



Reduce the Risk: PCI Bleed

**A Campaign of the
American College of Cardiology**



Reduce the Risk: PCI Bleed

A Campaign of the
American College of Cardiology

Using the Reduce the Risk: PCI Bleed Campaign to Take Quality One Step Further: Obtain MIPS Credit and CCL Accreditation

January 22, 2020

12-1pm ET

Webinar #7



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Hosted by:

Andrea Price MS, CPHQ, RCIS, AACC

Reduce the Risk PCI Bleed Steering Committee Chair

Special Guests:

Claudia Vasquez, MS HCPM

Medicare Payment and Quality Associate Director

Amy Westfall, MBA, BSN, RN, AACC

Accreditation Clinical Product Manager

Kimberly Berardi, BSN, RN, CNOR Director Cardiovascular
Services Indiana University Health



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Agenda

1. Welcome and Introductions
2. Overview of MIPS using the Campaign
3. Overview of CCL Accreditation using the Campaign
4. Shared Best Practices – How CCL Accreditation incorporates the Reduce the Risk: PCI Bleed Campaign to Improve Patient Safety and Reduce Risks
5. Q&A
6. Announcements



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Quality Payment Program

- CMS is required by law to implement a quality payment incentive program, referred to as the Quality Payment Program, which rewards value and outcomes in one of two ways:
 - Merit-based Incentive Payment System (MIPS)
 - Advanced Alternative Payment Models (APMs)
- Under MIPS, performance is measured through the data, which eligible clinicians report in four areas:
 - Quality: 45%
 - Cost: 15%
 - Promoting Interoperability: 25%
 - Improvement Activities: 15%
- The four performance categories make up the final score, which determines the payment adjustment



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Who is Impacted?

- Physician

including doctor of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry

- Osteopathic practitioner
- Chiropractor
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

- Physical therapist
- Occupational therapist
- Clinical psychologist
- Qualified speech language pathologist
- Qualified audiologist
- Registered dietitian or nutrition professional



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Reporting Participation

- Program participants must report data collected during one calendar year by March 31 of the following calendar year
- Report your participation through your MIPS reporting mechanism
 - Attestation
 - Qualified Clinical Data Registry [QCDR]
 - Qualified Registry
 - EHR
 - CMS Web Interface



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Group Attestation

- 50% of the clinicians in the group must participate in the same activity
- Clinicians can perform the activity during **any continuous 90-day period** during the performance year

*Everyone does not need to perform the activity
at the same time*



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MIPS Improvement Activity

- **MIPS Activity ID IA_PSPA_30 (high weight)**
 - *To earn full credit in this performance category, you must generally submit one of the following combinations of activities:*
 - *2 high-weighted activities,*
 - *1 high-weighted activity and 2 medium-weighted activities, or*
 - *4 medium-weighted activities*
- The Reduce the Risk: PCI Bleed certificate can serve as documentation of your participation



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Welcome to the Merit-Based Incentive Payment System (MIPS) Survey

1. Please complete the following information: (answer required)

First Name:

Last Name:

Credentials:

NPI number:

Facility Address:

Email address:

Facility affiliation:

NCDR Participant ID:

2. Which of the following MIPS approved ACC Quality Campaigns (ACC Patient Navigator Program: Focus MI Campaign and/or the ACC Reduce the Risk: PCI Bleed Campaign) has your facility opted into for 90 days or more? (Please select all that apply.)

(answer required)

- ☐ Patient Navigator Program: Focus MI
- ☐ Reduce the Risk: PCI Bleed Campaign
- ☐ Have not participated in either of these campaigns for 90 days or more



3A. One of the CMS requirements for a MIPS approved ACC Quality campaign is that your facility must meaningfully engage with the campaign. "Meaningful engagement" includes opting into the program as well as participating in any or all of the additional elements listed below. Please select all that apply. (answer required)

- ☐ Participation in the development of the Quality Campaign team at your facility
- ☐ Completing a preprogram facility assessment
- ☐ Submitting data
- ☐ Establishing facility goals
- ☐ Participation in the following program learning activity: Community calls
- ☐ Participation in the following program learning activity: Live or on-demand webinars
- ☐ Participation in the following program learning activity: Engaging on the listserv
- ☐ Participation in the following program learning activity: Utilize tools from the campaign toolkit
- ☐ My facility did not participate in any of these activities
- ☐ Not sure if my facility participated in these activities

Back

Next

Save



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Please click the “Submit Survey” button below to automatically generate an emailed participation certificate to the email address you specified in this survey.

