Reduce the Risk: PCI Bleed

A Campaign of the American College of Cardiology
Start on the Right Foot: Assessment and Planning

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November 7, 2018
Please submit your questions for the moderated question and answer session
Webinar Topics

- Program Update
- Facility Assessment
- New Project Management Templates
- Press Kit
138 Facilities opted in
Features
The Reduce the Risk: PCI Bleed Campaign leverages evidence-based best practices to improve the care and outcomes of patients who have undergone a percutaneous cardiovascular intervention (PCI).

Assessment
Includes benchmarking data and is designed to identify opportunities for improvement.
Read more...

Toolkit
Specific tools and strategies designed to address general topic areas for improvement.
Read more...

Webinars
Listen to webinars that review evidence-based toolkits and lessons learned.
Read more...

Listserv
Collaborate and interact with others.
Features

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PCI in-hospital risk standardized rate of bleeding for all patients

1. Does your facility have protocols and/or processes in place to determine a patient's bleeding risk prior to each PCI?
   - Yes
   - No
   - Not sure

2. If Yes, how consistently does your team evaluate each patient for the risk of bleeding prior to the PCI procedure?
   - 100% of the time
   - 75%-99% of the time
   - 50%-74% of the time
   - 25%-49% of the time
   - <25% of the time
   - Never
   - Not sure

3. Who at your facility is responsible for conducting a bleeding risk assessment on your patients prior to the PCI procedure?
   - Nurse
   - Cardiac technician
   - Physician
   - Physician assistant
   - Other
   - Not done

4. Is the Bleeding Risk score part of your pre-procedure “time-out”?
   - Yes
   - No
   - Not sure

5. Does your team use a bleeding risk calculator for each PCI patient?
**Reduce the Risk: PCI Bleed Assessment**

Users: Veronica Wilson, Facility

The following results show your scores for an assessment completed by success metric. Review to help identify current opportunities for improvement.

To view results from a previous assessment, select a different date in the drop-down below and click Go. You can also select the Comparison Report to see how your results compare with others from your facility and all who have taken the assessment.

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**Results for Assessment Completed:**

October 31, 2018

---

**Overall Score**: 49 of 95 possible points  
52%

---

**Success Metric 1**: PCI in-hospital risk standardized rate of bleeding for all patients  
(33 possible points) 22

**Success Metric 2**: Proportion of PCI procedures with transfusion of whole blood or red blood cells  
(5 possible points) 4

**Success Metric 3**: Procedures with an observed bleeding event  
(9 possible points) 5

**Success Metric 4**: Anticoagulation utilization
Reduce the Risk: PCI Bleed Assessment

Users: Veronica Wilson
Facility:

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Success Metric 3: Procedures with an observed bleeding event
(P possible points) ....................................................................................... 5

Success Metric 4: Anticoagulation utilization

Your Score: 52%
### Reduce the Risk: PCI Bleed Toolkit

The table below displays the Reduce the Risk: PCI Bleed Campaign metrics and the tools and strategies to support facilities participating in this Quality Campaign. These tools and strategies are resources available to all participating facilities to assist with meeting the goal of decreasing overall bleeding events.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metric 1: In-hospital risk-standardized rate of bleeding events for all PCI patients</td>
<td>Post PCI Procedure Gran Bleed</td>
</tr>
<tr>
<td>Metric 2: Proportion of PCI procedures with transfusion of whole blood or red blood cells</td>
<td></td>
</tr>
<tr>
<td>Metric 3: Procedures with an observed bleeding event</td>
<td></td>
</tr>
<tr>
<td>Metric 4: Anticoagulation utilization</td>
<td></td>
</tr>
<tr>
<td>Metric 5: Access site utilization</td>
<td></td>
</tr>
<tr>
<td>Metric 6: Method for closure for arterial access site</td>
<td></td>
</tr>
</tbody>
</table>

Check back for more tools coming soon!

- Preprocedural (Tools to address Metric #1 and 6)
- Intraprocedural (Tools to address Metric #1, 5, and 6)
- Postprocedural (Tools to address Metric #1, 5, and 6)

- Pharmacotherapy (Tools to address Metric #1, 2, 3, 4, 5, 6)
Can we preview the assessment?

Can we do the assessment multiple times?

Can different people fill out the assessment?

Where do I submit my results?

