

Patient Navigator Program Focus MI

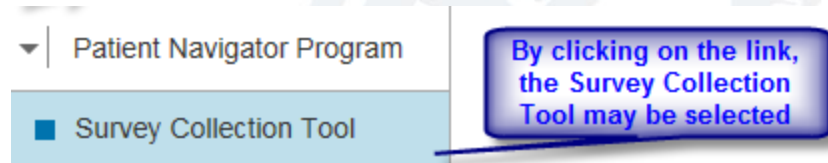
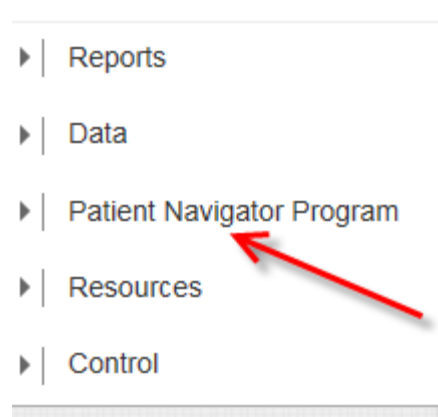
Survey Collection Tool Guide



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Accessing the Tool

- By logging into the ACTION registry, the left navigation bar will reflect the *Patient Navigator Program Focus MI* option.



Survey Tool Layout

Upon opening the survey tool, you will see three main pieces:

- New Surveys
- Pending Surveys
- Completed Surveys

The screenshot shows the Patient Navigator Program Focus-MI survey tool interface. The header includes the American College of Cardiology logo, the text "Patient Navigator Program", and "Patient Navigator Program Focus-MI". A user profile bar shows "Emilia Adkins | American College of Cardiology | Logout". A navigation bar contains "ACTION Registry Home" and "Survey List". The main content area is divided into three sections: "New Surveys", "Pending Surveys", and "Completed Surveys".

New Surveys

Timeframe	Submission Type	
2016	Baseline	Create Survey
2017Q2	Quarterly	Create Survey

Pending Surveys

Timeframe	Submission Type	Last Updated	Status
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Completed Surveys

You have no completed surveys.



Survey Tool Layout

New Surveys are those surveys ready to be populated. Pending surveys are those in progress, and completed surveys are those fully populated and submitted.

The screenshot shows the 'Patient Navigator Program Focus-MI' interface. At the top left is the American College of Cardiology logo and the text 'Patient Navigator Program'. The main title is 'Patient Navigator Program Focus-MI'. On the right, there is a user profile for 'Emilia Adkins' with links for 'American College Of Cardiology' and 'Logout'. Below this is a dark blue navigation bar with 'ACTION Registry Home' and 'Survey List' (highlighted in light blue). The main content area is divided into three sections: 'New Surveys', 'Pending Surveys', and 'Completed Surveys'. The 'New Surveys' section contains a table with two rows: '2016' with 'Baseline' submission type and '2017Q2' with 'Quarterly' submission type. A red box highlights the 'Baseline' cell, and a red arrow points from it to a 'Create Survey' link. The 'Pending Surveys' section has a table with columns for 'Timeframe', 'Submission Type', 'Last Updated', and 'Status'. The 'Completed Surveys' section states 'You have no completed surveys.'

Timeframe	Submission Type	
2016	Baseline	Create Survey
2017Q2	Quarterly	Create Survey

Timeframe	Submission Type	Last Updated	Status
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Completed Surveys
You have no completed surveys.



Survey Tool Layout

Upon entering the program, the very first survey to populate is called your baseline survey. This survey will capture data pertaining to the period prior to joining the program. This data will also allow participants to compare their current performance to their baseline at any point in the program.

Patient Navigator Program Focus-MI

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ACTION Registry Home

Survey List

New Surveys

Timeframe	Submission Type	
2016	Baseline	Create Survey
2017Q2	Quarterly	Create Survey

