Emergency Cardiovascular Care 2015 and Beyond

The Patient Journey from an Acute Cardiovascular Event through Follow Up: A Focus on Building Systems that Save Lives in ST Elevation Myocardial Infarction, Sudden Cardiac Arrest, & Stroke

Register online!
http://continuingeducation.dcri.duke.edu/emergencycardiovascularcare_2015

May 15—May 16, 2015
Charlotte, North Carolina
The Charlotte Westin
Emergency Cardiovascular Care 2015 and Beyond

The Patient Journey from an Acute Cardiovascular Event through Follow Up: A Focus on Building Systems that Save Lives in ST Elevation Myocardial Infarction, Sudden Cardiac Arrest, & Stroke

Statement of need:
There are many educational and training gaps that exist in a systems’ response to assessment, treatment, and follow up to three time critical diagnoses—ST Elevation Myocardial Infarction, Sudden Cardiac Arrest, and Acute Ischemic Stroke. The US Healthcare system is currently not set up to meet guideline care goals in these life threatening and disabling cardiovascular emergencies. It is with this backdrop that ERCV Care 2015, a Joint Accreditation program, has been designed by the program planning committee for healthcare and leadership teams to come together to commit to improve their system or regional response to these time critical diagnoses.

Establishing emergency cardiovascular response to time critical diagnoses is both an interdisciplinary and multi physician specialty responsibility. Health systems do not operate in a silo when it comes to intervening in life threatening emergencies. The system response may include the public, 9-1-1 dispatch systems, fire and emergency medical services (EMS), emergency medicine and emergency nursing care in both referral and specialized tertiary hospitals, disease specialists and interventional teams. Effective system response needs administrative support from both the pre-hospital and hospital settings and especially service line administration leads. Secondary to acute events, assessing the patient and patient advocate’s readiness and ability to understand the discharge planning and follow up care is important, collecting and monitoring essential outcome and process data for the care along the patients’ continuum requires quality improvement tools and trained personnel to abstract and interpret data and a forum for interdisciplinary team members to evaluate and monitor the data. In most geographies, establishing a system or regional response includes governance (city or county, state, or national) and public health agencies.

The purpose of this course is to: Enable interdisciplinary team members to understand and incorporate research, guidelines, and quality of care standards for emergency cardiovascular care for ST elevation myocardial infarction, sudden cardiac arrest, and acute ischemic stroke into their practice & their health care system’s response; build interdisciplinary and multispecialty protocols and functioning regional systems of care; and address a serious need for improved discharge and follow up care for these patients’ continuum of care after acute event.

Target Audience
This activity is intended for a team-based joint accreditation approach for specialty physicians in neurology, cardiology, resuscitation and emergency department physicians, hospitalists, intensivists, paramedics, Fire and EMS personnel, emergency and special ICU nurses, interventional lab technicians, quality improvement specialists, and hospital administration management.
ERCV CARE 2015 Learning Objectives

1. Identify the components of successful emergency cardiovascular system needed in STEMI, SCA, Acute Ischemic Stroke (AIS) and the interdisciplinary team needed.

2. Define the time process goals and emergency treatment goals for STEMI, SCA, and AIS according to guidelines and the importance of team in achieving the goal.

3. Describe the steps after building a regional system approach for one time critical diagnosis to establishing essential regional systems’ emergency response and treatment to the other major CV emergencies.

4. Describe the systems of care quality program the American Heart Association’s Mission: Lifeline and the programs broad goals.

5. Employ optimal systems and strategies for diagnosis and management of STEMI, including destination and transfer protocols based on clinical trials evidence, practice guidelines, and quality of care standards.


7. Establish a care team of stakeholders that have competence and ability to build, administer, evaluate, and continually improve regional STEMI systems.

8. Establish importance of training of paramedics and emergency medicine nurses in ECG interpretation and other functions related to STEMI systems.

9. Build and/or enhance a “regional integrated system” for STEMI reperfusion that includes EMS, emergency medicine and cardiology in PCI and non-PCI centers.

10. Identify collaborative interdisciplinary solutions to overcoming barriers to coordinated regional approaches.

11. Describe existing successful STEMI regional plans that are pertinent to a wide array of geographical and political realities.

12. Identify concomitant and adjunctive pharmacological and device therapies for the acute and discharge management of the STEMI patient according to research and STEMI guidelines.