Please note that your credit claim is not automatically sent to CMS. Keep the certificate in your records for at least six years, and submit your credit claim directly via the CMS website.

[Back](#)

[Submit Survey](#)



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Thank you for completing this survey. Your certificate will be emailed to you shortly.

For more information on the Merit-based Incentive Payment System (MIPS), please visit <https://www.acc.org/macra>.



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Quality Programs™

Merit-Based Incentive Payment System (MIPS) Documentation

Claudia Vasquez MS, HCPM

NPI Number: N/A

American College of Cardiology

INOVA Fairfax Hospital

Has completed the survey verifying their participation and meaningful engagement in the following CMS MIPS approved ACC Quality Campaign for 90 days or more in 2018.

Reduce the Risk: PCI Bleed Campaign

This campaign is approved as a high-weighted MIPS Improvement Activity by the Centers for Medicare and Medicaid Services.

Per CMS' document retention policy, the ACC recommends that you keep this documentation for six years if you intend to attest to participation as a MIPS Improvement Activity.



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Cardiac Cath Lab v2 Accreditation





ACC Accreditation Services Goals

We provide comprehensive quality improvement solutions for facilities that combine ACC's Accreditation services, registry services, quality initiatives, and education.

We develop and share quality practices that optimize the care and outcomes of patients with acute cardiovascular disease worldwide through innovative cross-disciplinary processes and education by...

Taking Science to the Bedside™





Cardiac Cath Lab (CCL) Accreditation

- Designed as an operational model that merges the latest science with process improvement across the Cardiac Cath Lab (CCL)
- Utilizes NCDR CathPCI Registry data to support clinical decisions
- Links process improvement to patient outcomes
- Promotes consistent processes across the care continuum
- Our goal is to reduce variations in care to decrease cost and increase quality
- Our process is collaborative, consultative and not punitive; we focus on patient safety and process improvement



Tool Home Screen



20478 - Operating Hospital 1

Actions

Logout

Days remaining to submit baseline: 10

Facility Submission Progress: 65% Complete



Cardiac Cath Lab v2

Home

Facility Information

Contacts

Essential Components

Shared Practices

Supporting Documents

Submit Baseline

Message Center

Reports

Contact Us

Additional Resources

Change Password

Print

Help

Welcome to the Cardiac Cath Lab v2 Accreditation Tool

Thank you for your interest in Cardiac Cath Lab (CCL) Accreditation. Your commitment to delivering the best possible care to the cardiovascular patient is evident through your desire to achieve this Accreditation.

The CCL v2 Accreditation Tool is a web-based application designed to support the Accreditation process. These tools will assist your facility with process improvement initiatives which will make a difference in organizational outcomes.

- View and complete all required forms
- Save and review your work
- Print copies for your records
- Electronically submit completed application

Accreditation Requirements

Baseline Gap Analysis Phase (click here)

Application Phase (click here)

Accreditation Phase (click here)

Click 'Next' to continue.

Next >



Line Items and Resources



EC3.M1c

The facility has a defined process regarding assessment of bleeding risk and pre-procedural requirements that include:

No

Yes

- Detailed history regarding any prior Gastrointestinal or Genitourinary (GI/GU) or other bleeding issues with current antiplatelet or anticoagulant use
- Complete Blood Count (CBC) and coagulation studies reviewed for any signs of anemia or coagulopathy that may signal active or potential bleeding problems
- The need for concomitant anticoagulant therapy should be assessed in case of stent placement that would require dual antiplatelet therapy as well as barriers to adherence
- Consideration for transradial approach for all patients' deemed high risk for bleeding

References

Supporting Documents

Shared Practices

Guidance Statements

Comments

Communication

Reviewer Report

Reviewer Notes

References

[2012 American College of Cardiology Foundation/Society for Cardiovascular Angiography and Interventions Expert Consensus Document on Cardiac Catheterization Laboratory Standards Update](#)

Bashore Thomas M., et al.


ACC: Reduce the Risk: PCI Bleed



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ACC Bleeding Risk Calculator



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CathPCI Bleeding Risk Calculator

Calculate Risk

The bleeding event risk estimate received should be used to inform the overall conversation about the risks/benefits of a CathPCI procedure. It should not be used to determine the need for or against this or any medical procedure. X

Calculate Risk

Units of Measure US SI Reset All

*All parameters are required to derive the adjusted CathPCI bleeding event risk.

