



Patient Navigator Program

Focus MI

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Patient Navigator Program

Focus MI

August 1, 2018

Patient Navigator Program: Focus MI Next Steps after Opting In

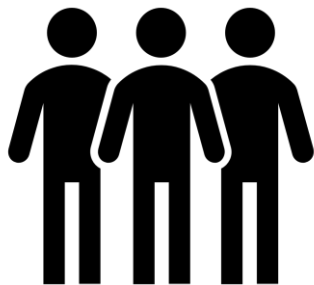


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Agenda

- ✓ Building your team
- ✓ Hospital Assessment
- ✓ Program Metrics
- ✓ Entering data into the Survey Collection Tool
- ✓ Program Data Dashboard
- ✓ Compendium of Best Practices Toolkit

Build Your Team



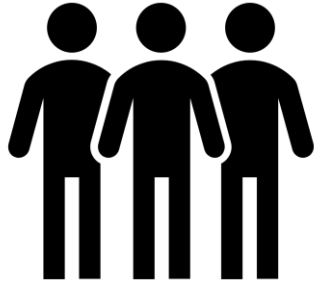
Core Team

- Patient Navigator Team
Facilitator
- Physician Medical Director
- Hospital Administration Team
Sponsor



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Build Your Team



Core Team

- Patient Navigator Team Facilitator
- Physician Medical Director
- Hospital Administration Team Sponsor

Multidisciplinary Team



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Patient Navigator Program: Focus MI

Improve Quality. Save Lives.

Open to all Chest Pain – MI Registry™ hospitals, the **Patient Navigator Program: Focus MI** leverages evidence-based best practices to improve the care and outcomes of acute myocardial infarction (AMI) patients and further reduce avoidable readmissions beyond 30 days.

Get instant access to evidence-based resources and tools for clinicians. Your Registry Site Manager will be required to log in using your NCDR username and password to opt into the program.

[Join the Patient Navigator Program: Focus MI](#)

Already opted in? Make the most of the Patient Navigator Program: Focus MI by taking advantage of a specially-designed [Self-Assessment Tool](#) and a program-

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ACC Patient Navigator Program:
Focus MI

Get evidence-based tools
to reduce MI readmissions.
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Patient Navigator Program: Focus MI National Hospital Assessment

The purpose of this survey is to help you study your hospital's in-patient discharge process for AMI patients and identify areas for improvement. To answer this survey, you will need to refer to your hospital data found in your ACTION Registry Report. For ACTION Registry questions look at your Action Registry Report that reflects the last 4 quarters. Answer choices reflect percentiles from the Q3 2017 Outcomes Report. Questions apply to AMI patient populations as indicated.

[Start New Assessment](#)

Past Assessments

We see that you have completed this assessment previously. **View previous results** by selecting the appropriate completion date in the drop-down and clicking Go. You can also click on **Comparison Report** to view a comparison of your results by quarter over time.

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30 Day Self-Reported un-adjusted Readmission Rate for AMI (collected quarterly).

1. The current national average for all-cause, 30-day risk-adjusted readmission rates for AMI is 16.3%. Is your hospital's 30-day risk adjusted readmission rate for patients with AMI (using hospital compare) at, above or below the national average?
 - ☐ At the national rate of 16.3%
 - ☐ 16.3% or greater
 - ☐ Less than 16.3%
2. What is your hospital's self-reported un-adjusted all-cause 30-day AMI hospital readmission rate? (this data includes ALL AMI patients)
 - ☐ Please record and retain this rate to review during your next visit from your ACC Navigator representative.
 - ☐ Enter:

Completed:

10

[Next →](#)

☐ No one

44. How often are patient instructions, including a medication list and details for a follow-up visit or cardiac rehab referral provided AMI patients at the time of discharge?

- ☐ 100% of the time
- ☒ 75-99% of the time
- ☐ 50-74% of the time
- ☐ 25-49% of the time
- ☐ Less than 25% of the time
- ☐ Never
- ☐ Not sure

45. Which of the following methods does your facility use to address barriers to patients arriving for their follow-up appointments? Please select all that apply.

- ☒ Patient appointment card with date, time and location
- ☐ Communication with family members/caregivers
- ☒ Email/call patients to remind them
- ☐ Providing/discussing transportation to appointment
- ☐ Record or confirm patient phone number is accurate
- ☐ On discharge paperwork
- ☐ Other
- ☐ None
- ☐ Not Sure

Completed:

100

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the
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that
Matters.



