February 20th, 2019
What’s in Your Toolbox?
Webinar #1
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 pm EDT</td>
<td><strong>Welcome and Introductions</strong></td>
<td>Dr. Ty Gluckman</td>
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<tr>
<td>12:02</td>
<td><strong>Spotlight: What’s in Your Toolbox?</strong> Hear from Diplomat hospital contributors for the Compendium of Best Practices Toolkit</td>
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<tr>
<td>12:02</td>
<td>• ACS order set</td>
<td>Jill M. Gall, BS Manager-Quality Databases</td>
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<tr>
<td></td>
<td>• Cardiac Rehab Brochure</td>
<td>Indiana University Health Methodist Hospital</td>
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<tr>
<td>12:17</td>
<td>• Medication Reconciliation: Counseling/Flowcharts</td>
<td>Diane A. Loveday R.N., C.H.F.N, Heart Failure and Acute MI Care Coordinator</td>
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<td></td>
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<td>Chest Pain Accreditation Coordinator</td>
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<td>Indian River Medical Center</td>
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<td>12:32</td>
<td>• Medication Reconciliation: The Patient Medication Log</td>
<td>Tara See, RN, BSN Cardiology Nurse Navigator</td>
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<td>Olathe Medical Center</td>
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<tr>
<td>12:47</td>
<td>Q&amp;A</td>
<td>All</td>
</tr>
<tr>
<td>12:57</td>
<td>Wrap-up and Next Steps</td>
<td>Dr. Ty Gluckman</td>
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</tbody>
</table>
Jill M. Gall, BS
Manager-Quality Databases
Indiana University Health Methodist Hospital
Indiana University Health: Methodist
### Patient Practice: The table below is to support the practice of Acute Coronary Syndrome Mini.

#### Physician Orders

**This ACS Mini order set must be used in conjunction with an admission type order set.**

**The ACS Mini order set is for ACS patients who are NOT immediately going to Cath Lab: Unstable angina, NSTEMI or STEMI.

**Do not use this order set for those STEMI patients going to cath lab. Search for a Level One Heart Attack order set.**

**Smoking Cessation counseling, if patient has smoked within past year.**

**Call Orders**

- Call Angina symptoms - Continued or worse after nitroglycerin
- Call Change in Heart Rhythm - Ventricular Tachycardia greater than 5 beats/minute
- Call Change in Heart Rhythm - Ventricular Tachycardia greater than ___ beats/minute

**See Thrombolytic Administration Acute MI - Post Infusion orders subphase for 8 hours post infusion**

(IF patient received thrombolytic at outside hospital for STEMI)

**Medications**

- Aspirin: Provider Discontinue all other aspirin orders. Note: Maintenance doses of aspirin above 100 mg reduce the effectiveness of ticagrelor and should be avoided. After any initial aspirin dose, use ASPIRIN 81 mg PO DAILY with ticagrelor maintenance dose.
- Aspirin Contraindication: [ ] History of Hypersensitivity [ ] Other:______
- aspirin 81mg (baby) chew 4 tablets PO STAT (HOLD ONLY for history of TRUE aspirin allergy OR if patient is allergic to aspirin)
Why

Who

Core Working Group:
- Level One Managers
- CV Operational Directors
- Cath Lab managers
- Pharmacy
- Clinical Nurse Specialists
- Clinical Informatics Services
- NCDR Data Coordinator

Ad Hoc Physician Leaders
- ED Physicians
- Cardiologists

How
Phase II Cardiac Rehab Referral

DEMographics:
Name: ___________________________ DOB: _____________
Outpatient Cardiac Rehab Site: ______________________
Phone number for Patient: ______________________ Insurance: ______________________
Patient declines cardiac rehab at this time: __________

**Patients declining cardiac rehab are still required to receive a copy of the NEW Cardiac Rehab Brochure**

Copy of NEW Cardiac Rehab Brochure provided to patient: YES NO (circle one)

DIAGNOSIS/PROCEDURE: ____________________________ Date: __________
Cardiologist/ Surgeon: ____________________________
Office number: ____________________________ Discharge to: ____________________________
Expected Discharge Date: ____________________________

Please contact patient, patient’s physician, and/or IU Health Methodist Medical Records (317-962-5670) for any additional information including medical history, lab work, and signed physician order for cardiac rehab.