Pending Surveys

Timeframe	Submission Type	Last Updated	Status
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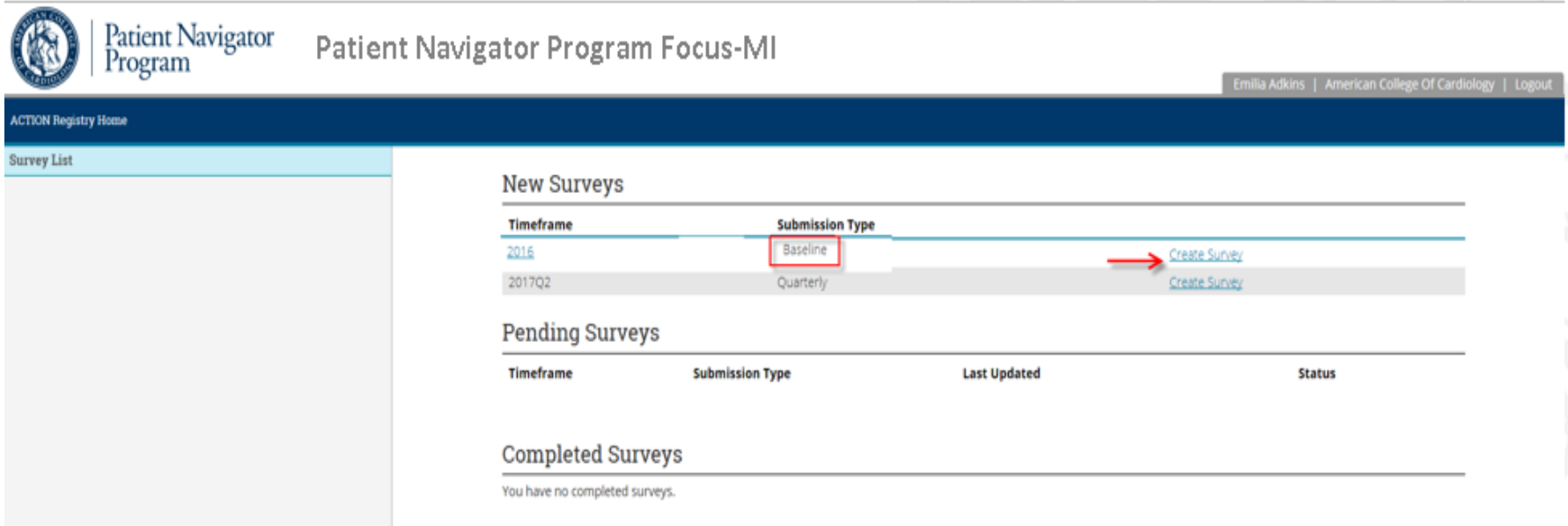
Completed Surveys


You have no completed surveys.



Survey Tool Layout

To populate the baseline survey, click on “Create Survey” for the line with a submission type of “Baseline.”



 Patient Navigator Program

Patient Navigator Program Focus-MI

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ACTION Registry Home

Survey List

New Surveys

Timeframe	Submission Type	
2016	Baseline	Create Survey
2017Q2	Quarterly	Create Survey

Pending Surveys

Timeframe	Submission Type	Last Updated	Status
-----------	-----------------	--------------	--------

Completed Surveys

You have no completed surveys.



Baseline Survey

Once you have chose the “Baseline” survey, the layout will change as follows:

- The left navigation will now display all the categories/sections of the survey and you can use this to move to a particular section.
- Instructions for filling out the survey display with buttons to Save and Continue.

Patient Navigator Program Patient Navigator Program Focus-MI

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ACTION Registry Home

Survey List

- Instructions
- MI 30 Day Outcome Metrics
- Patient Satisfaction Metrics
- Process Metrics
- Process Metrics - Hospital Self Reported

Survey
Submission Type: Baseline
Timeframe: 2016
Status: In Progress

Complete

Instructions

This survey is based on the established Patient Navigator Program Metrics and will be used as the data collection tool for evaluating and measuring the success of the Patient Navigator Program MI National in achieving the goal of reducing avoidable hospital readmissions for patients discharged with Acute Myocardial Infarction (AMI) by supporting a culture of patient centered care during the hospital stay and in the weeks following discharge, thereby reducing mortality and improving Quality of Life.

Sources for data collection:

- CMS Annual Claims Data
- HCAHPS
- ACTION Registry Report
- Self-reported data by the hospital via chart abstraction.

Data Collection time periods:

- Baseline
- Data Submission to the ACC will follow the ACTION Registry call for data schedule.