13. Establish importance of training of paramedics and emergency medicine nurses in ECG interpretation and other functions related to STEMI systems.

14. Identify available tools to provide feedback for necessary quality improvement for STEMI care.

15. List the limitations and incredible potential of BIG Data.

16. Recognize the importance and use of data collection, analyses, and feedback, including use of registries (i.e., ACTION-GWTG, CARES, and GWTG-Stroke).

17. Identify components of best practice in discharge training and key components in patient engagement for addressing behavioral changes for post discharge adherence to medical regimens.

18. Review latest research, guidelines, and experiences from the Heart Rescue Project.

19. Discuss steps to implement a regional plan for SCA care.

20. From the pre hospital perspective, discuss steps to implement a regional plan for SCA care.

21. Evaluate the benefits of running the resuscitation at the scene.

22. From the dispatch, public response and in-hospital perspective, discuss key strategies for awareness, improvement and monitoring quality for SCA care.

23. Illustrate how efficient dispatch call handling can improve patient outcomes.


25. Examine the criteria and benefits for cooling therapy.


27. Examine the critical system components of emergency care of AIS and strategies to improve care processes in each.

28. Review the latest research on treatment and guidelines for stroke and innovative best practice of progressive stroke systems and regional systems.

29. Identify barriers to tPA treatment in AIS and strategies to improve eligible patients receiving reperfusion.

30. Regionally implement a system of community rt-PA and the research supported interventional stroke treatment.

31. Identify tools and strategies to improve recognition of signs and symptoms of AIS.

32. List process improvement strategies to reduce treatment delay and mitigate treatment complications.

33. Explore the patients’ perspective of surviving stroke and SCA.
Meeting Information

Conference Dates:
May 15-16, 2015

Conference Venue:
The Westin Charlotte
601 South College Street,
Charlotte, NC  28202

Registration Fee:
$250 Physicians
$100 Non-Physicians & specialty societies, government
$300 Corporate non-healthcare professional or industry professionals

Registration Fee Covers:
Tuition, continental breakfast, lunch, syllabus

Registration Deadline:
May 5, 2015

How to Register

Register Online at:
http://continuingeducation.dcri.duke.edu/emergencycardiovascularcare_2015

Walk-in registrations are welcome. For walk-ins, ONLY cash or credit cards will be accepted. For any questions or assistance with registration please call 919-401-1200 or email us at: dcri.cme@dm.duke.

Cancellation Policy:
A written notice of cancellation must be received 14 days prior to the start of this activity for a refund. 10% of the registration fee will be assessed for processing cancellations if there are less than 14 days before the event.

Special Needs Statement:
The Duke University Department of Medicine and the American Heart Association are committed to making its’ activities accessible to all individuals. If you are in need of an accommodation, please do not hesitate to call and/or submit a description of your needs in writing in order to receive service.

Lodging Information:
The Westin Charlotte
601 South College Street,
Charlotte, NC  28202
Reservations: 866-837-4148
Reserved Dates: May 15-16, 2015
Special Rate: $169
Room Cut-Off Date: May 5, 2015

The Westin Charlotte welcomes attendees of the Emergency Cardiovascular Care Conference. Special rates have been arranged for your stay. All bookings for group attendees may be made by calling 866-837-4148 or by booking online at https://www.starwoodmeeting.com/events/start.action?id=1503225788&key=B-F696AD. Please mention you are attending the Emergency Cardiovascular Care Conference to receive your special negotiated rate. You must book your reservation by May 5, 2015 to receive this special rate.

Additional information ie. speaker bios and conference poster submissions can be found at https://www.dcri.org/cee/ami-discharge-and-follow-up-demonstration-project

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Agenda Day 1
Friday, May 15, 2015

12:00–2:00 PM
Registration

2:15 PM
Welcome and Opening Remarks
Christopher B. Granger, MD, FACC, FAHA

2:20 PM
CONFERENCE KEYNOTE ADDRESS

The Future of “Mission: Lifeline”
The American Heart Association’s Systems of Care Quality Program
Alice K. Jacobs, MD, FACC, FAHA
Past President of The American Heart Association
Professor of Medicine, Boston University School of Medicine
Vice Chair for Clinical Affairs, Department of Medicine
Boston Medical Center, Boston, MA

