



Reduce the Risk: PCI Bleed

A Campaign of the
American College of Cardiology



Start on the Right Foot: Assessment and Planning

Andrea Price, MS, CPHQ, RCIS, CCA

Susan Rogers, RN, MSN, AACC

Veronica Wilson, CPHQ

November 7, 2018



AMERICAN
COLLEGE of
CARDIOLOGY



***Please submit your questions for the
moderated question and answer session***



AMERICAN
COLLEGE of
CARDIOLOGY

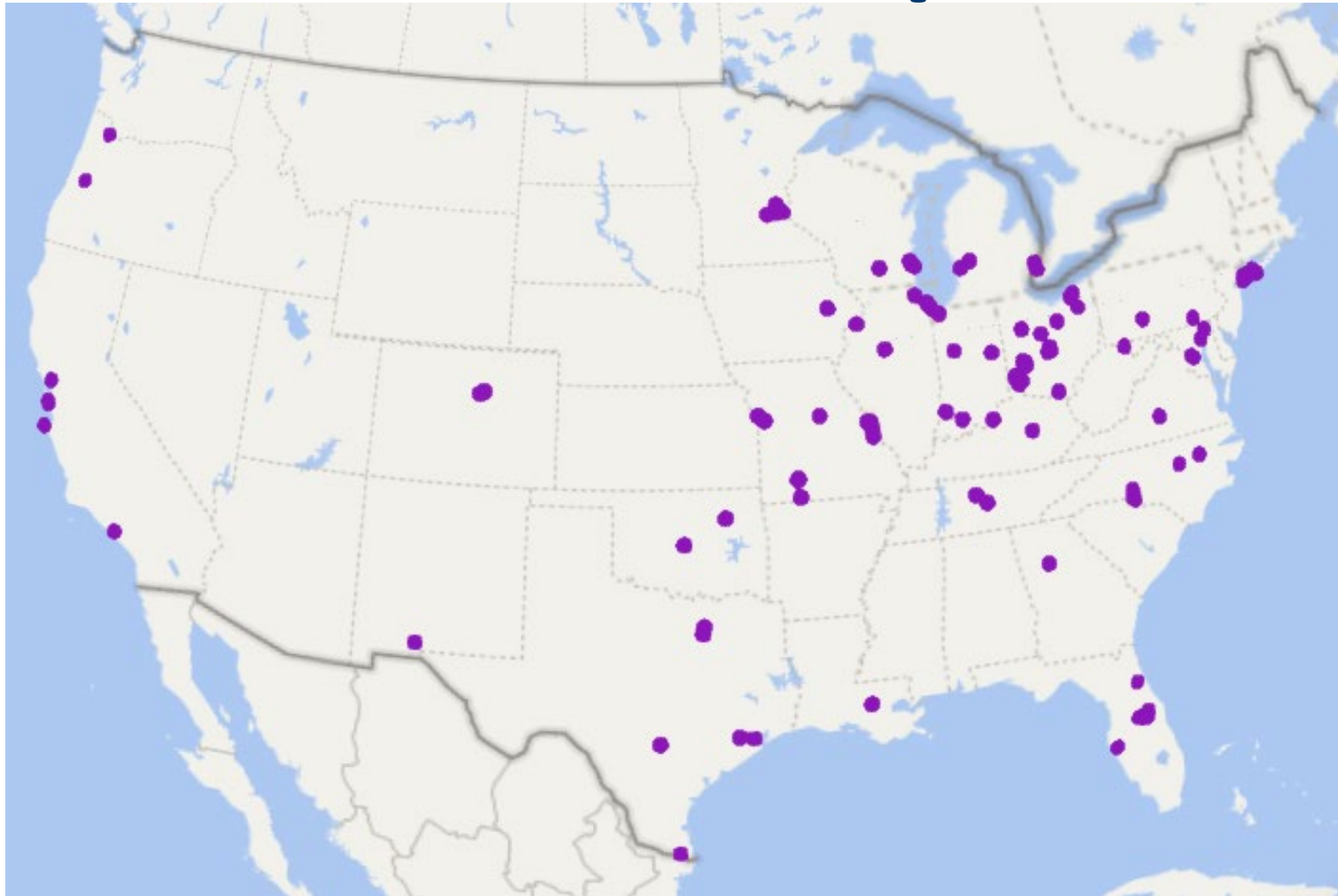
Webinar Topics

- Program Update
- Facility Assessment
- New Project Management Templates
- Press Kit



