



TRIDENT
HEALTH

Decreasing Readmissions

Concurrent review and Patient Education:

- Review daily troponin results
- AMI diagnosis determination
- Validate that guidelines are being met
- Disease Specific Alert is entered
- AMI education and AMI packets
- Monitor Discharge list for AMI discharges so that Med Recs



Reviewing daily Troponin results

| | | | | | | |
|----------|----------|------------|----------|------------|------|----|
| 12/04/17 | D.CC24-1 | [REDACTED] | 12/02/17 | TROPONIN I | 1.52 | *H |
| 12/03/17 | D.CC24-1 | [REDACTED] | 12/02/17 | TROPONIN I | 1.97 | *H |
| 12/03/17 | D.CC24-1 | [REDACTED] | 12/02/17 | TROPONIN I | 1.83 | *H |
| 12/03/17 | D.CC24-1 | [REDACTED] | 12/02/17 | TROPONIN I | 1.71 | *H |
| 12/04/17 | D.CC27-1 | [REDACTED] | 12/03/17 | TROPONIN I | 0.19 | H |

Because elevated troponins can have many causes, patient charts are reviewed to determine reason for admission.

If mild elevations in troponins are noted, patients are monitored for R/O AMI.



Disease Specific Alerts

| Interventions | Sts | Frequency |
|--|----------|---------------|
| ~~~~~ COMMUNICATION ~~~~~ | | |
| -Disease Specific Alert-AMI | A | QSHIFT |
| ~~ASA given | | |
| ~~ASA, BB, STATIN,BRILINTA at Discharge | | |
| ~~ACE/ARB if EF < 40% at Discharge or contraindication. | | |
| ~~EF ECHO ORDERED | | |
| ~~LDL 87/NEEDS STATIN | | |
| ~~Cardiac Rehab referral-DONE | | |
| ~~AMI packet give WHEN APPROPRAITE | | |

Alerts are entered to notify nurses of AMI patients and the guidelines that must be followed. Communication tool between all facilities.

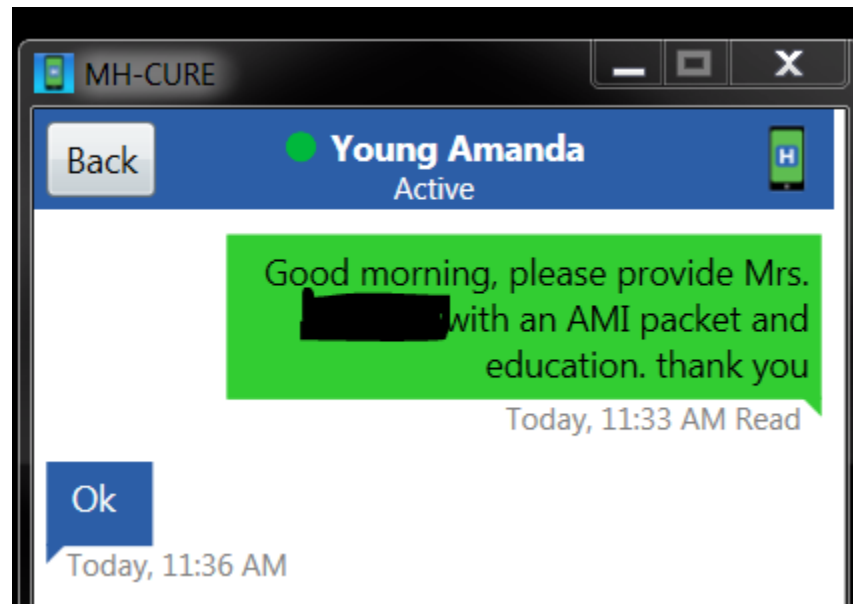
My List of Patients (Last Updated: 12/04/17 1146)