2:40 PM
Testimonial for Regionalization for Acute CV Emergencies:
Charlotte, North Carolina’s Team Approach to Quality Performance
Moderator: Lee Garvey, MD

STEMI: B. Hadley Wilson, MD, FACC
SUDDEN CARDIAC ARREST: Erika Gabbard, DNP, RN, CCN, CCRN
STROKE: Andrew Asimos, MD, FACEP

3:10 PM
Operation Details from High Performing Systems
STEMI
Moderator: James G. Jollis MD, FACC

Activation from the Field & EMS Considerations
Russell Griffin, LP, FP-C

Transfer: “The Longest Myocyte Breath Hold”
Peter O’Brien, MD, FACC

PANEL Q/A (30 minutes)
B. Hadley Wilson, MD, FACC; Peter O’Brien, MD, FACC; Manesh Patel, MD, FACC; Claire Corbett, MMS, NREMT-P; Russell Griffin, LP, FP-C; Lee Garvey, MD

4:10 PM
SUDDEN CARDIAC ARREST - KEYNOTE ADDRESS

Sudden Cardiac Arrest and Opportunities to Improve Survival
Benjamin S. Abella, MD, MPhil

Special Guest: Survivor Story

4:40 PM BREAK

5:00 PM
STROKE PLENARY SESSION
Moderator: Andrew W. Asimos, MD, FACEP

New Era for Neurointervention: Saving Brain after Fibrinolysis
Review of the Science
Carmelo Graffagnino, MD, FRCP, FAHA, FNCS
Perspective from a Veteran of Decades of Neurointervention for Stroke
Donald Heck, MD

5:40 PM
STROKE KEYNOTE ADDRESS

Regionalization of Acute Stroke Care: Opportunities and Challenges
Andrew W. Asimos, MD, FACEP

Special Guest: Stroke Patient Survivor

6:10 PM
Operation Details from High Performing Systems
STROKE
Moderator: Janet Bettger, ScD, FAHA

Role of EMS
Claire Corbett, MMS, NREMT-P

Applying the Evidence for Stroke Networks
Charles H. Tegeler, MD

PANEL Q/A (30 minutes)
Claire Corbett, MMS, NREMT-P; Brad J. Kolls, MD, PhD, MMCI; Mic Gunderson, LP, FP-C; L. Fernando Gonzalez, MD

7:10 PM Poster Reception
Agenda Day 2
Saturday, May 16, 2015

7:00 AM
Breakfast with Accelerator Regional Attendees and Faculty Mentors

7:00AM Stroke Workshops
*There will be an option of a 60 minute Stroke Workshop for those attendees not part of The Accelerator Breakfast Meeting

8:00 AM
Reconvene Set Stage for Day 2 and Learning Contracts
Mayme Lou Roettig, RN, MSN

8:10 AM KEYNOTE ERCV CARE
Moving Regional Systems to Encompass Entire CV Emergency Scene
Timothy D. Henry, MD, FACC, FAHA

8:30 AM KEYNOTE ERCV CARE
Therapeutics Adjuncts to Primary Reperfusion and Resuscitation
Peter B. Berger, MD, FACC, FAHA
Moderators: Christopher B. Granger, MD, FACC, FAHA; Benjamin S. Abella, MD, MPhil

Panel Q/A (30 minutes): Peter O’Brien, MD, FACC; Carmen Graffagnino, MD, FRCP, FAHA, FNCS; B. Hadley Wilson, MD, FACC; Brent Myers, MD, MPH, FACEP; Timothy D. Henry, MD, FACC, FAHA; Peter B. Berger, MD, FACC, FAHA

9:30 AM
Operational Details from High Performing Systems Sudden Cardiac Arrest
Moderator: Claire Corbett, MMS, NREMT-P

Field Resuscitation from Bystander Recognition to ROSC
Brent Myers, MD, MPH, FACEP

Cardiac Arrest Centers: Who to Cath, Who to Cool, ICU goal directed care
Benjamin Abella, MD, MPhil

Panel Q/A (30 minutes): Brent Myers, MD, MPH, FACEP; Benjamin S. Abella, MD, MPhil; Lee Garvey, MD; Russell Griffin, LP, FP-C; Timothy D. Henry, MD, FACC, FAHA; Peter B. Berger, MD, FACC, FAHA; Carmen Graffagnino, MD, FRCP, FAHA, FNCS