Patient Demographics

Age (18-120)
 Years

Sex
Select

Race
Select

Patient Pre-Procedural Characteristics

Reset

Body Mass Index (BMI) kg/m² Enter the BMI value manually

Height
Select Feet Select Inches

Weight
 lbs

Baseline Hemoglobin i
 g/dL

Prior STEMI i
Yes No

Prior PCI i
Yes No

Cardiogenic Shock Within 24 Hours i
Yes No

Currently on Dialysis i
Yes No

Resources

Predicted Risk +



CCL Accreditation and Reduce the Risk Resources



- EC's for increasing radial access and same day discharge
 - Processes for bleeding risk assessment and evaluation of oral anticoagulants
 - Utilization of NCDR CathPCI metrics for performance improvement
 - Competencies, annual education
 - Sheath removal protocols
 - Hand off protocols
- ****And many more****





CCL Suite of Tools and Apps

- Cardiac Cath Lab Accreditation
- CathPCI Registry[®]
- *CardioSmart.org* and *JACC Journal*
- ACC Clinical Toolkits and Quality Campaigns available at *cvquality.acc.org*

(including apps available for mobile devices and smart phones)



Statin
Intolerance



NCDR
Clinical
Quality
Coach



Guideline
Clinical



CathPCI
Bleeding
Risk
Calculator



CardioSmart
Heart
Explorer



Anticoag
Evaluator



DAPT Risk
Calculator



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How CCL Accreditation Helps Your Program:



- Standardize processes to optimize operational efficiencies and reduce resource waste
- Promote a strong governance structure
- Multidisciplinary, patient centered focus
- Flexibility to focus PI efforts towards existing registry information,
- ACC resources embedded for ease of access
- Convey commitment to quality and provide an advantage in a competitive market
- **Our goal at the end of this is to improve patient safety and outcomes and for your lab to run more efficiently with less effort on your part.**



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How our PCI Bleeding Reduction Strategies supported our Cath Lab Accreditation Efforts