AMERICAN
COLLEGE *of*
CARDIOLOGY

138 Facilities opted in



AMERICAN
COLLEGE of
CARDIOLOGY



**Reduce
the Risk:
PCI Bleed**

A Campaign of the
American College of Cardiology

- About Reduce the Risk
- ▶ Getting Started
- ▼ **Reduce the Risk Features**
- Assessment Toolkit
- Webinars
- Reduce the Risk Listserv
- Reduce the Risk: PCI Bleed Participation Certificate

ADVERTISEMENT



**Earn EP
Accreditation
from ACC**

[LEARN MORE](#)



ACC
Accreditation
Services

Features

The Reduce the Risk: PCI Bleed Campaign leverages evidence-based best practices to improve the care and outcomes of patient 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 one general topic area for improvement.

[Read more..](#)



Webinars

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

[Read more..](#)



Listserv

Collaborate and interact with others



**AMERICAN
COLLEGE of
CARDIOLOGY**



Reduce the Risk: PCI Bleed

A Campaign of the
American College of Cardiology

- About Reduce the Risk
- ▶ Getting Started
- ▼ **Reduce the Risk Features**
- Assessment Toolkit
- Webinars
- Reduce the Risk Listserv
- Reduce the Risk: PCI Bleed Participation Certificate

ADVERTISEMENT



Earn EP Accreditation from ACC

[LEARN MORE](#)



ACC Accreditation Services

Features

The Reduce the Risk: PCI Bleed Campaign leverages evidence-based best practices to improve the care and outcome of the patient who have undergone a percutaneous cardiovascular intervention (PCI).

Assessment

Includes benchmarking toolkits designed to identify areas for improvement.

[Read more..](#)

Ready?

Toolkit

Specific tools and strategies designed to address one general topic area for improvement.

[Read more..](#)

Webinars

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

[Read more..](#)

Listserv

Collaborate and interact with others



AMERICAN COLLEGE of
CARDIOLOGY



ADVERTISEMENT



**NCDR
Clinical
Quality
Coach™
App**

Easily Track and
Document Practice
Improvement
Activities

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
- ☐ Cath lab 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?





ADVERTISEMENT

The American College
of Cardiology's
Chest Pain – MI
Registry[®]
Formerly the ACTION Registry[®]

New Name
Expanded View
Continuous Reporting



Reduce the Risk: PCI Bleed Assessment

User: Veronica Wilson
Facili

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.

View Previous Results:

October 31, 2018



Go

[Comparison Report](#)

Results for Assessment Completed:
October 31, 2018



YOUR SCORE

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



AMERICAN
COLLEGE of
CARDIOLOGY



ADVERTISEMENT

The American College
of Cardiology's
Chest Pain – MI
Registry
Formerly the ACTION Registry®

New Name
Expanded View
Continuous Reporting



Reduce the Risk: PCI Bleed Assessment

User: Veronica Wilson
Facilit

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.

View Previous Results:

October 31, 2018

Go

[Comparison Report](#)

Results for Assessment Completed:
October 31, 2018

Overall Score (49 of 95 possible points)

YOUR SCORE

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



AMERICAN
COLLEGE of
CARDIOLOGY



Reduce
the Risk:
PCI Bleed

A Campaign of the
American College of Cardiology

About Reduce the Risk

▶ [Getting Started](#)

▼ [Reduce the Risk Features](#)

[Assessment](#)

[Toolkit](#)

[Webinars](#)

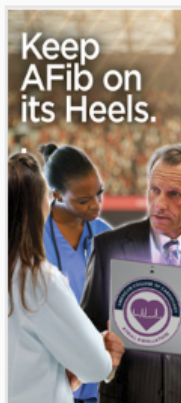
[Reduce the Risk Listserv](#)

[Reduce the Risk: PCI](#)

[Bleed Participation](#)

[Certificate](#)

ADVERTISEMENT



Earn Atrial
Fibrillation
Accreditation
from ACC

[LEARN MORE](#)



ACC
Accreditation
Services

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.

Metric 1: in-hospital risk-standardized rate of bleeding events for all PCI patients.

Metric 2: Proportion of PCI procedures with transfusion of whole blood or red blood cells.

Metric 3: Procedures with an observed bleeding event.

Metric 4: Anticoagulation utilization.

Metric 5: Access site utilization.

Metric 6: Method for closure for arterial access site.