| Room/Bed | Patient Name | Orders/RES | Nxt Int/Msg | B/P | RESP | MR | FALL | MEWS |
|----------|--------------|------------|-----------------------------|--------|-------|----|------|------|
| Temp Loc | Age Sex Conf | Blood TX | Next Med Due | | PULSE | SU | CORE | TEAM |
| D.331-A | [REDACTED] | Stat Res | PRN 0 New▶ 1200 AZACTAM | 109/59 | 36 | | Yes | Y |
| | 78 M | | | | 69 | | Y | |
| D.335-A | [REDACTED] | Stat Res | PRN 0 New▶ | 133/60 | 20 | | Yes | 1 |
| | 77 F | | PRN | | 58 | No | Y | |
| D.CC02-1 | [REDACTED] | Stat Res | PRN 0 New▶ 1400 LACRILU▶ | 173/72 | 18 | | Yes | 8 |
| | 40 M | | | | 60 | | Y | |



I Mobile Communication

I-Mobile is a great way to communicate between nursing, pharmacy, case management and physicians. Texting allows communication without stopping what in the middle to patient care to answer a phone.



Monitor Pending Discharges

The discharge list allows for review of med rec and orders prior to patient discharge to ensure all guidelines are met prior to the patient leaving for home.

Pending Unconditional Discharges:

| Location | Room | Physician | DC Order D&T | Patient Wait Time (h:mm) | Discharge To |
|----------|---------|-----------------------------|----------------------|--------------------------|--------------|
| D.T3FL | D.307-A | Guichard,Jared Arthur MD | Dec 4, 2017 9:59 AM | 3:59 | - |
| D.T3FL | D.302-A | McDermott,William Gunner MD | Dec 4, 2017 12:58 PM | 1:00 | - |
| D.T3FL | D.318-A | Meador,Corey Garnett MD | Dec 4, 2017 1:19 PM | 0:39 | - |
| D.T5FL | D.517-A | Dupont,Katharine Cray MD | Dec 4, 2017 8:55 AM | 5:03 | - |
| D.T5FL | D.527-B | McDermott,William Gunner MD | Dec 4, 2017 10:58 AM | 3:00 | - |
| D.T5FL | D.519-A | Dupont,Katharine Cray MD | Dec 4, 2017 11:16 AM | 2:42 | - |
| D.T5FL | D.529-B | Boyer,Corynne A DO | Dec 4, 2017 12:44 PM | 1:14 | - |



AMI education is the key to decreasing readmission

Education begins on arrival to the Emergency room and continues through follow up care.

Patient is explained what their diagnosis is to the risk factors modifications that are discussed by each nurse each shift. Education comes with repetition, the more the patients hear the signs and symptoms, risk factors and new lifestyle modifications the more the patient will understand. Nurses also provide education on new medications and how they work and why they are taking them.

Each patient/family member receives an AMI packet on arrival to their unit.

Let the education begin!!



AMI packet includes :

Myocardial Infarction

Myocardial Infarction, also known as a heart attack, can occur suddenly and without warning. A heart attack occurs when there is an interruption of flow through a coronary (heart) artery that results in damage to heart.

SIGNS AND SYMPTOMS

- Chest pain, often crushing, severe, and left-sided
 - Arm, jaw, or neck pain
 - Fainting or light-headedness
 - Nausea
 - Fatigue
 - Upper abdominal pain
 - Loss of consciousness
 - Cardiac arrest
- Men are more likely to experience chest pain during a myocardial infarction. Women often have more subtle symptoms, including fatigue and nausea.

REDUCE YOUR RISK FACTORS

- Do not smoke.
- Exercise daily.
- Eat a diet rich in fruits, vegetables, and whole grains. Limit intake of animal fats, high-fat foods, and processed food products. Be cautious about the sodium content of foods, especially with canned, frozen, or processed foods.
- Maintain a healthy weight.
- Control high blood pressure, diabetes, and other chronic medical problems.
- Keep your cholesterol and other blood lipid levels in the healthy range.

FOR MORE INFORMATION

American Heart Association
800/242-8721
www.americanheart.org

National Heart, Lung, and Blood Institute
301/592-8573
www.nhlbi.nih.gov

Trident Health System
Consult-A-Nurse
843/847-3463
www.tridenthealthsystem.com

What is your EF?

