

Appropriate Follow-up, Cardiac Evaluation	
Measure Description: Proportion of Kawasaki Disease (KD) patients who received an echocardiographic evaluation within 3 weeks of a hospital discharge.	
Numerator	Number of patients who had at least one echocardiogram within 3 weeks after being discharged from the hospital.
Denominator	Number of KD patients, ≤ 18 years old, who had an outpatient cardiology clinic visit during the measurement period and who had their initial inpatient hospital discharge ¹ for KD within the past 12 months of the outpatient visit. Note: <i>Only KD patients who have been followed by the same clinic since their initial inpatient hospital discharge meet the denominator criteria.</i>
Denominator Exclusions	<ul style="list-style-type: none"> • Patients at higher risk including those with persistent or recrudescing fever or who remained hospitalized longer than five days or were readmitted • Patients with aneurysms any time in their medical history • Patient/guardian refusal
Denominator Exceptions	None
Definitions/Notes	1. Initial inpatient hospital discharge refers to the time the patient was discharged with a primary diagnosis of Kawasaki disease.
Measurement Period	Quarterly
Sources of Data	pediatric cardiologists' outpatient medical record or echocardiographic report
Attribution	This measure should be reported by pediatric cardiologists caring for patients with Kawasaki Disease.
Care Setting	Outpatient
Rationale	
Patients with KD can develop coronary dilation and aneurysm formation during the first 2 months of illness. Lack of standard evaluation at these specific time points will result in underdiagnoses of coronary artery abnormalities	
Clinical Recommendation(s)	
<p><u>ACC/AHA Guidelines</u></p> <p>"For uncomplicated cases, echocardiographic evaluation should be performed at the time of diagnosis, at 2 weeks, and at 6 to 8 weeks after onset of the disease."</p> <p>1. Newburger JW, Takahashi M, Gerber MA, Gewitz MH, Tani LY, Burns JC, Shulman ST, Bolger AF, Ferrieri P, Baltimore RS, Wilson WR, Baddour LM, Levison ME, Pallasch TJ, Falace DA, Taubert KA. Diagnosis, treatment, and long-term management of Kawasaki disease: a statement for health professionals from the Committee on Rheumatic Fever, Endocarditis and Kawasaki Disease, Council on Cardiovascular Disease in the Young, American Heart Association. <i>Circulation</i>. 2004 Oct 26;110(17):2747-71.</p>	

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Other guidelines:

1. Lowry AW, Knudson JD, Myones BL, Moodie DS, Han YS. Variability in delivery of care and echocardiogram surveillance of Kawasaki disease. *Congenital Heart Disease*. 2012 Jul-Aug;7(4):336-43.
2. Scott JS, Ettedgui JA, Neches WH. Cost-effective use of echocardiography in children with Kawasaki disease. *Pediatrics*. 1999 Nov;104(5):e57

Challenges to Implementation

Patients are not seen in a timely fashion.

Authors

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