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 \(Tools to address Metric #1, 5, and 6\)](#)

Metric	Tools
Metric 1: in-hospital risk-standardized rate of bleeding events for all PCI patients Metric 5: Access site utilization	Post PCI Procedure Groin Bleed
Metric 1: in-hospital risk-standardized rate of bleeding events for all PCI patients Metric 6: Method for closure for arterial access site.	Post PCI Procedure Orders
Metric 1: in-hospital risk-standardized rate of bleeding events for all PCI patients Metric 6: Method for closure for arterial access site	Hematoma Classification and CPCI Definition

➤ [Pharmacotherapy \(Tools to address Metric # 1, 2, 3, 4, 5, 6 \)](#)



AMERICAN
COLLEGE of
CARDIOLOGY

Can we preview the assessment?

Where do I submit my results?

Can we do the assessment multiple times?

Can different people fill out the assessment?

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

The screenshot shows the homepage of the American College of Cardiology's Quality Improvement for Institutions website. The header includes the ACC logo, the title 'Quality Improvement for Institutions', and navigation links for Home, About, Get Started, and News. A search bar is located in the top right. Below the header, there are tabs for ACCREDITATION, CAMPAIGNS, and CLINICAL TOOLKITS. The main content area features a 'Reduce the Risk: PCI Bleed' campaign banner with a 'Features' section describing evidence-based best practices. A central vertical flowchart highlights three key components: 'Assessment' (with a magnifying glass icon), 'Toolkit' (with a toolbox icon), and 'Listserv' (with an envelope icon). Each component has a brief description and a 'Read more...' link. On the left, a sidebar menu lists various resources like 'About Reduce the Risk', 'Getting Started', 'Assessment', 'Toolkit', 'Webinars', and 'Reduce the Risk Listserv'. At the bottom, there is an advertisement for 'Earn EP Accreditation from ACC' with a 'LEARN MORE' button. The Windows taskbar is visible at the very bottom of the browser window.

Can we
preview the
assessment?

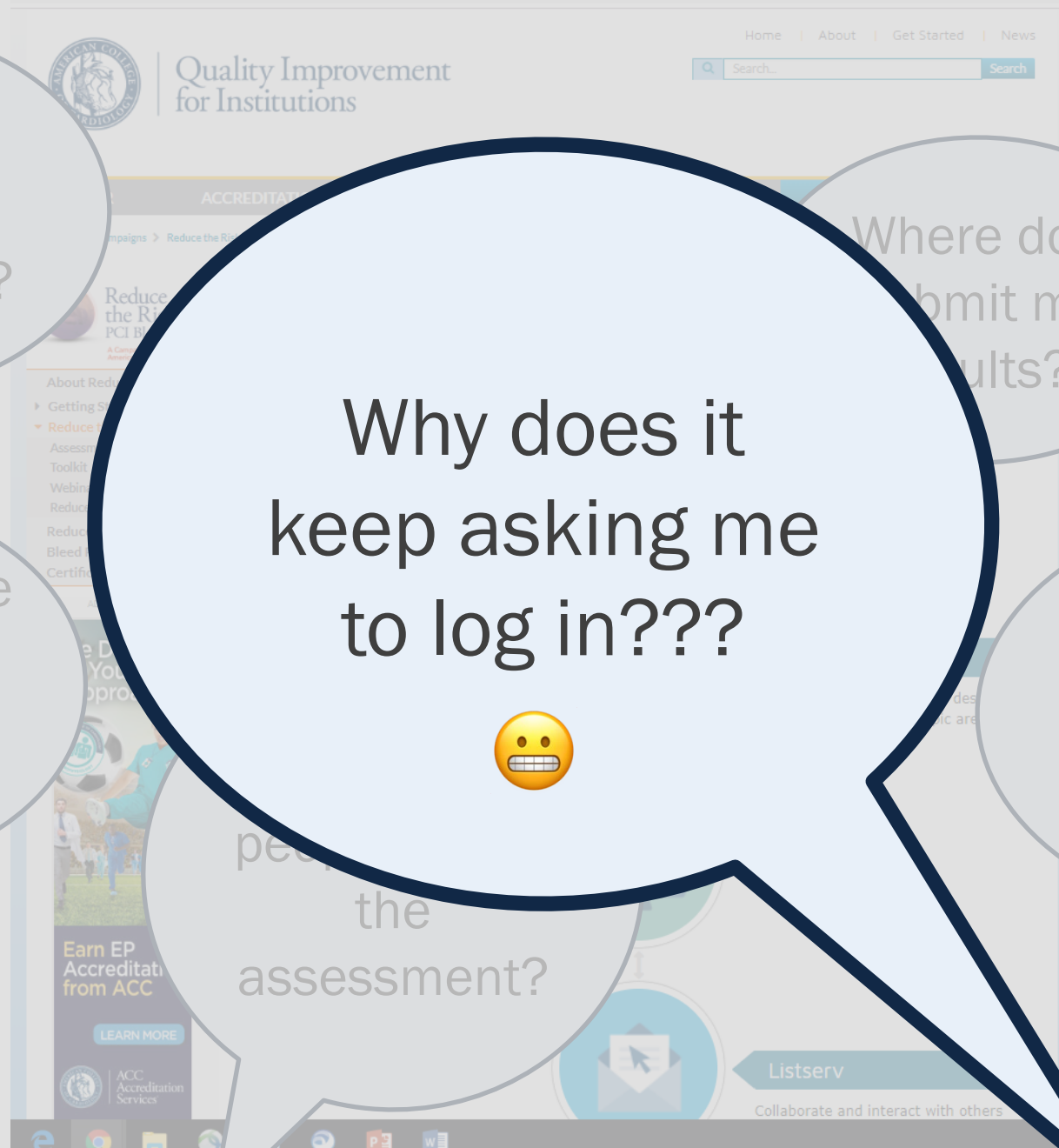
Can we do the
assessment
multiple
times?