Hospital Self-Reported Data Collection:

- Collected Annually and Quarterly
- Should include all patients with a principle diagnosis of AMI per quarter
- Patients with a principle diagnosis of AMI

Note: When collecting data for the Patient Navigator Program MI National, if the data for a particular metric is NOT available, or NOT tracked, during the data collection time period please use the "N/A" button (Data Not Available); if the data for the numerator on a particular metric is a "true zero value" (not completed by medical personnel or documented by medical personnel in charts that were reviewed) and the metric was NOT MET, please enter ZERO for that numerator and a value for the denominator (greater than zero).


Save & Continue



Baseline Survey

By clicking on Save and Continue, you will be directed to the next section of the survey questions: MI 30 Day Outcome Metrics

-Notice a checkmark after "Instructions." As you complete a section, the survey will check it off for you to help you navigate back where you need to with ease.

 Patient Navigator Program

Patient Navigator Program Focus-MI

ACTION Registry Home

Survey List

Instructions

MI 30 Day Outcome Metrics

Patient Satisfaction Metrics

Process Metrics

Process Metrics - Hospital Self Reported

Survey

Submission Type: Baseline

Timeframe: 2016

Status: In Progress

Complete

MI 30 Day Outcome Metrics

Questions #1-3 is data collected by the hospital from the CMS Hospital Compare website on an Annual basis.

READMISSION RATES

1-1) What is your hospital's Annual CMS 30-day risk standardized readmission rate for AMI patients? (enter rate in percentage) *

% N/A

MORTALITY RATES

2-1) What is your hospital's Annual CMS 30-day risk standardized mortality rate for AMI patients? (enter rate in percentage) *

% N/A

30-DAY EPISODE OF CARE PAYMENT FOR HEART ATTACK

3-1) What is your hospital's annual 30-day risk Standardized Episode of Care Payment for MI? (enter in dollar amount) *

N/A

Question #4 will be Self-Reported by the hospital and collected from the data abstraction of all AMI patients.
Note: Specific Readmission Rate Data Collection: - Numerator: Number of patients discharged from your hospital during the quarter with discharge diagnosis of AMI that resulted in a readmission to your hospital within 30 days.- Denominator: Number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI.

4-1a) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI that resulted in hospital within 30 days. (Numerator) *

N/A

4-1b) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI. (Denominator)

N/A

Save & Continue



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Baseline Survey

As you populate the survey, simply key in your data.

- If you do not have applicable data, click on “N/A”
- If you need to come back to a question later, this is permitted, simply Save and Continue.
- **NOTE:** sections without a response or N/A are not considered complete.

MI 30 Day Outcome Metrics

Questions #1-3 is data collected by the hospital from the CMS Hospital Compare website on an Annual basis.

READMISSION RATES

1-1) What is your hospital's Annual CMS 30-day risk standardized readmission rate for AMI patients? (enter rate in percentage) *

% N/A

MORTALITY RATES

2-1) What is your hospital's Annual CMS 30-day risk standardized mortality rate for AMI patients? (enter rate in percentage) *

% N/A

30-DAY EPISODE OF CARE PAYMENT FOR HEART ATTACK

3-1) What is your hospital's annual 30-day risk Standardized Episode of Care Payment for MI? (enter in dollar amount) *

N/A

Question #4 will be Self-Reported by the hospital and collected from the data abstraction of all AMI patients.
Note: Specific Readmission Rate Data Collection: • Numerator: Number of patients discharged from your hospital during the quarter with discharge diagnosis of AMI that resulted in a readmission to your hospital within 30 days. • Denominator: Number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI.

4-1a) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI that resulted in hospital within 30 days. (Numerator) *

N/A

4-1b) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI. (Denominator)

N/A


Save & Continue



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Baseline Survey

Great News! Process metrics do not need to be manually entered. The Process Metrics page functions to inform you of the metrics that will automatically pull from the ACTION Registry Report. When you get to this page, simply Save and Continue.

 Patient Navigator Program

Patient Navigator Program Focus-MI

ACTION Registry Home

Survey List

- Instructions ✓
- MI 30 Day Outcome Metrics
- Patient Satisfaction Metrics
- Process Metrics ✓
- Process Metrics - Hospital Self Reported

Survey
Submission Type: Baseline
Timeframe: 2016
Status: In Progress

[Complete](#)

Process Metrics

PROCESS METRICS (Program Metrics)
This data will be automatically populated into the data collection tool from your ACTION Registry Report.

