Updates

• In a Heartbeat
  – Right care at the right time

• MQF Data Web site
In a Heartbeat  EXECUTIVE COMMITTEE

WORK GROUPS

AMI Community Engagement (ACE)

HART (EMS)

Metrics and Data

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Incomplete without accompanying discussion
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• LOM called by ambulance at scene—2 min. decision time—total 19 min. on scene time
• 10 min. LOM alert and launch
• Flight time to scene
• 10 min. LOM intervention/packaging time
• Flight time from scene to MMC, CMMC, EMMC
LifeFlight of Maine
Medical Helicopter Flight Time, Coverage and Helipad Status

Legend:
- **Red**: LifeFlight Base Sites
- **Flight Times**:
  - 50 miles = 22 minutes
  - 100 miles = 44 minutes
  - 150 miles = 66 minutes
  - 200 miles = 88 minutes
- **Helipad Status**:
  - ☑️ Current Completed Helipad
  - ☑️ Current Construction or Planning Improvements
  - ❌ No Current Helipad
Door to Drug – Years 1 and 2

All times are median; *X less than 5 patients represented in Year 1; X* less than 5 patients represented in Year 2

Dirigo Health Agency
Door to Departure – Years 1 and 2

All times are median; *X less than 5 patients represented in Year 1; X* less than 5 patients represented in Year 2
Door to Balloon – Years 1 and 2

Benchmark Time 90 Minutes (for PCI Center)

All times are median; *X less than 5 patients represented in Year 1; X* less than 5 patients represented in Year 2

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Symptom Onset to ED – Year 2

All times are median; * less than 5 patients represented

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Why Patients Delay

• Demographic factors associated with delay in seeking care:
  Increasing age, being female, low education level, low socioeconomic status, black race

Clinical factors associated with delay:
Less severe or atypical symptoms, chronic medical problems
Why Patients Delay

• Social Factors associated with delay in seeking care:
  • *Location, onset at home*
    – Most AMIs begin at home
  • *Living alone or being alone*
  • *Feelings of embarrassment and the concern of a false alarm*
Learning from the Literature

1. target high risk populations
2. target the social, cognitive and emotional factors that contribute to delay
3. include use of 911 in the message
4. explore new methods of delivering the message
Welcome to the Maine Quality Forum Web Site

Maine Quality Forum

In 2003 Governor Baldacci and your Maine Legislature created the Maine Quality Forum, as an independent division of Dirigo Health, to continue Maine’s leadership in assuring high quality healthcare for its citizens.

The Maine Quality Forum’s mission is to advocate for high quality health care and to encourage and monitor the efforts of the health care community to achieve excellence in providing quality care.

What’s New

8/31/06
MQF commends 7 Maine hospitals for sharing their quality data with the public. Click here to learn more.

7/11/06
MQF adds a new webpage about its recently launched In a Heartbeat project. Learn more at the In a Heartbeat page.
How to start:

1. Select a hospital, below, to go to its “performance meter” for all measures.

2. On the first “performance meter” page, you can select other measures from the left Navigation Menu.

Select hospital: Hospital 200001

Augusta – Maine General Med Center
Augusta – Riverview Psychiatric Center
Bangor – Acadia Hospital
Bangor – Dorothea Dix Psychiatric Center
Bangor – Eastern Maine Medical Center
Bangor – St. Joseph Hospital
Bar Harbor – Mount Desert Island Hospital
Belfast – Waldo County General
Biddeford – Southern Maine Med Center
Blue Hill – Blue Hill Memorial Hospital
Boothbay Harbor – St. Andrews Hospital
Bridgton – Bridgton Hospital
Brunswick – Mid Coast Hospital
Brunswick – Parkview Adventist Med Center
Calais – Calais Regional Hospital
Caribou – Cary Medical Center
Damariscotta – Miles Memorial Hospital
Dover-Foxcroft – Mayo Regional Hospital
Ellsworth – Maine Coast Memorial Hospital
What is <HospitalName>’s Performance for <Overall Healthcare Quality> Compared to <All Maine Hospitals> and How Has it Changed?

How do I read this meter?