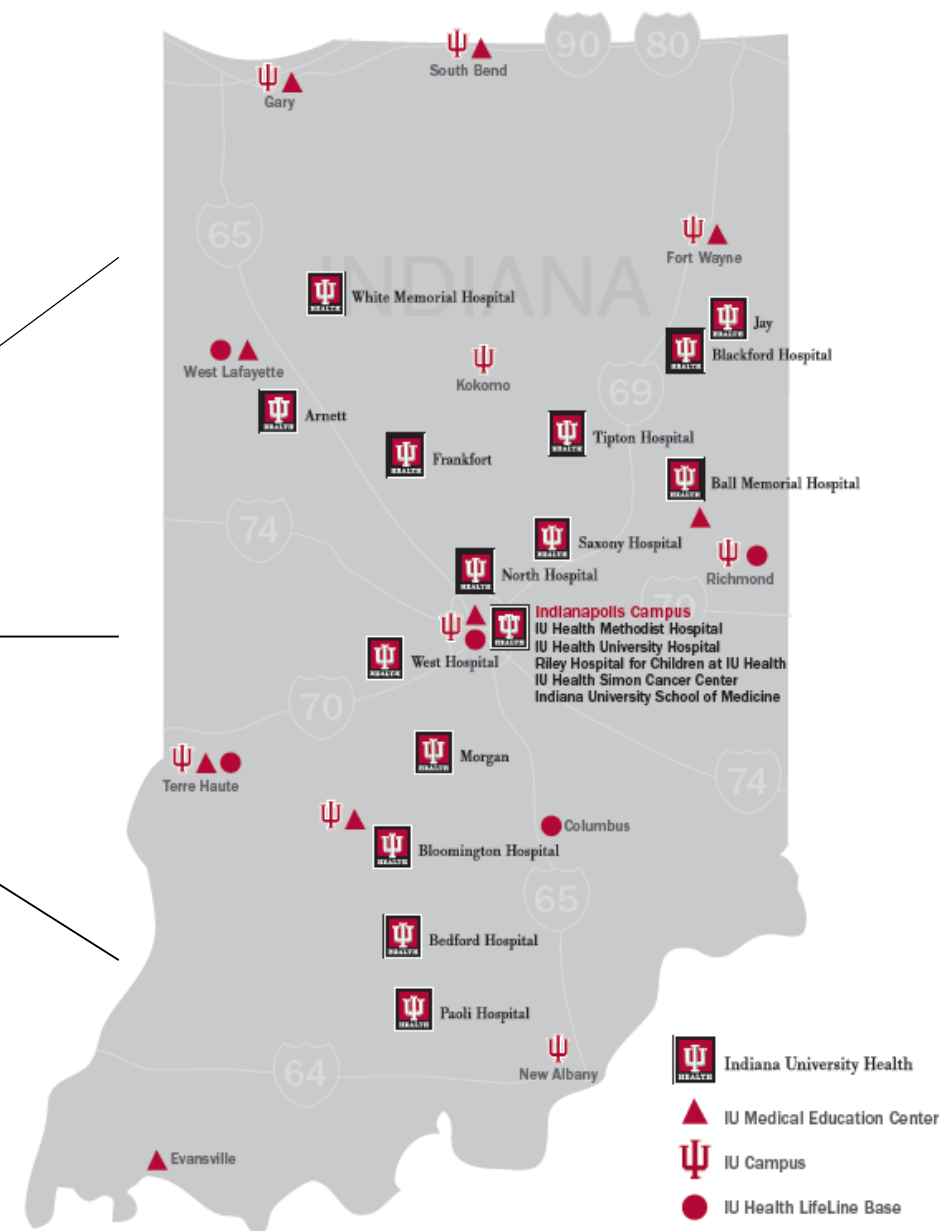
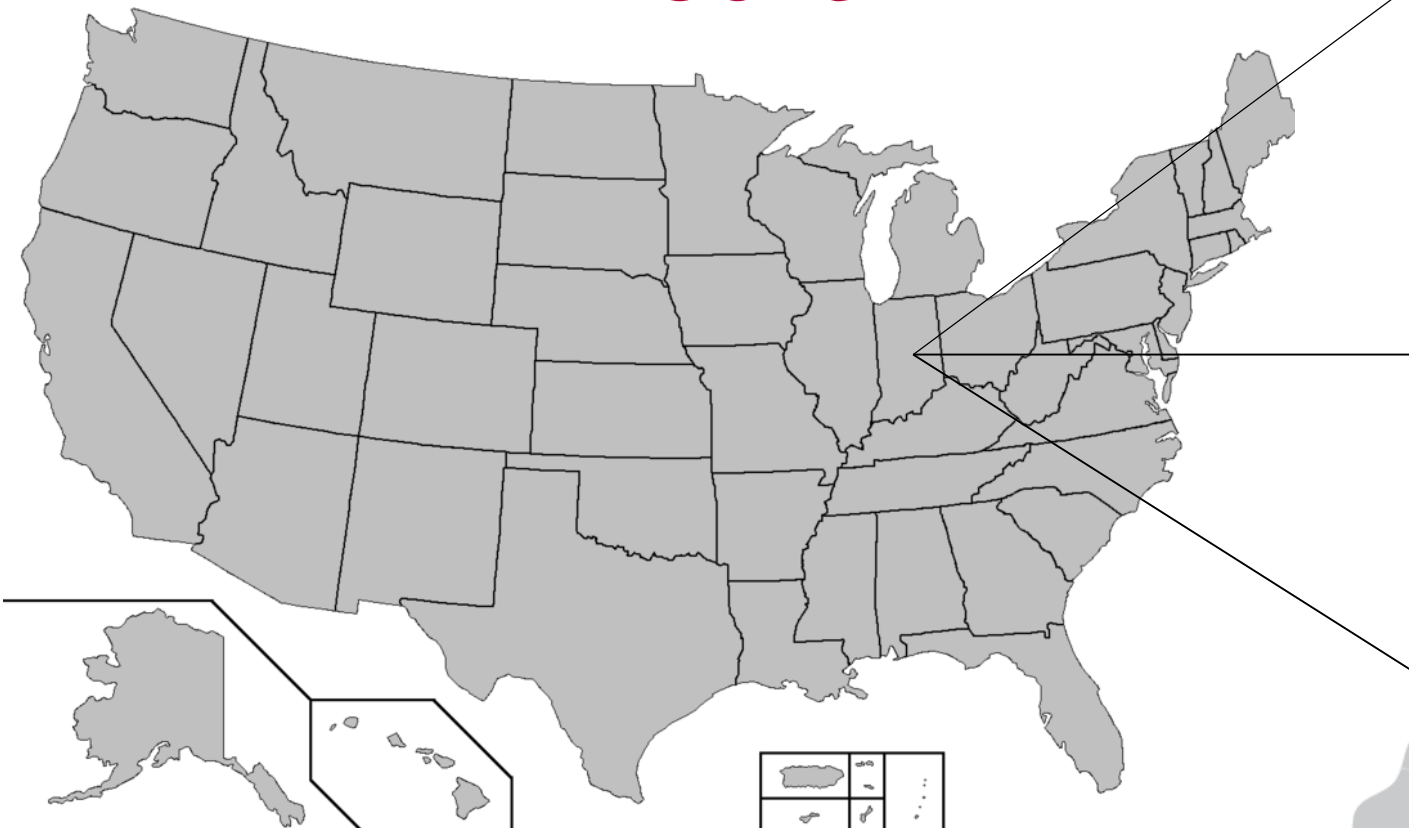
Kim Berardi BSN, RN, CNOR