MY EF is _____

EF stands for ejection fraction which is the measurement of how well or strong the heart is pumping blood to the rest of your body.

SYMPTOMS of a low EF include shortness of breath, swelling in the legs and ankles, lightheadedness, palpitations, fatigue.

Tools to measure your EF include an Echocardiogram, a heart catheterization, MUGA scan.

Therapies that can help a low EF include an Implantable Cardio-defibrillator (ICD), Cardiac Resynchronization Therapy Device BivICD/BI Pacemaker or a Lifevest.

50-75%
NORMAL

Questions to ask your doctor:

Q: Do I need to have my EF rechecked? If so, when?

36-49%
BELOW
NORMAL

Questions to ask your doctor:

Q: Should I be concerned about my EF number?

35% &
below
LOW

Questions to ask your doctor:

Q: Do I need additional test or treatments?



Healthy Heart Diet



Why low Sodium?

- High Sodium foods cause fluid retention-this makes it harder to breathe and perform daily activities
- Salt makes you thirsty-this makes it harder to follow a fluid restriction.
- High sodium intake increases your risk for other disease like hypertension and kidney disease.

Sodium Recommendations

- Less than 2000 milligrams sodium per day if you have diagnosis of CHF
- Less than 1500 milligrams sodium per day if you are African American, 51 years or older, or have high blood pressure.

Sources of Sodium-Not Recommended Foods

- The **SALT SHAKER!** 1 teaspoon of table salt has 2400 milligrams of sodium (that's more than double the daily recommended maximum)
- Processed Meats and Cheeses
 - ❖ Hot dogs, bacon, Sausage, salami, pepperoni
 - ❖ Lunch meat-turkey, ham, bologna, roast beef
 - ❖ Canned Meats-Spam, Vienna sausages
 - ❖ Cheeses-Velveeta Cheese®, Cheez Wiz®, American cheese
- Processed Foods/Condensed Foods
 - ❖ Snack foods-Chips, crackers, salted popcorn, pretzels
 - ❖ Canned Foods-beans, vegetables, fish or meat in brine
 - ❖ Packaged starchy foods, seasoned noodles, rice, mac and cheese.
 - ❖ Instant Foods-potatoes, rice, noodles
 - ❖ Mixes-pancakes, biscuits, cake, pudding
- Condiments, Sauces, and Seasonings



HEART DISEASE

The Road to Recovery



AMI packet

- Signs and symptoms
- Risk factors
- Understanding EF
- Diet information
- Booklet on road to recovery cardiac rehab information
- CPC coordinators contact info

Outpatient Cardiac Rehabilitation



Cardiac Rehab often begins in the hospital after a heart attack, heart surgery, or other heart condition. It continues in an outpatient setting once you leave the hospital.

Once you learn the habits of heart healthy living, you can continue them for life!



395 Midland Parkway | Summersville, SC 29485
Phone: (843) 832-5021 | Fax: (843) 832-5118



Follow up phone calls

Acute Myocardial Infarction
Telephone Call back Questionnaire

Name _____ Date _____ Time _____

DOB _____ Encounter Number _____

Must speak to primary patient or have specific permission from patient to speak to caregiver instead. Document request/permission of patient and name of person delegated by Patient

All issues must be referred back to the primary health care provider

Number of attempts to reach patient _____

Questions/reminders

- 1) Can you tell me what your new prescriptions are for, how to take them and the importance of them?
Yes No Comments: _____
- 2) Can you explain when to call 911 or your physician regarding signs and symptoms?
Yes No Comments: _____
- 3) Can you tell me when your follow up appts are and who they are with?
Yes No Comments: _____
- 4) Can you explain some of the important parts of a Cardiac diet?
Yes No Comments: _____
- 5) Can you tell me some of the risk factors of a Heart Attack?
Yes No Comments: _____
- 5) Can you tell me about Cardiac Rehab?
Yes No Comments: _____

Any issues/concerns/additional comments: _____

Follow up questions are open ended to ensure patients fully understand their discharge instructions. Follow up calls allow patients to ask questions they may have forgotten to ask in the hospital .