How do we handle performing assessments on a multi-hospital network?
Where do I submit my results?

Can different people fill out the assessment?

Can we preview the assessment?

Can we do the assessment multiple times?

How do we handle performing assessments on a multi-hospital network?

Why does it keep asking me to log in???
1. Log completely out of ACC.org and CVQuality.ACC.org
2. Clear cache
3. Open a fresh browser
4. Go to www.CVQuality.ACC.org
5. Log in using ACC.org credentials
6. Link to your Facility

Why does it keep asking me to log in???
Project Management Templates

The list below displays the Reduce the Risk: PCI Bleed Campaign tools and templates to support facilities implementing improvements as participants in this Quality Campaign. These resources are available to all participating facilities to assist with meeting the goal of decreasing overall bleeding events.

- Plan for Improvement Template
- SMART Goals Worksheet
- Goal Progress Tracking Template
- SAMI Strategies for Broad Engagement of Pharmacists in the Care of AMI Patients
- SAMI Barriers and Solutions to Forming a Physician and Nurse Champion Team
- SAMI Characteristics of Clinical Champions (Physician and Nurse)
- IHI SBAR Communication Tool
- SBAR Report to a Physician
- Press Kit (ZIP File, 23MB)
- QI Toolkit
## Plan for Improvement Template

**Aim Statement:** To reduce the incidence of PCI-associated adverse bleeding events by supporting bleeding risk assessments and risk-based care decisions before, during and after the procedure, thereby reducing patient harm and costs.

<table>
<thead>
<tr>
<th>Step 1: Select Goal</th>
<th>Step 2: Identify Barriers</th>
<th>Step 3: Choose a Method for Measurement</th>
</tr>
</thead>
</table>
| Make sure your objective includes the following:  
- What are you seeking to improve?  
- Who is targeted?  
- By how much will it be improved?  
- Over what period of time? | Sample questions to identify barriers:  
- What are the difficult, complex or sensitive aspects of this goal?  
- What potential shifts in the environment should we monitor?  
- What technical or materials-related problems could delay us?  
- How might current clinician attitudes or culture affect the adoption of our recommendations? | May utilize a CathPCI Registry data element or pull data from another source. |

**Increase interventionalist use of pre-op bleeding risk assessment tool by 25% by Q4 2019.**

**Medical Staff buy-in:**  
- No risk assessment tool protocols currently established by facility  
- One medical staffer opposed to risk-adjusted care

**Technical barriers:**  
- Lack of wifi in the cath lab prevents use of online calculator tools.  
- Lack of a tool to fit risk assessment efficiently into the workflow

**Process barriers:**  
- Pre-op process is already complex

**Chart review or EMR data:**  
- Numerator equals the number of patients whose bleed risk (as a numerical score or low/mid/high) is noted in the EMR before undergoing non-emergent PCI  
- Denominator equals the number of patients undergoing non-emergent PCI
## Plan for Improvement Template

### Step 4: Develop strategies/interventions to achieve your goal

<table>
<thead>
<tr>
<th>Strategies/Interventions</th>
<th>Action steps</th>
<th>Target Date</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot adoption of a bleed risk assessment tool that does not require wifi.</td>
<td>1. Engage clinicians in using a bleed risk assessment tool by conducting an educational presentation around the risk model behind a calculator of choice.</td>
<td>By three months from today</td>
<td>Veronica Wilson</td>
</tr>
<tr>
<td></td>
<td>2. Provide data that supports the bleed risk stratification in the model via printouts.</td>
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<tr>
<td></td>
<td>3. Demonstrate the tool in a meeting with clinical staff, and engage 25% of proceduralists in implementing the tool for six months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop new pre-procedure checklists that include noting risk assessment in the EMR,</td>
<td>1. Modify our pre-procedure orders policy to include bleed risk assessment.</td>
<td>Three months after Pilot effort</td>
<td>Medical staff liaison</td>
</tr>
<tr>
<td>and roll out risk assessment tool to all staff.</td>
<td>2. Add acknowledgement of bleed risk score to the “time out” protocol.</td>
<td>completes, if positive feedback is</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>shown.</td>
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Unzip / Extract the Files
Press Kit
We want people to return to their homes and be functional and achieve a high quality of life —

—Dr. John Erwin, chairman of the department
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