Director Cardiovascular Services at Indiana University
Heath Methodist & University Hospitals

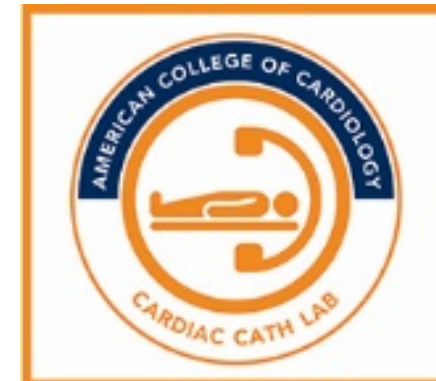
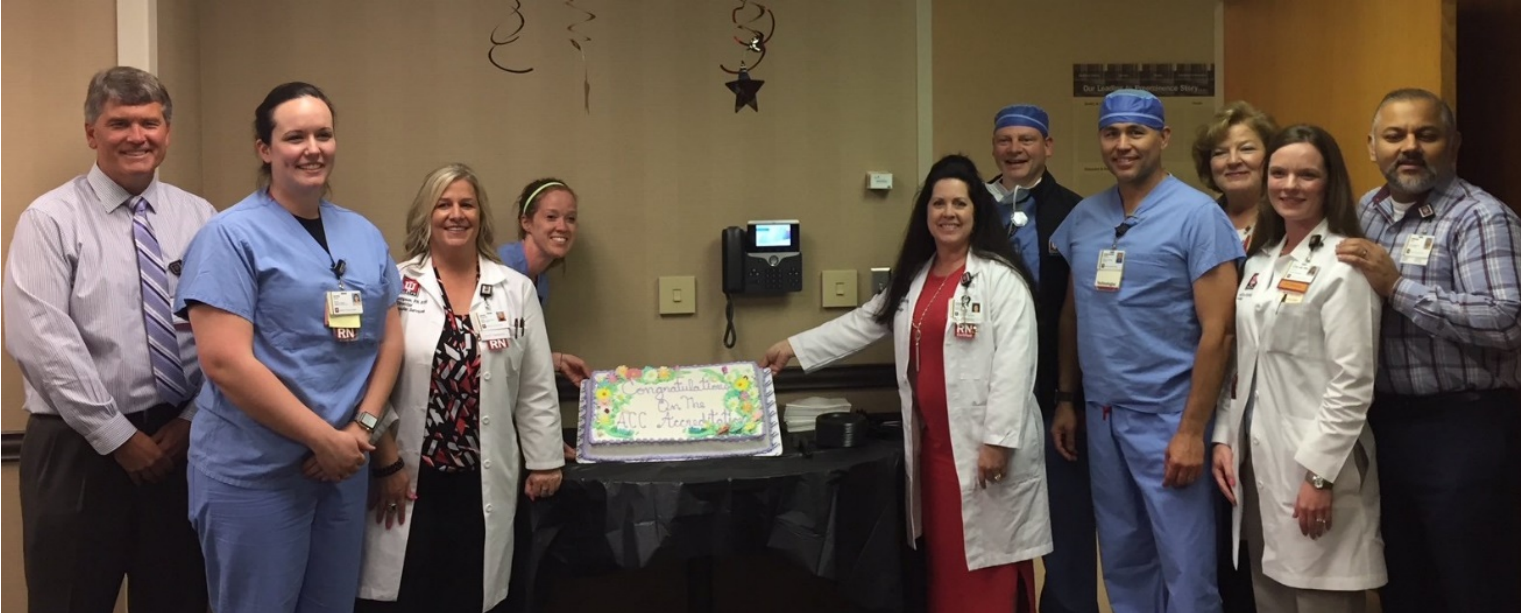


Indiana University Health

Indiana University Health



Indiana University Health: Methodist



Our Bleeding Reduction Journey

What is our metric telling us? Where are our bleeds & avoidance strategies to take?

