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Long Term STEMI Outcome Data Acquisition

Tina Ruhf RN
Lehigh Valley Health Network, tina.ruhf@lvhn.org

Orlando E. Rivera RN

Lehigh Valley Health Network, Orlando_E.Rivera@lvhn.org

Nainesh C. Patel MD

Lehigh Valley Health Network, nainesh_c.patel@lvhn.org

Bruce Feldman DO Lehigh Valley Health Network, bruce.feldman@lvhn.org

J Patrick Kleaveland MD Lehigh Valley Health Network, J_Patrick.Kleaveland@lvhn.org

See next page for additional authors

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i thors na Ruhf RN, O ercedes Rios-	rlando E. Rivel Scott BS, Kevil	ra RN, Nainesh n T. Whalen BS	n C. Patel MD S, Susan Bern	Bruce Feldm hard BS, and	nan DO, J Patr David A. Cox	ick Kleavelan MD	d MD,

Long Term STEMI Outcome Data Acquisition

Tina Ruhf, RN; Orlando Rivera, RN, CEN, PHRN, RCIS, EMT-P; Nainesh C. Patel, MD, FACC; Bruce Feldman, DO; J Patrick Kleaveland MD; Mercedes Rios Scott, BS; Kevin Whalen, BS; Susan Bernhard, BS; David Cox, MD

Lehigh Valley Health Network, Allentown, Pennsylvania

Abstract: (Background / Objectives)

There is growing interest in the long term clinical outcomes for ST-elevation myocardial infarction (STEMI) patients. Studies aimed at the investigation of elements like drug-eluting stents, bare metal stents as well as the efficacy of a growing number of antiplatelet medications rely on accurate long term outcome data in order to obtain the information on which to base important new emerging cardiac treatments. Establishing a process for obtaining this outcome data is an important part of the care and treatment of the STEMI patient population.

Methods:

(Figure 1) Information is routinely collected from patients by our Health Network's medical contact center called "402-CARE". Nurses in the contact center enter various metrics into a database; these metrics are routinely used by our hospital to better understand the healthcare needs of our community. This pre-existing model was selected to acquire long term follow-up STEMI outcome data.

STEMI patients were identified through our Myocardial Infarction (MI) Alert process as well as our IRB approved retrospective database review of our electronic hospital record. The STEMI Coordinator was responsible for collecting and sending demographic data to 402-CARE on STEMI patients as they entered our system of care. The 402-CARE nurse contacted the patients at 30 days and 1 year post discharge.

The standard protocol to reach patients for the 30 day or 1 year follow-up survey was three attempts by phone. If the patient was not reachable at 30 days or 1 year after discharge, a detailed voice message was left. The 402-CARE nurse introduced themselves, stated the reason for call, and provided a toll free number to return the call for follow-up. For patients without a phone a detailed letter was mailed to the patient requesting a call back to complete the follow-up survey (Figure 1).

The 402-CARE nurse contacted the patients by phone at 30 days post discharge using the demographic data received. Once contact was established with the patient or caregiver a series of eighteen questions (Figure 2) were asked. All data collected as well as any additional comments by the patient/caregiver were recorded into the 402-CARE database. After completion of the 30 day survey the patient was marked for a 1 year follow-up survey.

