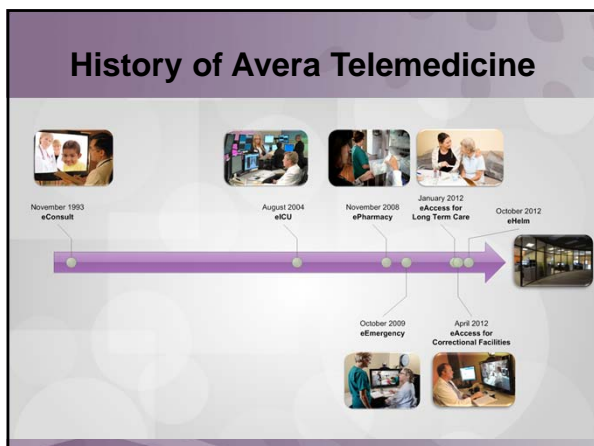
The diagram shows a cycle: Access leads to Patient Volumes, which leads to Economics, which leads to Workforce, which leads back to Access. A photo of a rural town is overlaid on the diagram with the text "Access to Care is Critical".

Avera eCARE™

- **Improves Patient Care**
 - Enhance access to specialists and other providers
 - Increase focus on key quality metrics
- **Supports the Rural Workforce**
 - Access to professional colleagues, similar to urban settings
 - Prevent burnout, provide more attractive position
 - Extend physician practices through mid-level providers
- **Supports Financial Stability**
 - Increase local service offerings
 - Maintain more patients locally
 - Support community economy

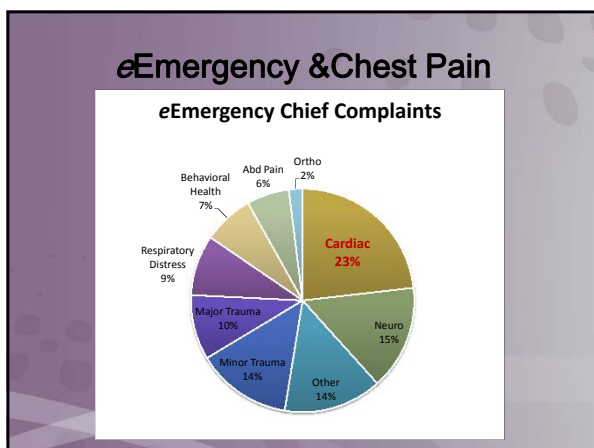
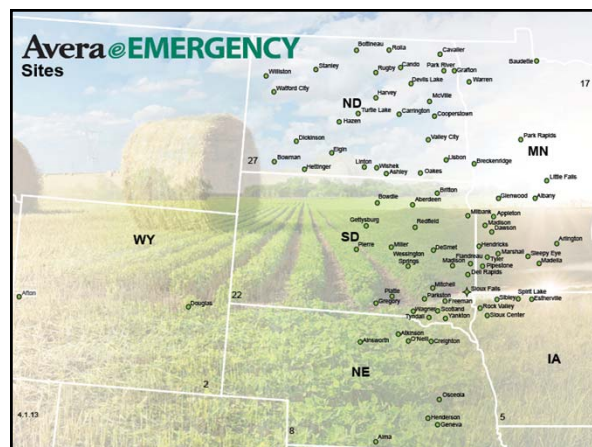
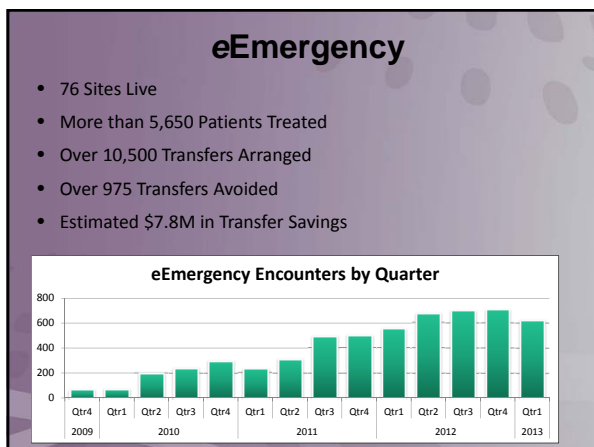
Avera eCARE Services

Avera eCARE					
eConsult	Avera eICU CARE	ePharmacy	eEmergency	eLong Term Care	eAccess / Correctional Facilities
105 Sites	33 Sites	53 Sites	80 Sites	5 Sites	4 Sites



eEmergency

eEmergency provides immediate, two-way video access to a team of board-certified emergency physicians & experienced emergency nurses.

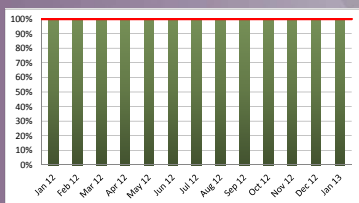


Rural Cardiac Care

“Compared with non-CAHs, CAHs had fewer clinical capabilities, worse measured processes of care, and higher mortality rates for patients with AMI, CHF or pneumonia.”

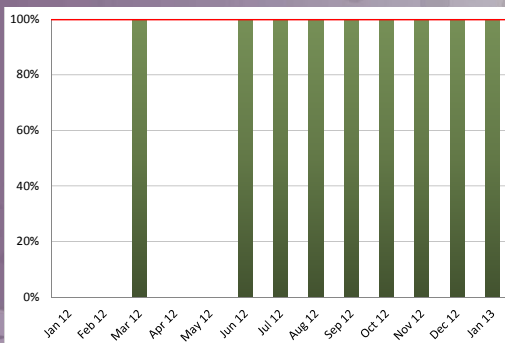
Joynt, K. et al. (2011). Quality of care and patient outcomes in Critical Access rural hospitals. JAMA 306(1): 45-52. doi: 10.1001/jama2011.902

Aspirin Prior to ED Discharge

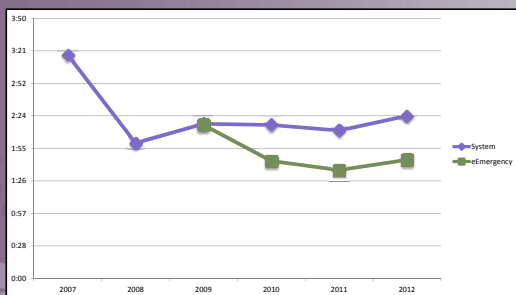


Patients were 2.192 times more likely to receive aspirin if they were an eCARE patient. (p=<.0001)

Fibrinolysis



Door-In, Door-Out Time: One System's Experience



Additional Outcomes

- 540 Encounters
- 51 Avoided Transfers
- \$127,500 Transfer Costs Avoided

Thank you!

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