To examine all the measures behind this performance meter, click on the meter.
Variation Data Update

• First look 2005 data, no impact from public discussion

• ? What are the next steps ?
  – Public media
  – Geographically targeted outreach to PCP and patients
  – Work with payers
    • Mandatory Second opinion
    • Predictive modeling and intervention
Executive Committee

Gus Lambrew, MD, MACC (Chair & Project Medical Director), Maine Medical Center
Steve Diaz, MD, Maine EMS and MaineGeneral Medical Center
Darlene Glover, RN, MSN, Stephens Memorial Hospital
Larry Hopperstead, MD, Central Maine Medical Center
Mirle Kellett, MD, FACC, Maine Medical Center
Deborah Carey Johnson, RN, Eastern Maine Medical Center
William Phillips, MD, Central Maine Medical Center
Guy Raymond, MD, Northern Maine Medical Center
Dennis Shubert, MD, Maine Quality Forum
Kim Tierney, RN, Maine Medical Center
Debra Wigand, MEd, CHES, Maine CDC Cardiovascular Health Program
Paul vom Eigen, MD, FACC, Northeast Cardiology Associates
HART

Steve Diaz, MD (Chair), Maine EMS & MaineGeneral Medical Center
John Alexander, MD, Maine Medical Center
Alan Azzara, JD, EMT-P, North East Mobile Health Services
Dan Batsie, NREMT-P, Northeastern Maine EMS
Jay Bradshaw, EMT-P, Maine EMS
Mary Harkins Becker, MD, MaineHealth
Donnell Carroll, Southern Maine EMS
Rebecca Chagrasulis, MD, Stephens Memorial Hospital
Richard (Pat) Cochran, MD, FACS, Central Maine Medical Center
Joshua Cutler, MD, FACC, Maine Heart Center (Maine Medical Center)
Norman Dinerman, MD, Eastern Maine Medical Center
David Dumont, MD, Penobscot Valley Hospital
David Ettinger, MD, Penobscot Bay Medical Center
Michael Gibbs, MD, FACEP, Maine Medical Center
Chuck Gill, Central Maine Medical Center
Mark Fourre, MD, Miles Memorial Hospital
Larry Hopperstead, MD, Central Maine Medical Center
Susan Horton, RN, MSN, Central Maine Heart & Vascular Institute
Mirle Kellett, MD, FACC, Maine Medical Center

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HART continued

Kevin Kendall, MD, FACEP, Central Maine Medical Center
David Kingdon, MPH, NREMT-P, Maine EMS
Joanne LeBrun, MSEd, EMT, Tri-County EMS
Paul Liebow, MD, Northeastern Maine EMS
Chris McCarthy, MA, Maine Quality Forum
Kim McGraw, RN, CCEMT-P, FP-C, LifeFlight of Maine
David McKelway, DO, Inland Hospital & Kennebec Valley EMS
Thomas Mockus, RN, Mount Desert Island Hospital
Rick Petrie, EMT-P, Kennebec Valley EMS & Northeastern Maine EMS
George Petropoulos, MD, FACC, Maine Cardiology Associates
Paul Potvin, MD, Northern Maine Medical Center
Jay Reynolds, MD, The Aroostook Medical Center & Aroostook EMS
J. Matthew Sholl, MD, Maine Medical Center
Eliot Smith, MD, York Hospital & Southern Maine EMS
Scott Smith, RN, NREMT-P, Maine EMS
Peter Ver Lee, MD, FACC, Eastern Maine Medical Center
David White, CCEMT-P, United Ambulance
Debra Wigand, M Ed, CHES, Maine Cardiovascular Health Program
Francis (Bill) Zito, Mid-Coast Maine EMS

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ACE

Debra Wigand, MEd, CHES (Chair), Maine CDC Cardiovascular Health Program
Carol Bell, Partnership for a Healthy Community
Dona Forke, Healthy Options Together
Chuck Gill, Central Maine Medical Center
Danielle Louder, Maine CDC Cardiovascular Health Program
Cynthia Pernice, MaineHealth
Connie Putnam, Knox County Community Health Coalition
Kelly Roderick, Maine EMS for Children, Kennebec Valley EMS
Dennise Whitley, MHA, American Heart Association

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Dirigo Health Agency
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Metrics and Data

Mirle Kellett, MD, FACC (Chair), Maine Medical Center
Richard Chandler, MD, Penobscot Bay Medical Center
Darlene Glover, RN, MSN, Stephens Memorial Hospital
Susan Horton, RN, MSN, Central Maine Heart & Vascular Institute
H. Joel Johnson, RN, CCM, ACS, NovaHealth
Sandra Parker, Esq., Maine Hospital Association
Guy Raymond, MD, Northern Maine Medical Center
Kim Tierney, RN, Maine Medical Center
Peter Ver Lee, MD, FACC, Eastern Maine Medical Center
Paul vom Eigen, MD, FACC, Northeast Cardiology Associates
David White, CCEMT-P, United Ambulance

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