Signature of person completing the form: ______________________ Date: __________

Time: __________
Why

Who

Core Working Group:
- NCDR Data Coordinator
- Patient Navigator RN
- Advanced Care Providers
- Care Management
- Cardiac Rehab Specialists
- Health Information Management
- Marketing
- Informatics Services

How
Diane A. Loveday R.N., C.H.F.N, Heart Failure and Acute MI Care Coordinator
Chest Pain Accreditation Coordinator
Indian River Medical Center
Medication reconciliation and patient counseling

<table>
<thead>
<tr>
<th>PHARMACY MEDICATION RECONCILIATION AND COUNSELING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies:</td>
</tr>
<tr>
<td>PMH:</td>
</tr>
<tr>
<td>Pertinent labs:</td>
</tr>
<tr>
<td>Patient counseled on discharge medications related to Heart Failure/Acute MI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Disease state</th>
<th>Major side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Recommendations:

Barriers:
Assessment: Patient has poor/fair/good understanding of discharge medications for HF/AMI. Caregiver has been instructed with good understanding.

First generation form
Utilized by pharmacist to assess, make recommendations and provide education.
Barrier was that it was not part of the EMR and not easily accessible to MDs
Progress Note - Pharmacy

Note Type:

Patient: [Redacted]  
Visit ID: 10870230  
DOB: 04/24/1940  
Admit Date: 02/12/2019 11:11

Room: 237  
MRN #: 0036246206  
Age: 69Y  
DOS: 02/12/2019 19:36

Subjective

Objective

Lab Results

No results selected by user to display

<table>
<thead>
<tr>
<th>Order</th>
<th>Test</th>
<th>Value</th>
<th>Reference Range</th>
<th>Comments</th>
<th>Status</th>
<th>Collection</th>
</tr>
</thead>
</table>

Medications

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td></td>
<td>ASPIRIN 324 MG ORAL</td>
<td>ONCE</td>
<td>JARA MD, FERNANDO A.</td>
</tr>
<tr>
<td>Active</td>
<td></td>
<td>NITROGLYCERIN 0.4 MG SL</td>
<td>EVERY 5 MINUTES AS NEEDED</td>
<td>JARA MD, FERNANDO A.</td>
</tr>
</tbody>
</table>

Notes

Assessment

Plan

Additional Notes
Review section built into the EMR Cardiology note. This greatly improved physician utilization and documentation.
Results 2018

Patients prescribed evidence-based medications at discharge

- ADP receptor inhibitors for medically treated AMI: 73.3% *45.7%
- Aldosterone blocking agents for LVSD: 55.0% *18.2%
- High Intensity statin: 90.9% *27.1%

All patient readmission rate: 8.8% **11.1%** (national average 16 % rolling 3 yr. average)

*2014 self reported unadjusted statistics prior to Patient Navigator Program
Tara See, RN, BSN
Cardiology Nurse Navigator
Olathe Medical Center
Olathe Medical Center
Olathe Medical Center Services

For more than 60 years, Olathe Medical Center (OMC) has expanded its services to meet the growing needs of the community. Today, OMC, located at Olathe Medical Park, is one of the largest hospital campuses in the Midwest with a nearly 250-acre campus in southern Johnson County. The five-story acute-care medical center is licensed for 300 beds and averages more than 44,000 patient care days per year. OMC is a not-for-profit medical center and has a network of practicing physicians specializing in nearly every area of medicine.

Olathe Medical Center offers a wide range of services and specialties for individuals of all ages, such as primary care, pediatrics, maternity care, oncology, surgery, orthopedics, rehabilitation and cardiology.
Medication Reconciliation

- Pharmacy Review
- Navigator Review
- Bedside RN Review
- Cardiac Rehab Review
Pharmacy Review

• Discharge Medication Teaching
• Medication Costs
• Drug Interactions
• Profile Review
What is the most important information I should know about clopidogrel?

You should not use this medicine if you have any active bleeding such as a stomach ulcer or bleeding in the brain.

Clopidogrel increases your risk of bleeding, which can be severe or life-threatening. Call your doctor or seek emergency medical attention if you have bleeding that will not stop, if you have blood in your urine, black or bloody stools, or if you cough up blood or vomit that looks like coffee grounds.

Do not stop taking clopidogrel without first talking to your doctor, even if you have signs of bleeding. Stopping clopidogrel may increase your risk of a heart attack or stroke.

What is clopidogrel?

Clopidogrel prevents platelets in your blood from sticking together to form an unattached blood clot that could block an artery.

Clopidogrel is used to lower your risk of having a stroke, blood clot, or serious heart problem after you've had a heart attack, severe chest pain (angina), or circulation problems.

Clopidogrel may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking clopidogrel?

You should not use clopidogrel if you are allergic to it, or if you have:

- any active bleeding; or
- a stomach ulcer or bleeding in the brain (such as from a head injury).

Tell your doctor if you have ever had:

- an ulcer in your stomach or intestine; or
- a bleeding disorder or blood clotting disorder.

Clopidogrel may not work as well if you have certain genetic factors that affect the breakdown of this medicine in your body.

Your doctor may perform a blood test to make sure clopidogrel is right for you.

This medication is not expected to harm an unborn baby. Tell your doctor if you are pregnant.

You should not breastfeed while using this medicine.

How should I take clopidogrel?

