Research to Reduce Time to Treatment for Heart Attack/Myocardial Infarction for Rural American Indians/Alaska Natives (AI/AN)

Attachment 9A

Interview Guide for Medical Care Providers

Form Approved
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Reducing time-to-treatment for MI for Rural American Indians/Alaskan Natives Study: Interview Guide for Medical Care Providers

The MI to Treatment program is being conducted to try to understand what can be done to decrease the time from myocardial infarct to treatment in Native American patients. You have been recommended as a provider who would have insight and experience in this area. We value your opinion and hope that together we can form solutions to educate the public in the importance of seeking immediate treatment for signs/symptoms of MI.

Experience with Patients

1. In your experience, do Native American patients with acute coronary syndromes (ACS) or acute myocardial infarction (AMI) seek medical care promptly for their symptoms?
2. What are your patients' interpretations of their symptoms? (prompt: do they have misconceptions about their symptoms?)
3. How do the patients and their family members cope with their symptoms?
4. If late in presentation, why do you think this is so? (denial, distrust of medical system, lack of knowledge of CAD symptoms/signs, transportation issues, neuropathy due to diabetes, distance, etc)?
5. Are there specific cultural issues you see as impacting time to treatment negatively in your community?
6. Do your patients believe that an MI is fatal? Treatable?
7. Are your patients aware of their potential risk for MI based on risk factor profile?? Specifically, are diabetic patients aware? Obese patients? Hypertensive patients? Tobacco users?
8. Who influences the decision for your patients to take action and seek care for ACS? Patient, family member, co-workers others?
9. Do your patients know that EMS does more than provide transportation but also provides vital emergency treatment on the way to the hospital?

Role of Education

1. Can education activities re: MI signs and symptoms impact on late presentation in your community? Why or why not?
2. Would your patient population be receptive and interested in receiving an educational program? Why or why not?? Are there policies that require provider or system pre-approval for the use of EMS by patients?
3. How best can this education be delivered and by whom? In what settings (clinical, non-clinical, individual, group, community events)? What modalities (settings, print materials, audio or video presentations, newspapers, TV, other publications, public service announcements, community champions)??
4. How much time does each of the following medical staff provide for the CVD patient education? (Estimates should be based on a 30 minute appointment)
   A. Doctor _____
   B. Nurse Practitioner / PA_____
   C. Nutritionist _____
   D. Nurse at clinic _____ at hospital_____ at cardiovascular rehab _____
   E. CHR _____
5. How do you know what other patient teaching has been completed? by whom? Is this documented?
6. How is patient understanding best gauged?

Systems Issues

1. How do your office/field protocols handle patients who call in thinking they are having a heart attack? (Prompt: What helps you decide a patient needs or does not need immediate attention? Do your evaluation protocols differ for women compared to men?) Note; this may get to the issue of the well-described delays due to providers

2. Are there specific systems issues in your hospital or clinic potentially interfering with time to treatment in your facility? If so what are they?

3. What specific treatments or capabilities are lacking at your facility to deliver appropriate AMI care, if any?
4. Do your hospital/providers know about national guidelines for AMI care?
5. Does your hospital regularly review/update therapies for AMI? If yes, who does this? If not, why?
6. Does the community perceive appropriate treatment and expertise is available at your facility to treat acute myocardial infarction and CAD? Prevention of CAD??
7. How available is EMS (emergency medical services) in your community? Is it utilized regularly for cardiac emergencies? Why or why not?
8. What levels of EMS services are available in your community? BLS_____ALS_____
9. Is there integration of EMS services with clinical facilities to improve care in your communities? Is there ongoing training for EMS?
10. What is your community's perception of EMS availability?
11. What can be done in your communities to increase use of EMS?

12. Is your EMS over-worked and in need of additional staff?
13. How is tertiary cardiology care delivered in your community? Are CVD specialists available for follow-up locally? What is the impact on care delivered locally?