



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

NOTICE OF DIRECT AWARD

STATE OFFICE OF RURAL HEALTH

STEMI EDUCATION AND TRAINING GRANT

POSTING DATE: TUESDAY, FEBRUARY 17, 2015
INQUIRY CLOSING DATE: MONDAY, FEBRUARY 23, 2015

ROMERO M. STOKES, GRANT MANAGER
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF PROCUREMENT AND GRANTS ADMINISTRATION
2 PEACHTREE STREET, NW, 35TH FLOOR
ATLANTA, GEORGIA 30303-3159
TEL: (404) 463-5524 E-MAIL: rstokes@dch.ga.gov

DIRECT AWARD JUSTIFICATION

STEMI EDUCATION AND TRAINING GRANT

AGENCY BACKGROUND

The Georgia Department of Community Health (DCH) was created in 1999 by Senate Bill 241 and has the responsibility for insuring over two million people in the State of Georgia, maximizing the State's health care purchasing power, coordinating health planning for State agencies and proposing cost-effective solutions for reducing the number of uninsured. Within DCH, the State Office of Rural Health (SORH) serves Georgians by improving access to health care in rural and underserved areas to improve health status and reduce health disparities.

PROGRAM OVERVIEW

The purpose of the Georgia STEMI Education and Training Program Continuation Grant is to provide quality education for Emergency Medical Services, hospital Emergency Departments, and other medical personnel who are involved in the chain of care for patients with suspected or diagnosed STEMI. This grant will also support data collection and the continued development of regionalized STEMI care networks and formal system of care.

The American Heart Association (AHA) is considered the leading authority on heart disease internationally. Across the country, patient care protocols for cardiac patients utilize guidelines provided by AHA. In Georgia, AHA has championed many programs and initiatives specific to STEMI education and data collection, although majority of those initiatives are concentrated in urban areas where data collection yields much higher numbers for statistical analysis.

In 2011, the State Office of Rural Health (SORH) elected to devote Medicare Rural Hospital Flexibility Program (Flex) grant funding to a three-year project to develop rural-specific STEMI education programs and begin delivery of courses in rural communities. Secondary grant objectives included aggressive efforts to work with STEMI patient receiving facilities to encourage system development and meaningful data collection, analysis, and feedback to rural healthcare providers. At the initiation of the Flex Grant Program, no consistent education of this type was available to rural providers and no data was being collected on a regional level to determine if STEMI patient benchmarks identified by AHA were being met in rural communities.

The first year of the three year grant included research for, and development of, the primary education program which became the foundation for the grant project. While many quality STEMI education programs are internet-based, our investigation discovered that a significant number of front line rural providers directly responsible for the acquisition of 12 lead electrocardiograms (ECG) for a possible STEMI patient had never had adequate training in proper electrode placement prior to ECG acquisition. We also recognized that a large number of those providers also depended solely on the ECG monitor interpretation of the 12 lead ECG and were not skilled in interpreting the ECG themselves. With this information at hand, the design of the education program became critical in successfully preparing participants to assess a potential STEMI patient, acquire and interpret the 12 lead ECG, provide proper initial treatment for the patient, and notify the appropriate receiving facility of a STEMI diagnosis.

Year two included delivery of two pilot courses, program validation, and the subsequent state wide roll-out of the education effort. The course has proven to be widely successful and measurably beneficial to participants, and has, to date, trained over 300 medical personnel in more than 25 rural counties.

In consideration of the education and benefit that has been provided through the SORH Flex Grant funding to improve early recognition and treatment for STEMI patients in rural Georgia, the State Office of Rural Health is committed to continuing the effort through the S-T Elevation Myocardial Infarction Education and Training Program Continuation Grant.

<p>AWARD JUSTIFICATION</p>	<p>The ST-Elevated Myocardial Infarction (STEMI) Continuation Grant moves into the next phase which includes not only education and training within rural EMS and rural hospitals but also the collection of data, data analyses and the development of performance improvement measures for the treatment of STEMI for rural EMS as well as critical access and small rural hospitals. To be an effective grantee and program administrator, the recipient must have demonstrated knowledge and experience in clinical and performance improvement, data collection and analyses as well as function as a repository for the data accumulated.</p> <p>The Georgia Hospital Association Research and Education Foundation (GHAREF) has worked with the State Office of Rural Health within the Medicare Rural Hospital Flexibility (Flex) Grant Program and the Small Rural Hospital Improvement Program (SHIP) Grant quality improvement initiatives since 1999 when the Flex Grant Program was introduced. Over the years, due to GHAREF's experience in quality improvement, data collection and analyses, the Georgia Flex and SHIP QI programs are at the forefront of states using data in the development of data driven quality improvement grant programs and projects. No other entity in the state possesses the experience and ability to assist in developing a data-driven performance improvement program, data collection, analyses and using data to guide improved clinical outcomes for rural STEMI patients as they are the sole designated statewide hospital quality data repository.</p> <p>The GHAREF has extensive experience in clinical quality and performance improvement program development as well as data collection and analyses.</p> <p>Both the quality improvement/patient safety staff and the analytical services departments of GHA are both nationally and statewide experts in clinical quality improvement and data management. Multiple data-driven quality improvement programs have been developed within GHA.</p> <p>The STEMI program is the first of its kind developed for rural Georgia EMS and critical access and small rural hospital emergency department personnel.</p> <p>Alternative grantees were not evaluated for this phase of the STEMI program. The GHA is the only organization in the State with the capacity and capability of administering the program due to their extensive experience in the development of data-driven quality improvement programs and their ability to assist in data collection, analyses and reporting. GHA is the sole statewide data repository for all hospitals.</p> <p>There would be little impact to the agency (DCH) but the potential positive impact on the identification and timely treatment of STEMI will be tremendous on the health outcomes on patients in rural Georgia who experience a STEMI event as well as this nominal investment will yield significant health system cost savings by insuring that care is delivered in the most efficient and timely manner for the best patient outcome.</p>
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<p>AWARD(S)</p>	<p>TOTAL DIRECT AWARD FUNDS AVAILABLE: \$75,000.00</p>
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TO SUBMIT INQUIRIES TO THIS DIRECT AWARD NOTIFICATION

Romero M. Stokes, Grant Manager at rstokes@dch.ga.gov no later than 2:00 PM on Monday, February 23, 2015