Why does it
keep asking me
to log in???



Where do I
submit my
results?

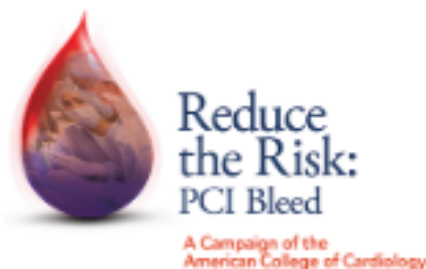
How do we handle
performing
assessments on a
multi-hospital
network?



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???





About Reduce the Risk

▼ Getting Started

Project Management Templates

► Reduce the Risk Features

Reduce the Risk: PCI
Bleed Participation
Certificate

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.

Step 1: Select Goal	Step 2: Identify Barriers	Step 3: Choose a Method for Measurement
<p>Make sure your objective includes the following:</p> <ul style="list-style-type: none"> • What are you seeking to improve? • Who is targeted? • By how much will it be improved? • Over what period of time? 	<p>Sample questions to identify barriers:</p> <ul style="list-style-type: none"> • 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? 	<p>May utilize a CathPCI Registry data element or pull data from another source.</p>
<p><i>Increase interventionalist use of pre-op bleeding risk assessment tool by 25% by Q4 2019.</i></p>	<p><i>Medical Staff buy-in:</i></p> <ul style="list-style-type: none"> • <i>No risk assessment tool protocols currently established by facility</i> • <i>One medical staffer opposed to risk-adjusted care</i> <p><i>Technical barriers:</i></p> <ul style="list-style-type: none"> • <i>Lack of wifi in the cath lab prevents use of online calculator tools.</i> • <i>Lack of a tool to fit risk assessment efficiently into the workflow</i> <p><i>Process barriers:</i></p> <ul style="list-style-type: none"> • <i>Pre-op process is already complex</i> 	<p><i>Chart review or EMR data.</i></p> <ul style="list-style-type: none"> • <i>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</i> • <i>Denominator equals the number of patients undergoing non-emergent PCI</i>

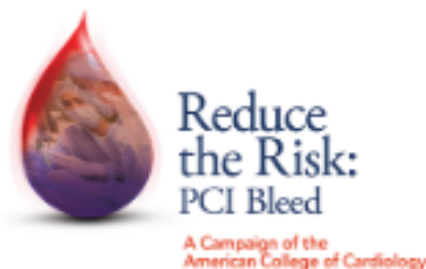


AMERICAN
COLLEGE of
CARDIOLOGY

Plan for Improvement Template

Step 4: Develop strategies/interventions to achieve your goal			
Strategies/Interventions	Action steps	Target Date	Responsible Person
Pilot adoption of a bleed risk assessment tool that does not require wifi.	<ol style="list-style-type: none"> 1. Engage clinicians in using a bleed risk assessment tool by conducting an educational presentation around the risk model behind a calculator of choice 2. Provide data that supports the bleed risk stratification in the model via printouts 3. Demonstrate the tool in a meeting with clinical staff, and engage 25% of proceduralists in implementing the tool for six months. 	By three months from today	Veronica Wilson
Develop new pre-procedure checklists that include noting risk assessment in the EMR, and roll out risk assessment tool to all staff.	<ol style="list-style-type: none"> 1. Modify our pre-procedure orders policy to include bleed risk assessment. 2. Add acknowledgement of bleed risk score to the "time out" protocol. 	Three months after Pilot effort completes, if positive feedback is shown.	Medical staff liaison





