In the simplest of terms, success in reducing Recognition to Reperfusion time really occurs in two stages:

**Stage I.** First, your institution needs to carefully examine your current STEMI treatment processes and work as a team to optimize them, standardizing where possible. This stage focuses on “planning for what is to come.” Once this is done, this information is incorporated into the UPSTART processes and most importantly, into the STEMI ALERT Packet that you will design for your hospital.

**Stage II.** This stage is focused on the actual physical process. During stage II, every effort is made to educate staff and insure compliance on the four key actions on an ongoing basis. This enables your system to instantly capitalize on the decision making and effort completed in stage I.

Implementation of Project UPSTART within a hospital is relatively easy since we have carefully designed and tested the process. Certain items are especially important. The following are crucial points and should not be overlooked. Make sure you address each one.

- Each point below is very important, even if they don’t seem to be right now
- Experience show us that concentrating on each of these consistently will give you the most “bang for your buck”
- Almost without exception, most difficulties come from ignoring one of the following:

1) **Appoint a site coordinator who will be actively involved in the process.** This should not be a “political” appointment! Rather, this should be a “behind the scenes” person who can work successfully with the emergency department, cardiology, quality improvement, etc. This person should understand the UPSTART process well and be able to delegate tasks.

   - You want someone who can work easily with everyone and is enthusiastic
   - This person will have to understand that change is sometimes difficult
   - They should have enough authority and enthusiasm to keep things moving
   - Avoid giving this job to someone merely as a political move
   - Ideally, this person should be from the ED, or have very close working relationships with leaders within the ED

2) **Before you start, obtain the support and endorsement of physician and staff leaders within the ED and cardiology departments.** True - they may not need to do much of the actual work of implementation, but you will need their input for design of the process and their support to make changes as the process moves ahead.

   - Most of the clinical “go live” work can be done by staff.
   - The physician leaders need to be on board so that they can be counted on to support changes, particularly when it comes to addressing physician behavior within the process
   - Buy-in beforehand is important. This means less compliance problems later
3) **An efficiently designed STEMI ALERT Packet is a key to success.** We cannot emphasize this point enough. The better your STEMI ALERT Packet is initially designed, the better your process. Therefore, make sure you spend the time necessary to gather information and discuss the process. Cardiology and the ED both need to be involved!

We can’t say it enough –it’s all about the packet! A really well designed STEMI ALERT Packet is the key point. What this does is take all the potential confusion out of the process and give your ED staff something simple to focus on instead. All they have to remember is: When a STEMI occurs, open a packet! The reason this is so critical is that it converts a series of infrequent, stressful actions (treating a STEMI) into a very simple, automatic process (opening a red envelope). This simple action then leads to a chain reaction of desired events (the STEMI treatment process). Opening that packet starts a cascade.

4) **Realize that your Emergency Department staff must adhere to the Screening ECG Protocol all the time.** Hang copies of it everywhere! Send out email reminders! Publicize success! Your ED staff and physician leaders must clearly understand this requirement and must help provide the resources for staff to get screening ECGs consistently -even when it is busy. Otherwise it’s guaranteed that ED staff will neglect this key point when they get overworked in triage.

Consistent adherence to this step is commonly a problem! Even though we know better, ED physicians and staff often get complacent about getting screening ECGs - particularly when it is busy. This is a normal reaction since we are looking for that proverbial “needle in a haystack.” The Provider Training Module emphasizes this point repeatedly, as does all the training and publicity information we provide you. However, your ED leaders will still likely have to address this issue gently, firmly and continually.

The best solution to this problem is to make a point of directly discussing the screening ECG process with your ED clinical leaders. Discuss what “safeguards” they have in place that allow ED and triage staff to call someone for a “STAT screening ECG” whenever they feel unable to get one on a patient that needs it. Your institution should have something in place. It might be as simple as a call to the charge nurse that results in them calling a tech to go do the ECG. The important thing is that you have to “have a plan beforehand.”

ED physician buy-in on the value of screening ECGs is important. They may have to sign-off on a few more ECGS, but its well worth the effort!

One idea that works well is to publicize your first few “Good Catches” (we prefer this term over “Near Misses”)! This refers to atypical or low probability STEMIs that are “accidentally” picked up utilizing the new protocol. Send out an email to staff when this happens. Reward the person who did the ECG, etc. Anything to help generate compliance!
5) ED Staff education prior to “go live” is a must! The actual STEMI ALERT process is not hard, but it all hinges on a few key steps done precisely. You want all your ED staff to have the same basic level of training since you never know when a STEMI might occur and who will be working. Make sure that (at a minimum) all ED staff complete the Provider Training Module at www.projectupstart.com and turn in the exam for verification of completion.

Education of all ED staff to a basic level of understanding of the process is so important because the success of Project UPSTART hinges on a few key actions that (when correctly done) lead to a cascade of other really important actions. Remember, your ED staff doesn’t have to know all the science, or all the hard work behind the STEMI ALERT Packet sitting in your ED. They have other things to worry about! All they really need to know is what to do when a STEMI occurs. What they need to remember is simple: When a STEMI occurs, open the packet.

Again, the reason we focus on this simple key action in such detail is that opening the packet allows the process to unfold correctly from the very beginning. The first 10 minutes of a STEMI ALERT almost always dictate final outcome.

This reliance on a simple yet vital action again underscores the importance that everyone working in the ED should complete the Provider Training Module. This gives you the confidence that no matter who is working, they have all been (at a minimum) educated to “Open the Packet.”

The Provider Training Module is available on the internet or DVD. It completely focuses on the STEMI ALERT process and the importance of the key steps. The entire sequence of reading the tutorial, watching the video and completing the video take approximately 40 minutes. You can ask staff to turn in the exam verifying that they have done the training. The purpose of the exam is to reinforce key concepts; you don’t necessarily have to correct it.

We recommend that you set a definite “go live” date for your facility and then give staff two weeks prior to that to finish the training. Don’t draw the process out.

6) Understand that the four “key actions” listed below really are the essential keys to success of this project. That is why we constantly refer to them throughout the project and have spent so much time and effort making them as “consistently achievable” as we can.

1. Consistently adhering to the UPSTART Screening ECG Protocol
2. Opening a STEMI ALERT Packet for every STEMI
3. Completing Data Sheets A & B during every STEMI ALERT
4. Ensuring proper Data Management—make sure the data goes where it needs to
A focus on making sure the above four steps occur consistently will insure success.

This last statement is really a culmination of all the others preceding it. When your institution has Project UPSTART in place, the actual day-to-day processes that assure its success are very simple. Or they should be! That is the ultimate goal. The “simplification” of STEMI treatment is the key to its success. If you are having ongoing problems after UPSTART is in operation, it is most likely due to failure of adherence to one of the above key actions. Go back and review where your problems are.