2012

2013

2014

2015

2016

2017

2018

2019

Metric 37:

86.6% of our observed bleeding events were RBC transfusions and Hgb drops of > 3

- **Bleeding metric education**
- **RBC transfusion guideline**
- **Hgb draws when clinically indicated**
- **Nursing “10 Second Time out”**

10 Second Time Out for Sheath Pulls

Completed by RN and charge nurse or clinical advisor

Patient last name and
room number

Assessment/interventions	Circle
BP Systolic 90-160 Diastolic <90	Yes No
HR 50-110	Yes No
ACT if ordered < 150 sec	Yes No
If "NO" to any of the above, DO NOT pull the sheath and consult the charge nurse for problem solving	
Pressure location marked with "X"	Yes No
HOB flat	Yes No
Dorsalis pedis pulse marked with "X" for consistent pulse checks	Yes No
<u>Risk factors for vascular complications:</u> Size 6, 7, + fr. sheaths Multiple sheaths Body size (very thin or morbidly obese) Anti-coagulated Pre-existing hematoma >75 years old End Stage Renal Disease Platelets less than 80,000	High risk for vascular complication? Yes No
If any concerns please page the Fellow or Interventionalist. See post Cath order set for contact information.	
Who was the second RN present in the room during first 5 minutes of the sheath pull?	



RN signature _____ Date _____

Charge/clinical Advisor RN signature

Please return form to Jessica Vickery, CNS 4E



Our Bleeding Reduction Journey

What is our metric telling us? Where are our bleeds & avoidance strategies to take?

How can we continue to improve our patient care?

2012

2013

2014

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Access Site Injury

Anticoagulation Strategies

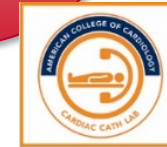
- Order Set updates
- Sheath Removal Protocols Developed
- Nursing Education
- Anticoagulation Strategies
- Fellow Education

Our Bleeding Reduction Journey

What is our metric telling us? Where are our bleeds & avoidance strategies to take?

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How can we continue to improve our patient care?