Patient Navigator Program: Focus MI National Hospital Assessment

User: Valerie Holt

Facility Site: American College of Cardiology

View Previous Results:

July 09, 2018

Go

Comparison Report

Results for Assessment Completed:

July 09, 2018



YOUR SCORE

Overall Score (90 of 120 possible points)

75%

Success Metric 1: 30 Day Self-Reported un-adjusted Readmission Rate for AMI (collected quarterly).

(2 possible points)

0

Success Metric 2: 30 Day Self-Reported un-adjusted Mortality Rate AMI patients (collected quarterly).

(2 possible points)

1



Patient Navigator Program: Focus MI National Hospital Assessment

The purpose of this survey is to help you study your hospital's in-patient discharge process for AMI patients and identify areas for improvement. To answer this survey, you will need to refer to your hospital data found in your ACTION Registry Report. For ACTION Registry questions look at your Action Registry Report that reflects the last 4 quarters. Answer choices reflect percentiles from the Q3 2017 Outcomes Report. Questions apply to AMI patient populations as indicated.

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Formerly the ACTION Registry®

Past Assessments

We see that you have completed this assessment previously. **View previous results** by selecting the appropriate completion date in the drop-down and clicking Go. You can also click on **Comparison Report** to view a comparison of your results by quarter over time.

View Previous Results:

May 21, 2018

Go

[Comparison Report](#)

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- ✓ Building your team
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- ✓ Compendium of Best Practices Toolkit

Patient Navigator Program: Focus MI Metrics

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- Outcomes Metrics

3

- In Hospital Patient Satisfaction Metrics

14

- ACTION Registry Process Metrics

9

- Facility Tracked Process Metrics

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Survey Collection Tool

New Surveys

Timeframe	Submission Type	
2016	Baseline	Create Survey
2018Q3	Quarterly	Create Survey

Pending Surveys

You have no pending surveys.

Completed Surveys

You have no completed surveys.



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Baseline Survey

New Surveys

Timeframe	Submission Type	
2016	Baseline	Create Survey
2018Q3	Quarterly	Create Survey

Pending Surveys

You have no pending surveys.

Completed Surveys

You have no completed surveys.



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Survey List
Instructions
OUTCOME MEASURES UNADJUSTED READMISSION RATES and RISK ADJUSTED MORTALITY (Patient Navigator Program: Focus MI Metric #1)
PATIENT SATISFACTION (Patient Navigator Program: Focus MI Metric #2)
PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #3)
PROCESS MEASURES – HOSPITAL SELF-REPORTED (Patient Navigator Program: Focus MI Metric #4-8)
OUTCOME MEASURES CMS (Patient Navigator Program: Focus MI Metric #9)
OUTCOME MEASURES UNADJUSTED READMISSION RATES and UNADJUSTED MORTALITY RATES (Patient Navigator Program: Focus MI Metric #10)
30-DAY (-7/+14 DAYS) POST DISCHARGE PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #11)
90-DAY (-7/+14 DAYS) POST

Instructions

This survey is based on the established Patient Navigator Program: Focus MI metrics and will be used as the data collection tool for evaluating and measuring the success of hospitals in achieving the goal of reducing avoidable hospital readmissions for patients discharged with Acute Myocardial Infarction (AMI).

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 collected once
- Quarterly and Annually

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

Hospital Self-Reported Data Collection:

- Collected Annually and Quarterly
- All patients with a principal diagnosis of AMI

Note: When collecting data for the Patient Navigator Program Focus MI

If the data for a particular metric is NOT available, or is NOT tracked, during the data collection time period 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 is not documented by medical personnel in charts that were reviewed) and the metric was NOT MET, enter ZERO for that numerator and a value for the denominator (greater than zero).