- 6-1) STEMI PERFORMANCE COMPOSITE -ACTION REGISTRY METRIC#3
- 6-2) NSTEMI PERFORMANCE COMPOSITE -ACTION REGISTRY METRIC#4
- 6-3) OVERALL DEFECT FREE CARE -ACTION METRIC #2
- 6-4) ALDOSTERONE BLOCKING AGENTS AT DISCHARGE FOR AMI -ACTION REGISTRY METRIC #30
- 6-5) IN HOSPITAL RISK ADJUSTED BLEEDING -ACTION REGISTRY METRIC #45
- 6-6) IN HOSPITAL RISK ADJUSTED MORTALITY (including and excluding patients with cardiac arrest)
- 6-7) INCLUDING CARDIAC ARREST -ACTION REGISTRY METRIC #43
- 6-8) EXCLUDING CARDIAC ARREST -ACTION METRIC REGISTRY #44
- 6-9) CARDIAC REHABILITATION PATIENT REFERRAL FROM AN INPATIENT SETTING -ACTION REGISTRY METRIC #21

[Save & Continue](#)

Baseline Survey

Once all the metric data is populated, you may now complete your survey. What this does is submit your data, and move it to completed status. It will also check for the following before allowing the data to move forward:

- Zero denominators
- Missing data
- Numerator greater than denominator
- Invalid character/data

ACTION Registry Home

Survey List

Instructions	✓
MI 30 Day Outcome Metrics	✓
Patient Satisfaction Metrics	✓
Process Metrics	✓
Process Metrics - Hospital Self Reported	✓

Survey

Submission Type: Baseline

Timeframe: 2016

Status: In Progress

Complete

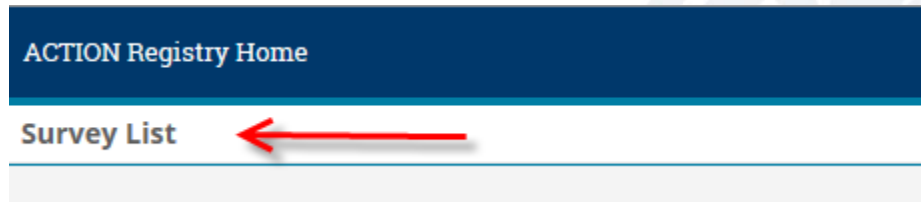


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Quarterly Survey

Once a baseline is complete, quarterly surveys shall be populated. These surveys contain a subset of the full survey found in the baseline, but will pertain to the given quarter. For example, a baseline was completed for Q4 2016- Q3 2017 data, now a 2017Q4 quarterly survey would be next.

At any time to navigate to the Survey list, simply click on “Survey List” in the left navigation:



Quarterly Survey

Populating the quarterly survey works exactly the same way as the baseline. In this example, we have two quarterly surveys waiting to be populated. Simply click on “Create Survey” and the tool opens with the questions:

New Surveys

Timeframe	Submission Type	
2017Q1	Quarterly	Create Survey
2017Q2	Quarterly	Create Survey



Quarterly Survey

As the full subset of questions contains annually reported data, you will see that for quarters 1, 2 and 3, these questions are not answered:

MI 30 Day Outcome Metrics

Questions #1-3 is data collected by the hospital from the CMS Hospital Compare website on an **Annual basis.**

READMISSION RATES

1-1) What is your hospital's Annual CMS 30-day risk standardized readmission rate for AMI patients? (enter rate in percentage)

MORTALITY RATES

2-1) What is your hospital's Annual CMS 30-day risk standardized mortality rate for AMI patients? (enter rate in percentage) *

30-DAY EPISODE OF CARE PAYMENT FOR HEART ATTACK

3-1) What is your hospital's annual 30-day risk Standardized Episode of Care Payment for MI? (enter in dollar amount)

Question #4 will be Self-Reported by the hospital and collected from the data abstraction of all AMI patients.

Note: Specific Readmission Rate Data Collection: • Numerator: Number of patients discharged from your hospital during the quarter with discharge diagnosis of AMI that resulted in a readmission to your hospital within 30 days. • Denominator: Number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI.

4-1a) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI that resulted in a readmission to your hospital within 30 days. (Numerator) *

N/A

4-1b) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI. (Denominator) *

N/A

Save & Continue



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Annual Q4 Survey

The fourth quarter of every year is when the annual questions are also answered. This is the annual survey and will contain the annually collected data, as well as the quarterly data for the fourth quarter. It will look exactly like the baseline survey.



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