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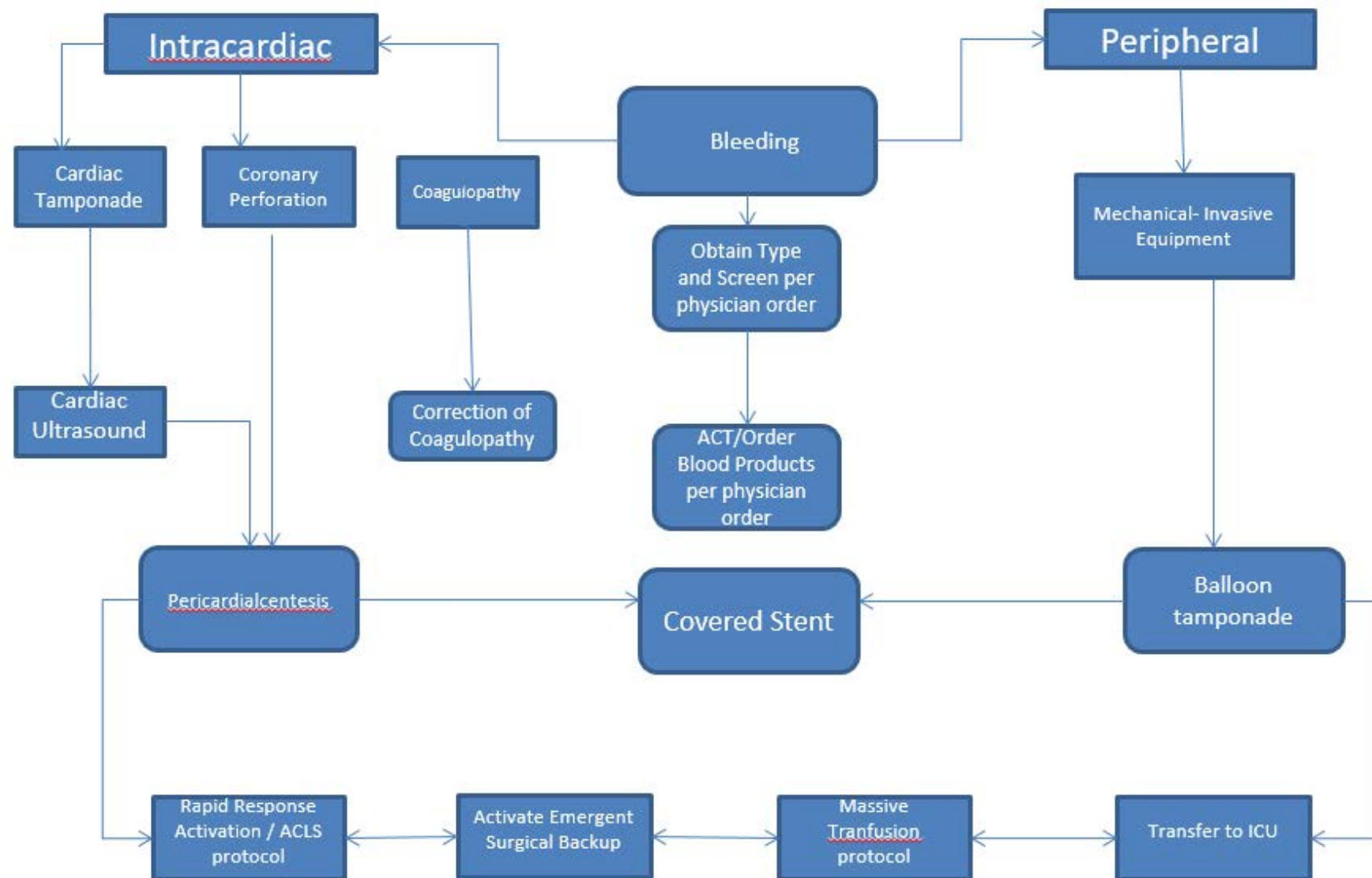
Access Site Injury Anticoagulation Strategies

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- Nursing Education
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ACC Post-PCI Bleeding Risk Pilot Study & Cath Lab Accreditation

- Sheath Removal Protocols
- Nursing Competencies
- Patient factors for increased risk of vascular complications
- Bleeding Treatment pathway

Bleeding Treatment Pathway



Our Bleeding Reduction Journey

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How can we continue to improve our patient care?



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ACC Reduce the Risk PCI Bleed Campaign

- Pre-procedural Bleeding Risk Assessment



Ripple Effect

- Cross Department Relationship Building
- Accreditation Quality Improvement Projects
- National Recognition at NCDR Quality Summits and ACC Scientific Sessions
- Support Nursing Magnet Designation




QUESTIONS?



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Coming Soon



eReports Dashboard

- Dashboards
 - eReports
 - Comparator
- Quality Campaigns
 - Reduce the Risk: PCI Bleed
- Additional Reports
 - Historical Outcomes Report
 - Hospital Public Reporting
 - 30Day Mortality Metrics
- Files and Downloads
 - File Delivery
 - Release Notes Report

Ending Timeframe

2019Q4 (Not Published)

DQR

Jan 1

Jan 0

Nov 2

Jan 1

Jan 1

Jan 1

Ending Timeframe 2019Q1 (Not Published)						
Campaign Name: Reduce the Risk: PCI Bleed						
MetricKey	Line Text	G 2018Q2	G 2018Q3	G 2018Q4	G 2019Q1	My Hospital R4Q
PCI Performance Measures - PCI Performance Measures						
4934	Campaign Metric 1: (40) - PCI in-hospital risk standardized rate of bleeding	3.13	2.92	2.23	5.01	3.43
4288	Campaign Metric 2: (25) - Proportion of PCI procedures with transfusion of whole red blood cells	0.67% (3/451)	1.69% (8/472)	0.51% (2/394)	0.77% (3/388)	0.94% (16/1705)
PCI Outcome Measures - PCI Outcome Metric						
4928	Campaign Metric 3: Procedures with an observed bleeding event	16	14	9	24	63



Webinars

- All Webinars are archived and available for review
- Webinar #8 April 29, 2020



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