Save & Continue

**OUTCOME MEASURES
UNADJUSTED READMISSION
RATES and RISK ADJUSTED
MORTALITY (Patient Navigator
Program: Focus MI Metric #1)**

**PATIENT SATISFACTION (Patient
Navigator Program: Focus MI
Metric #2)**

**PROCESS MEASURES (Patient
Navigator Program: Focus MI
Metric #3)**

**PROCESS MEASURES – HOSPITAL
SELF-REPORTED (Patient
Navigator Program: Focus MI
Metric #4-8)**

**OUTCOME MEASURES CMS
(Patient Navigator Program: Focus
MI Metric #9)**

**OUTCOME MEASURES
UNADJUSTED READMISSION RATES
and UNADJUSTED MORTALITY
RATES (Patient Navigator
Program: Focus MI Metric #10)**

**30-DAY (-7/+14 DAYS) POST
DISCHARGE PROCESS MEASURES
(Patient Navigator Program: Focus
MI Metric #11)**

**90-DAY (-7/+14 DAYS) POST
DISCHARGE PROCESS MEASURES**

OUTCOME MEASURES UNADJUSTED READMISSION RATES and RISK ADJUSTED MORTALITY (Patient Navigator Program: Focus MI Metric #1)

Question #1a will be Self-Reported by the hospital and collected from the data abstraction of all AMI patients. Questions #1b-1d will be automatically populated into the data collection tool from your ACTION Registry Report.

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 principal discharge diagnosis of AMI.
- 30-day (-7/+14 days) post discharge process measures

1a-1) 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

1a-2) Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI. (Denominator) *



N/A

1b) IN HOSPITAL RISK ADJUSTED MORTALITY INCLUDING CARDIAC ARREST -ACTION REGISTRY METRIC #43

1c) IN HOSPITAL RISK ADJUSTED MORTALITY EXCLUDING CARDIAC ARREST -ACTION METRIC REGISTRY #44

1d) 30-DAY RISK ADJUSTED MORTALITY FOR AMI (PULLED FROM ACTION REGISTRY OTHER REPORT TAB)

Save & Continue

PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #3)

Instructions



OUTCOME MEASURES UNADJUSTED READMISSION RATES and RISK ADJUSTED MORTALITY (Patient Navigator Program: Focus MI Metric #1)

PATIENT SATISFACTION (Patient Navigator Program: Focus MI Metric #2)

PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #3)



PROCESS MEASURES – HOSPITAL SELF-REPORTED (Patient Navigator Program: Focus MI Metric #4-8)

OUTCOME MEASURES CMS (Patient Navigator Program: Focus MI Metric #9)

OUTCOME MEASURES UNADJUSTED READMISSION RATES and UNADJUSTED MORTALITY RATES (Patient Navigator Program: Focus MI Metric #10)

30-DAY (-7/+14 DAYS) POST DISCHARGE PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #11)

90-DAY (-7/+14 DAYS) POST DISCHARGE PROCESS MEASURES

Questions #3-1 through 3-14 will be automatically populated into the data collection tool from your ACTION Registry Report.

3-1) STEMI PERFORMANCE COMPOSITE -ACTION REGISTRY METRIC#3

3-2) NSTEMI PERFORMANCE COMPOSITE -ACTION REGISTRY METRIC#4

3-3) OVERALL DEFECT FREE CARE -ACTION METRIC #2

3-4) ALDOSTERONE BLOCKING AGENTS AT DISCHARGE FOR AMI -ACTION REGISTRY METRIC #30

3-5) IN HOSPITAL RISK ADJUSTED BLEEDING -ACTION REGISTRY METRIC #45

3-6) CARDIAC REHABILITATION PATIENT REFERRAL FROM AN INPATIENT SETTING -ACTION REGISTRY METRIC #21

3-7) ASA PRESCRIBED AT DISCHARGE FOR AMI PATIENTS- ACTION REGISTRY METRIC #34

3-8) PROPORTION OF AMI REVASCULARIZED PATIENTS PRESCRIBED AN ADP RECEPTOR (P2Y12) INHIBITOR AT DISCHARGE -ACTION REGISTRY METRIC #35

3-9) ADP RECEPTOR (P2Y12) INHIBITOR PRESCRIBED AT DISCHARGE FOR AMI PATIENTS TREATED WITH CABG SURGERY (PULLED FROM ACTION REGISTRY DETAIL LINE)

3-10) ADP RECEPTOR (P2Y12) INHIBITOR PRESCRIBED AT DISCHARGE FOR AMI PATIENTS TREATED MEDICALLY (PULLED FROM ACTION REGISTRY DETAIL LINE)

