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## Application of urban clinical practice guidelines to rural settings for Heart Attack Care

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**S**tatement of the problem: Heart attack mortality has dropped in the United States with the employment of interventional cardiology, angioplasty and stent placement. Tertiary Hospitals are set up to accept ST Elevation Myocardial Infarctions (STEMI) patients. Rural Hospitals must transport the STEMI patient for care delivery. Purpose of the study: Rural settings can enhance clinical outcomes for ST Elevation Myocardial Infarctions (STEMI) patients by employing adaptations to the urban setting practice guidelines. The use of pre-planned algorithms and transport access to tertiary care facilities will shorten ischemic times and improve patient outcomes and survival. Methodology: A multi-disciplinary team was developed in a Rural Access Hospital servicing a mountain county in Colorado, USA. Medical record review revealed variance in case interventions and room for growth. An algorithm was developed to reduce process time and keep care on a predetermined track. The medical records for one year prior to the algorithm development were compared to the medical records for one year following the algorithm development. Findings: Three STEMI patients in the control group were compared to seven STEMI patients in the intervention group. The differences between the two means were analyzed with the two-sample t test. The care delivery time was reduced from 288 minutes in 2010, without the algorithm to 150 minutes with the algorithm in 2011. The use of the STEMI transfer checklist went from 0% to 71%, improving care sequencing and handoffs. Conclusions & Significance: The care delivery time was reduced from 288 minutes in 2010, without the algorithm to 150 minutes with the algorithm in 2011, a reduction in 78 minutes of ischemic time for the STEMI patient. The use of the STEMI transfer checklist went from 0% to 71%, improving care sequencing and handoffs.

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