Figures

Figure 1. 402-CARE STEMI Call Process

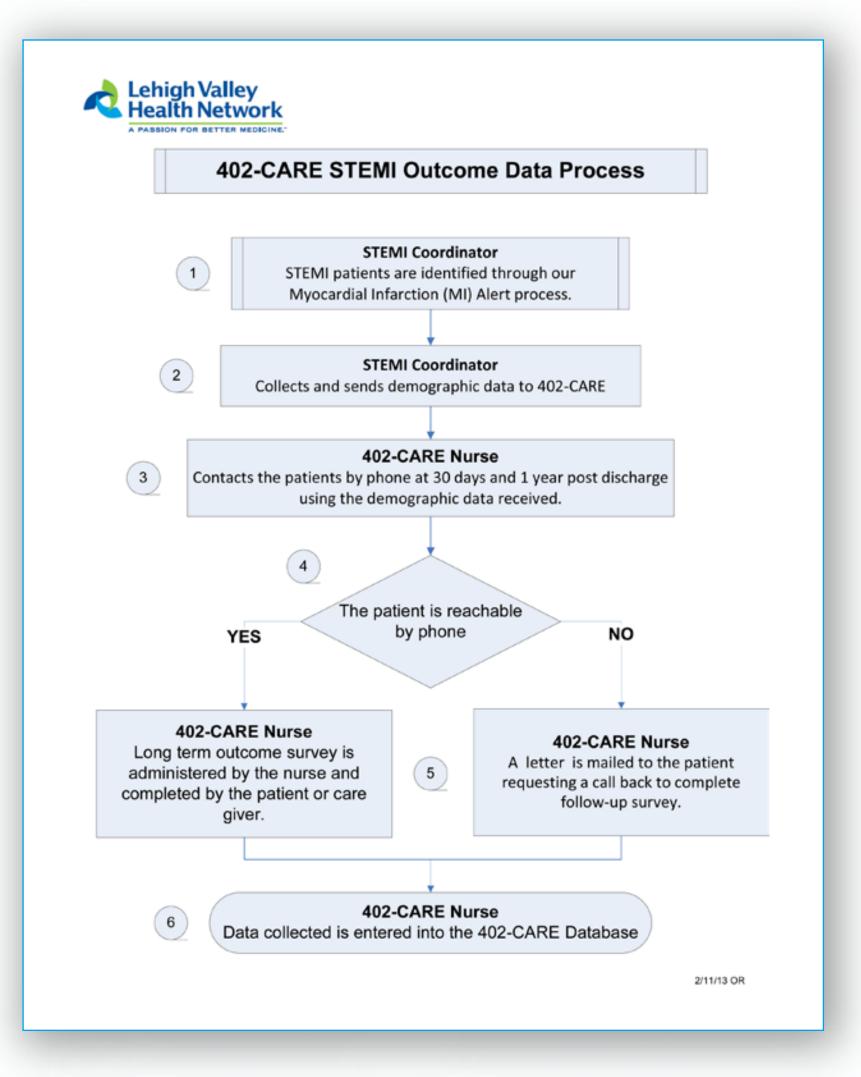


Figure 2. STEMI Survey

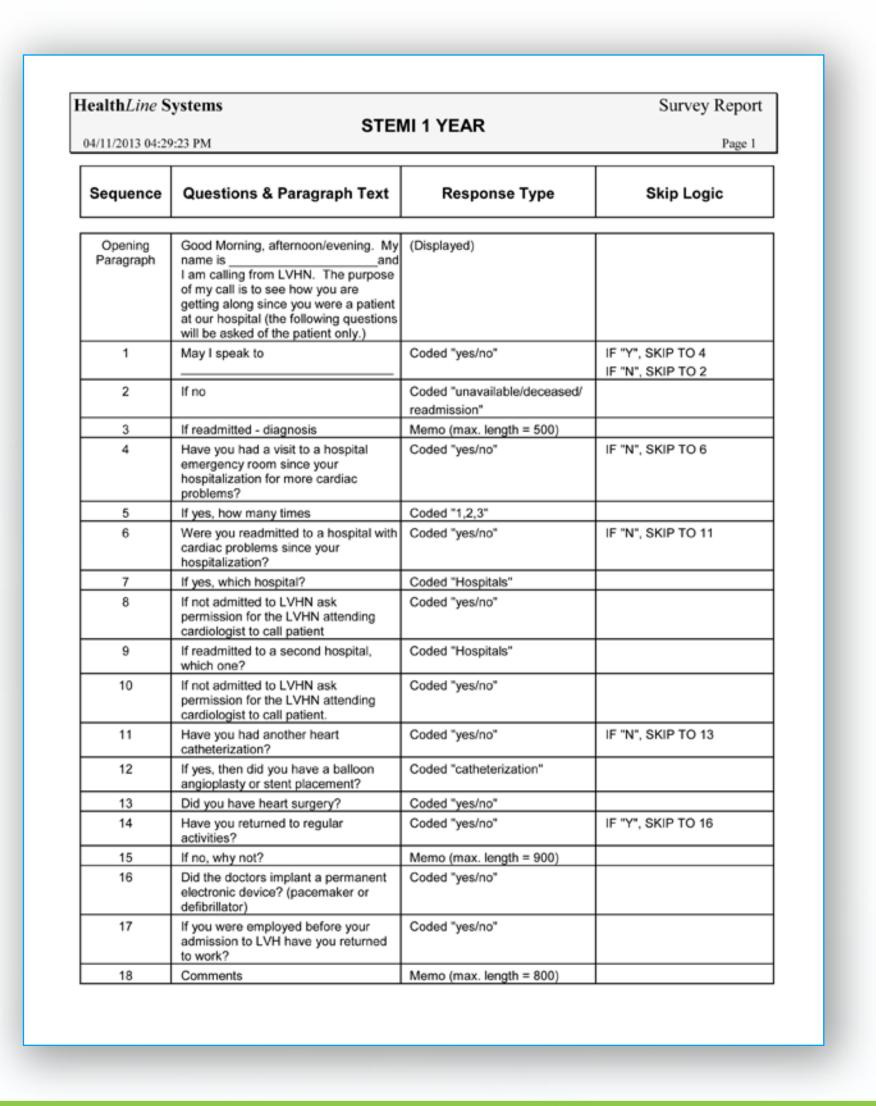
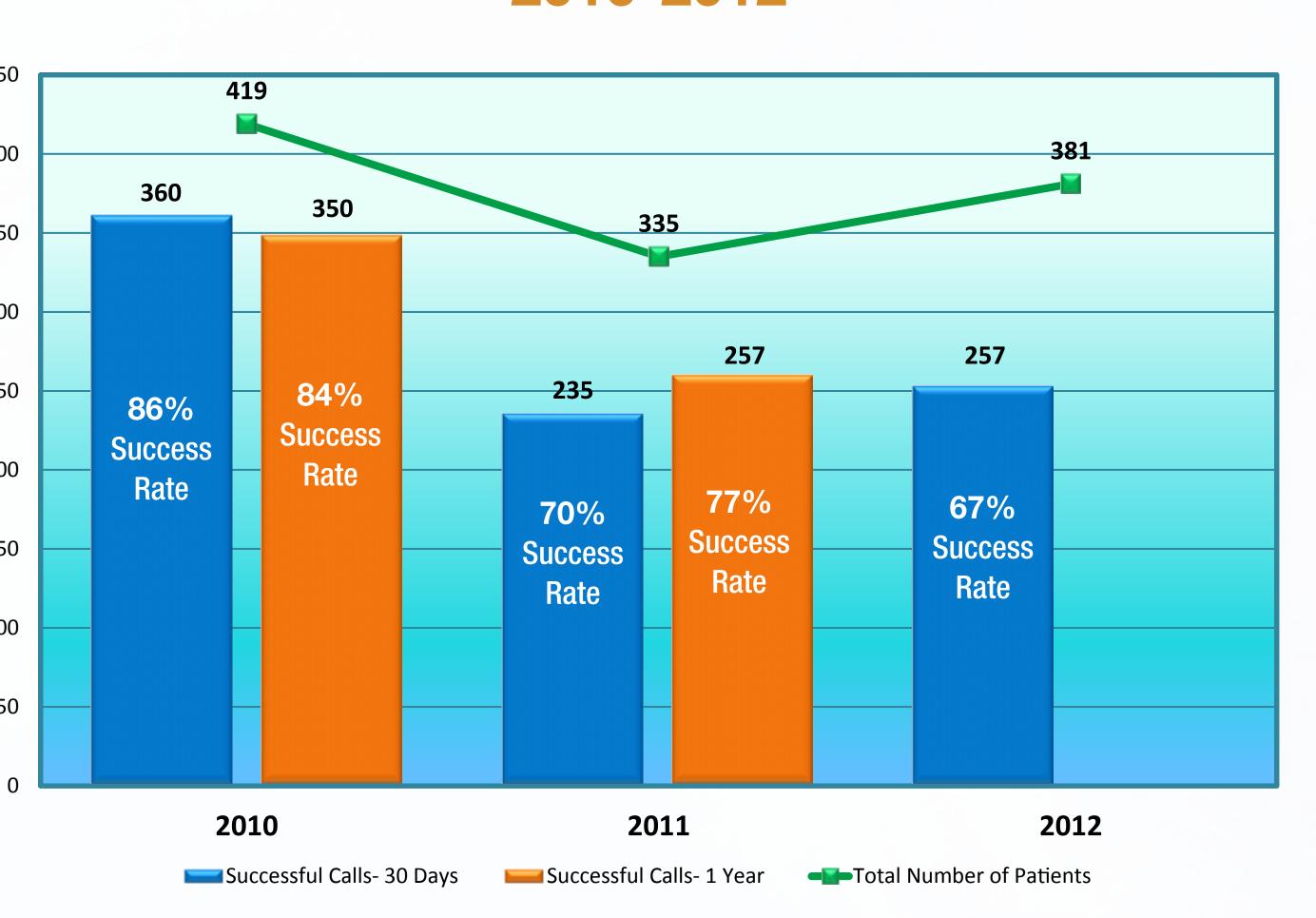


Figure 3. Success Rate of Long-term Follow-up for STEMI Patients 2010-2012



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Results: (Figure 3)

- 1,113 STEMI patients were contacted by 402-CARE between 2010 and 2012.
- 360 (86%) STEMI patients were successfully surveyed 30 days post discharge in 2010.
- 235 (70%) STEMI patients were successfully surveyed 30 days post discharge in 2011.
- 257 (67%) STEMI patients were successfully surveyed 30 days post discharge in 2012.
- 350 (84%) STEMI patients were successfully surveyed 1 year post discharge in 2010.
- 257 (77%) STEMI patients were successfully surveyed 1 year post discharge in 2011.

Conclusion:

Our results show that using a Medical Contact Center such as 402-CARE can be an effective way to obtain long term outcome data for STEMI patients 30 days and 1 year post hospital discharge. Our model for obtaining long term outcome STEMI data is reproducible and can be implemented by hospitals that currently have a medical contact center model.



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