3-11) BETA BLOCKER PRESCRIBED AT DISCHARGE FOR AMI PATIENTS ACTION REGISTRY METRIC #9

Survey Collection Tool

Survey List	
Instructions	✓
OUTCOME MEASURES UNADJUSTED READMISSION RATES and RISK ADJUSTED MORTALITY (Patient Navigator Program: Focus MI Metric #1)	✓
PATIENT SATISFACTION (Patient Navigator Program: Focus MI Metric #2)	✓
PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #3)	✓
PROCESS MEASURES – HOSPITAL SELF-REPORTED (Patient Navigator Program: Focus MI Metric #4-8)	✓
OUTCOME MEASURES CMS (Patient Navigator Program: Focus MI Metric #9)	✓
OUTCOME MEASURES UNADJUSTED READMISSION RATES and UNADJUSTED MORTALITY RATES (Patient Navigator Program: Focus MI Metric #10)	✓
30-DAY (-7/+14 DAYS) POST DISCHARGE PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #11)	✓
90-DAY (-7/+14 DAYS) POST DISCHARGE PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #12)	✓
Survey	
Submission Type: Baseline	
Timeframe: 2016	
Status: In Progress	
Complete	←



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Display Whisker Plot * Yes

Whisker Plot View: * MI Focus Diplomat Hospitals



Metric Name	My Hospital Baseline	My Hospital 2017Q4				ACTION Registry	Patient Navigator Program Focus MI Hospitals 2017Q4 50th Percentile	Patient Navigator Program Focus MI Hospitals 2017Q4 90th Percentile	Patient Navigator Program Focus MI Diplomat Hospitals 2017Q4 50th Percentile	Patient Navigator Program Focus MI Diplomat Hospitals 2017Q4 90th Percentile	Box Plot and Whiskers
		Numerator	Denominator	Current Qtr	R4Q						
Process Metrics											
(NAV#3-1) STEMI Performance Composite (ACTION Registry Metric 3)	99.5%	129	130	99.2%	98.5%	98.0%	99.2%	100.0%	99.1%	100.0%	
(NAV#3-2) NSTEMI Performance Composite (ACTION Registry Metric 4)	97.8%	51	51	100.0%	95.5%	95.6%	97.0%	99.4%	97.2%	99.7%	
(NAV#3-3) Overall defect free care (ACTION Registry Metric 2)	90.3%	29	30	96.7%	85.9%	81.3%	86.7%	96.7%	86.7%	97.1%	
(NAV#3-4) Aldosterone inhibitor prescribed at discharge for AMI patients with LV systolic dysfunction (LVEF <40%)(ACTION Registry Metric 30)	37.5%	0	2	0.0%	0.0%	14.8%	37.5%	77.8%	33.3%	63.5%	
(NAV#3-5) In-hospital risk-adjusted bleeding (ACTION Registry Metric 45)	3.5%	N/A	N/A	3.4%	3.4%	4.7%	4.2%	3.3%	4.0%	2.9%	
(NAV#3-6) Cardiac rehabilitation patient referral from an Inpatient setting (ACTION Registry Metric 21)	94.2%	23	23	100.0%	94.0%	88.1%	93.0%	99.4%	91.5%	100.0%	
(NAV#3-7) ASA prescribed at discharge for AMI patients (ACTION Registry Metric 34)	100.0%	24	24	100.0%	96.4%	99.7%	100.0%	100.0%	100.0%	100.0%	

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- Patient Navigator Participation Certificate

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Patient Navigator Program: Focus MI Compendium of Best Practices Toolkit

The table below displays the Patient Navigator Program: Focus MI program metrics and the strategies to support Navigator hospitals' efforts. These strategies are resources to help participating hospitals get started.

▼ 1a: 30-day unadjusted readmission rate for AMI.

- California Pacific Medical Center AMI Readmission Review Template
- Centra Lynchburg: CHF and AMI Readmissions Tracking Template
- St. Vincent: Standardized Readmission Interview tool for Cerner

▼ 1b: In-hospital risk-adjusted mortality rate (including patients with cardiac arrest).

[Predicting In-Hospital mortality in patient with AMI](#)

▶ 1c: In-hospital risk-adjusted mortality rate (excluding patients with cardiac arrest).

▼ 1d: 30-day risk-adjusted mortality rate for AMI

[Hospital Compare Website](#) (uses CMS Claims Data)

▶ 2-1: HCAHPS Measure: When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

▼ 2-2: HCAHPS Measure: When I left the hospital, I clearly understood the purpose for taking each of my medications.

- HCAHPS Survey
- HCAHPS Fact Sheet

▶ 2-3: HCAHPS Measure: During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

▶ 3-1: STEMI Performance Composite



Patient Navigator Program

Focus MI

Questions?

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



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Upcoming Webinars

Webinar 4: Thursday, November 29th, 12 - 1 pm EST



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