Follow all directions on your prescription label and read all medication guides or instruction sheets. Use these medicines exactly as directed.

Clopidogrel can be taken with or without food.

Clopidogrel is sometimes taken together with aspirin. Take aspirin only if your doctor tells you to.

Clopidogrel keeps your blood from clotting (clumping) and can make it easier for you to bleed, even from a minor injury. Contact your doctor or seek emergency medical attention if you have any bleeding that will not stop.

You may need to stop using clopidogrel for a short time before a surgery, medical procedure, or dental work. Any healthcare provider who treats you should know that you are taking clopidogrel.

Do not stop taking clopidogrel without first talking to your doctor, even if you have signs of bleeding. Stopping the
Navigator Review

- Medication Log
- Follow-Up Phone Call
### Medication Log

- List all prescription, over-the-counter drugs, vitamins, and herbs
- Bring this to each doctor’s appointment and if you go to the emergency room or hospital

<table>
<thead>
<tr>
<th>Medication Name and Dose</th>
<th>This Medicine is For my</th>
<th>How much and How often?</th>
<th>Reminder: When do I take it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Aspirin (Tylex)</td>
<td>Mild pain</td>
<td>Morning</td>
<td>Noon</td>
</tr>
</tbody>
</table>

If you have a problem with any of your medications, do not wait. Talk to your health care provider right away.

Name: ______________________  Doctor: ______________________  Office Ph. Num.: ______________________
Bedside RN Review

- Interdisciplinary Rounding
- Daily Education – Medication Cards
- Discharge Education
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)

You have been prescribed an ARB drug called

This medication helps lower blood pressure.

Common side effects that this medication can cause include:
signs of common cold, feeling tired or weak, dizziness, headache, swelling in arms or legs.

You have an increased risk of falling while taking this medication.
Please call for help when getting up.

Remember to contact your nurse or pharmacist if you are experiencing any new side effects.

olathehealth.org
Cardiac Rehab Review

• Outpatient Cardiac Rehab Medication Review
• Individual Medication Education Upon Request
# Cardiac Rehab Medications

Common cardiac medications and their classifications are listed below. Please look at each category of medications. Put a ✓ next to the name of your medication in each category.

(You may not have a medication in each category).

Please keep a copy of all your medications with dosage and frequency in your wallet, purse, or on your phone.

<table>
<thead>
<tr>
<th>Blood Pressure:</th>
<th>These medicines lower blood pressure and sometimes heart rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beta Blockers</strong></td>
<td><strong>ACE Inhibitors</strong></td>
</tr>
<tr>
<td>Metoprolol</td>
<td>Lisinopril</td>
</tr>
<tr>
<td>Bisoprolol (Zebeta)</td>
<td>Benazepril</td>
</tr>
<tr>
<td>Carvedilol (Coreg)</td>
<td>Captopril</td>
</tr>
<tr>
<td>Atenolol</td>
<td>Enalapril</td>
</tr>
<tr>
<td>Nebivolol (Bystolic)</td>
<td>Quinapril</td>
</tr>
<tr>
<td>Sotalol (Betapace)</td>
<td>Ramipril</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cholesterol:</th>
<th>These medicines lower cholesterol, LDL, Triglycerides and raise HDL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statins</strong></td>
<td><strong>Others</strong></td>
</tr>
<tr>
<td>Atorvastatin (Lipitor)</td>
<td>Colestipol</td>
</tr>
<tr>
<td>Pravastatin (Pravachol)</td>
<td>Welchol</td>
</tr>
<tr>
<td>Fluvoestatin (Lescol)</td>
<td>Zetia (Ezetimibe)</td>
</tr>
<tr>
<td>Lovastatin (Mevacor)</td>
<td>Vytorin (Ezetimibe-Simvastatin)</td>
</tr>
<tr>
<td>Simvastatin (Zocor)</td>
<td>Lipid</td>
</tr>
<tr>
<td>Rosuvastatin (Crestor)</td>
<td>Tricor</td>
</tr>
<tr>
<td>Pitavastatin (Livalo)</td>
<td>Niacin (Niaspan)</td>
</tr>
<tr>
<td>Repatha</td>
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</tbody>
</table>
Outcomes

HCAHPS: Med Understanding
• 10% increase (18.7% relative)

30-day Unadjusted Readmissions
• 8.2% -> 3.4% -> 3.6%
Questions?

Please submit your questions for the moderated question and answer session.
Learning Network - Listserv

Join the Patient Navigator Community:
patientnavigatorfocusmi@lists.acc.org
Save the Dates!
National Webinar Series 2019

**Webinar 2:** Tuesday, June 4th, 2019 11:00am-12:00pm EST

**Webinar 3:** Tuesday, September 24th, 2019 12:00-1:00pm EST

**Webinar 4:** Wednesday, December 11th, 2019 12:00-1:00pm EST