About Reduce the Risk

▼ Getting Started

Project Management Templates

► Reduce the Risk Features

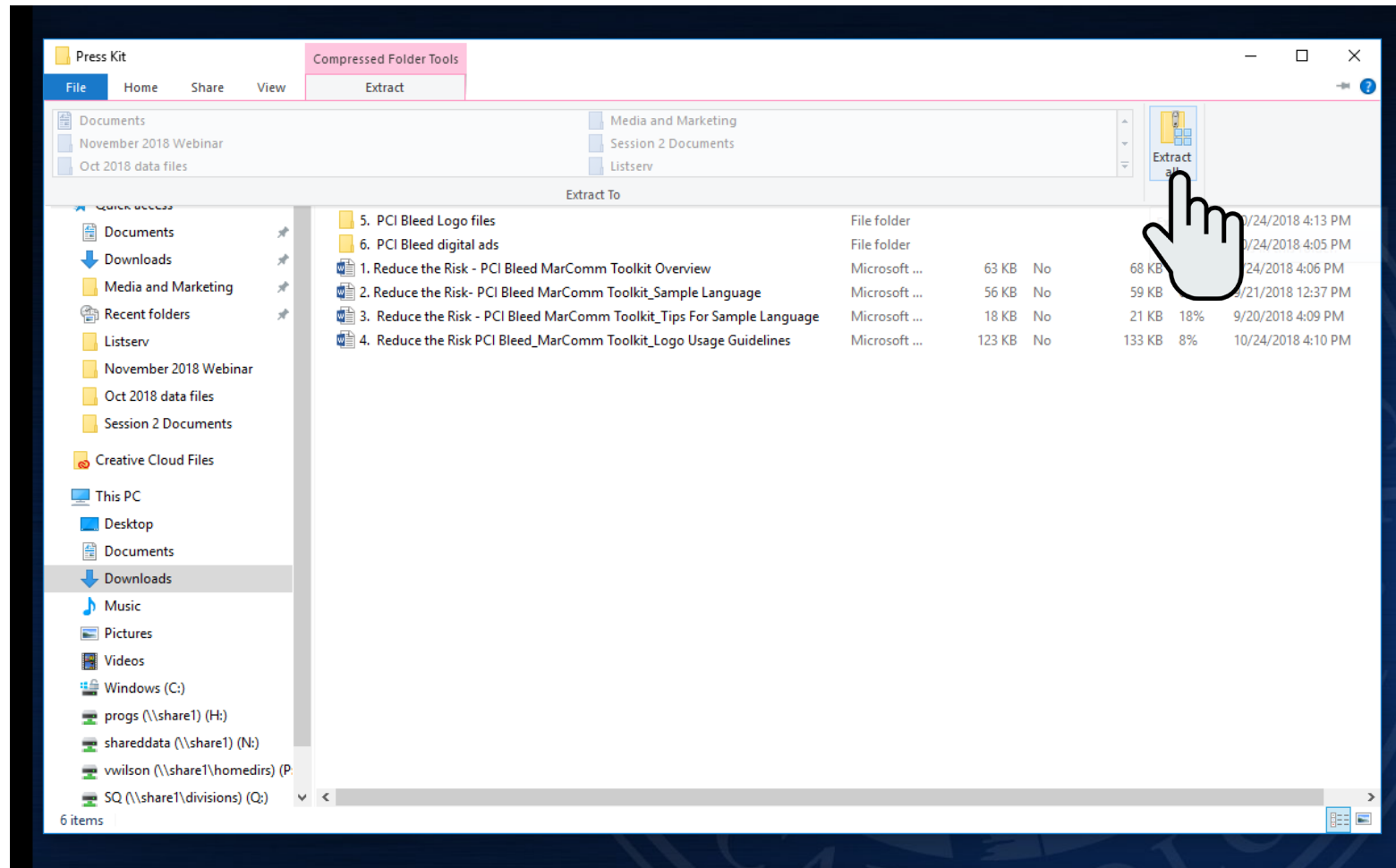
Reduce the Risk: PCI
Bleed Participation
Certificate