10:30 AM BREAK

11:00 AM Workshop Session 1 (see table on page 6)

12:00 PM Lunch and Networking

1:00 PM Patient’s Journey: Preventing Readmissions, Discharge Planning, Long Term Compliance
Moderator: Bradi Granger, PhD, MSN, RN, FAAN

Discharge Planning/Adherence
Bradi Granger, PhD, MSN, RN, FAAN

Preventing Readmission
Manesh Patel, MD, FACC

Characteristics of High Performing Accountable Care Organizations (ACOs)
Peter B. Berger, MD, FACC, FAHA

Panel Q/A (30 minutes): Manesh Patel, MD, FACC; Timothy D. Henry, MD, FACC, FAHA; Christopher B. Granger, MD, FACC, FAHA; Janet Bettger, ScD, FAHA; B. Hadley Wilson, MD, FACC, FAHA

2:00 PM Workshop Session 2 (see table on page 6)

3:10 PM Workshop Session 3 (see table on page 6)

4:15 PM Culture of Quality Now & in the Upcoming “Big Data Era”: Transforming a Vision into Reality
Manesh Patel, MD, FACC

Moderator: James G. Jollis, MD, FACC

Panel Q/A (25 minutes): Peter B. Berger, MD, FACC, FAHA; Manesh Patel, MD, FACC; Lee Garvey, MD; Janet Bettger, ScD; Bradi Granger, PhD, MSN, RN, FAAN

5:00 PM Tying Systems Together For the Entire Patient Journey: Workshop Chairs and Program Directors

5:15 PM Learning Contracts/Adjourn
Workshops

Faculty TBD (See Summary Table Below)
7 Workshop Choices
(3 offered at least twice during the conference) 
Attendee registers for 3 on registering for conference.

Workshop 1
STEMI SYSTEMS 101 (Basics)
- Review components of establishing optimal system response 
- Activation of the Cath Lab by EMS from prehospital setting 
- Interpreting ECG (3 modes) & Training 
- Buy in from interventional cardiologists 
- Data measurement and feedback 
  - Routine transfer orders 
  - Door in door out times

Workshop 2
STEMI SYSTEMS 102 (Advanced)
- Setting up Regional Systems in Competitive Arena Funding 
- Leadership and administration roles 
- Regional centralized data repository and use in regional QI process data 
- Important time intervals and setting realistic goals 
- Monitoring EMS activation 
- Building EMS-Cath Lab trust “activation without intervention” 
- Sustainability and continued engagement

Workshop 3
Cardiac Arrest 101
- Pit Crew-High Performance CPR- Demonstration and Simulation 
- Running resuscitation on Scene 
- In-hospital cardiac arrest 
- Data Collection/QI

Workshop 4
Cardiac Arrest 102
- Addressing dispatch training 
- Setting up a public campaign to teach bystander compression only CPR 
- Therapeutic hypothermia 
- Improving in-hospital CPR (including pit crew for ED)

Workshop 5
Stroke 101 (Basic)
- Reperfusion for acute ischemic stroke 
- Regionalizing stroke care 
- Telestroke, hub-spoke support

Workshop 6
Stroke 102 (Advanced Concepts)
- Regionally implement a system around community tPA and the research supported interventional stroke treatment

Workshop 7
Hospital Discharge & Adherence
- A deeper dive on available research and tools available 
- Pragmatic Q/A discussion around best practices

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<td>7:00 – 8:00am</td>
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<td>Accelerator Regional attendees and Faculty Mentors only (general meeting no credit given)</td>
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Faculty

Program Chair
Christopher B. Granger, M.D., F.A.C.C., F.A.H.A.
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Director, Coronary Care Unit
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Durham, NC

Co-Chairs
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James G. Jollis, M.D., F.A.C.C.
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Mission: Lifeline Advisory
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Joint Accreditation

Credit Designation
**Physicians:** Duke University Health System Department of Clinical Education and Professional Development designates this live activity for a maximum of 13 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

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IACET CEU Credit Information

Activity Title
DMIE0077-A: The Patient Journey from Acute Event Through Follow Up: Day 1 (Friday, 05/15/15)

AND

DMIE0077-B: The Patient Journey from Acute Event Through Follow Up: Day 2 (Saturday, 05/16/15)

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