Project Management Templates

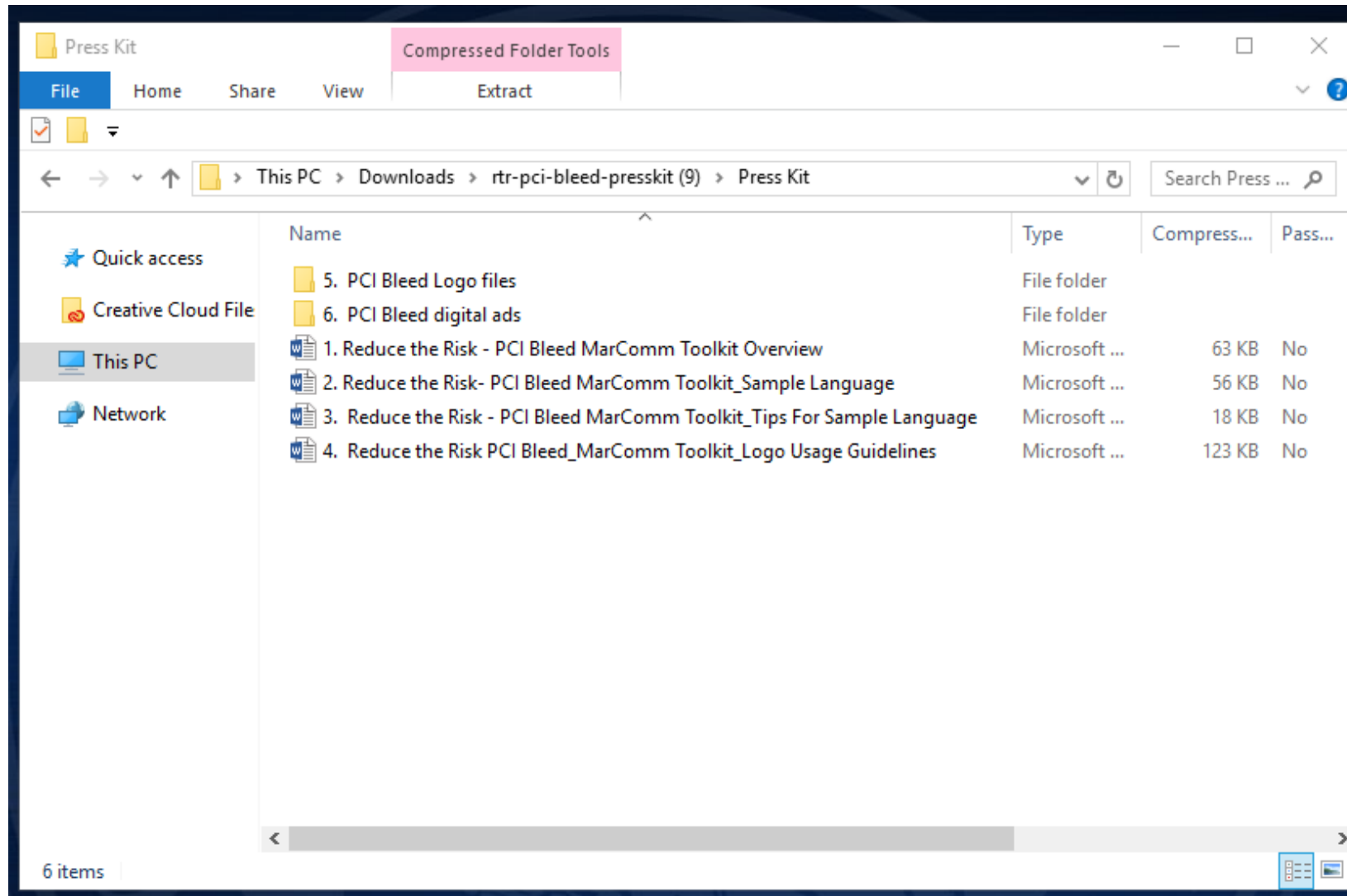
The list below displays the Reduce the Risk: PCI Bleed Campaign tools and templates to support facilities implementing improvements as participants in this Quality Campaign. These resources are available to all participating facilities to assist with meeting the goal of decreasing overall bleeding events.

- [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](#)

Unzip / Extract the Files



Press Kit



AMERICAN
COLLEGE of
CARDIOLOGY



READ
ALL
ABOUT
IT!!

“ 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



AMERICAN
COLLEGE of
CARDIOLOGY



ACTION and PNP Focus MI





***Please submit your questions for the
moderated question and answer session***



AMERICAN
COLLEGE of
CARDIOLOGY