



Patient Navigator Program

Focus MI

February 20th, 2019

What's in Your Toolbox?

Webinar #1



AMERICAN
COLLEGE *of*
CARDIOLOGY

Agenda

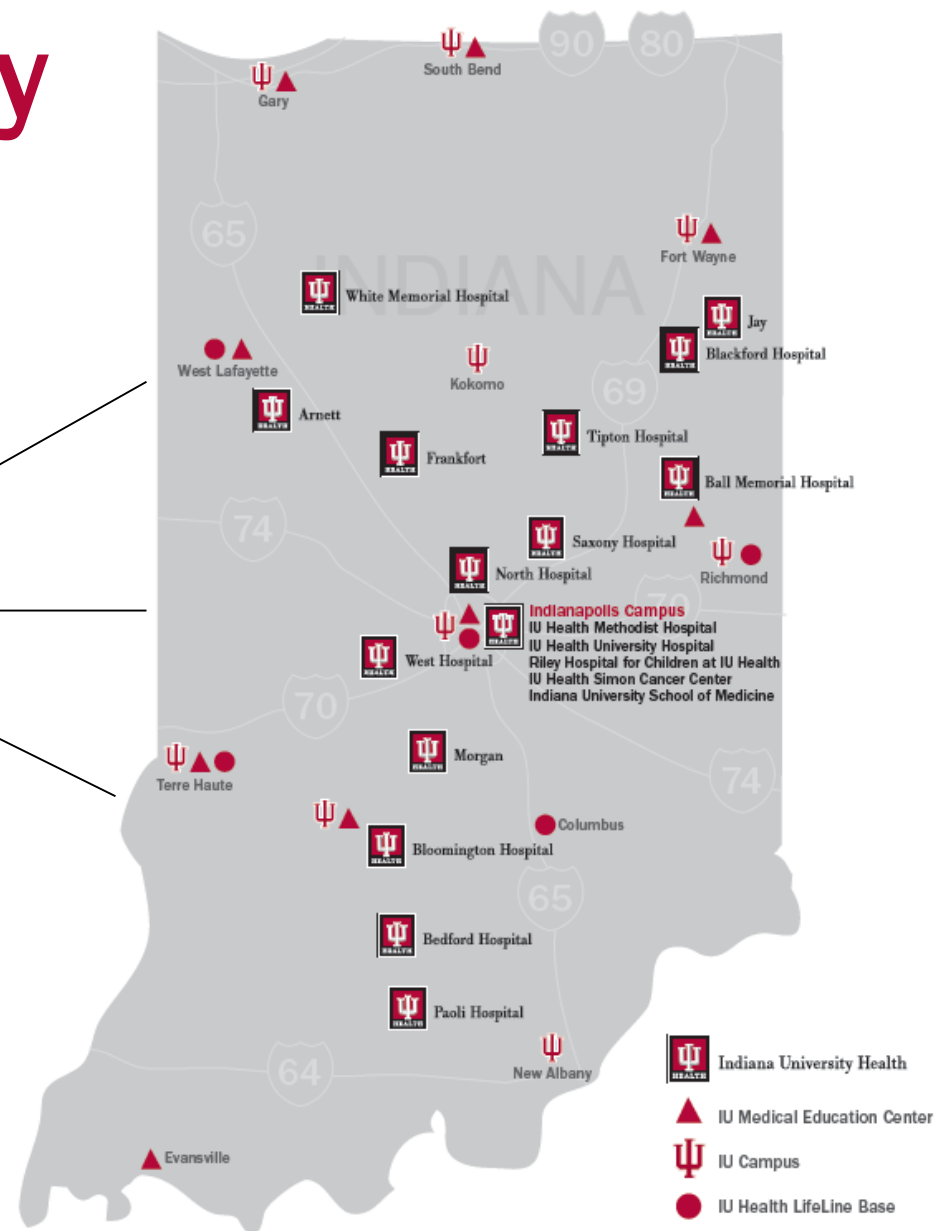
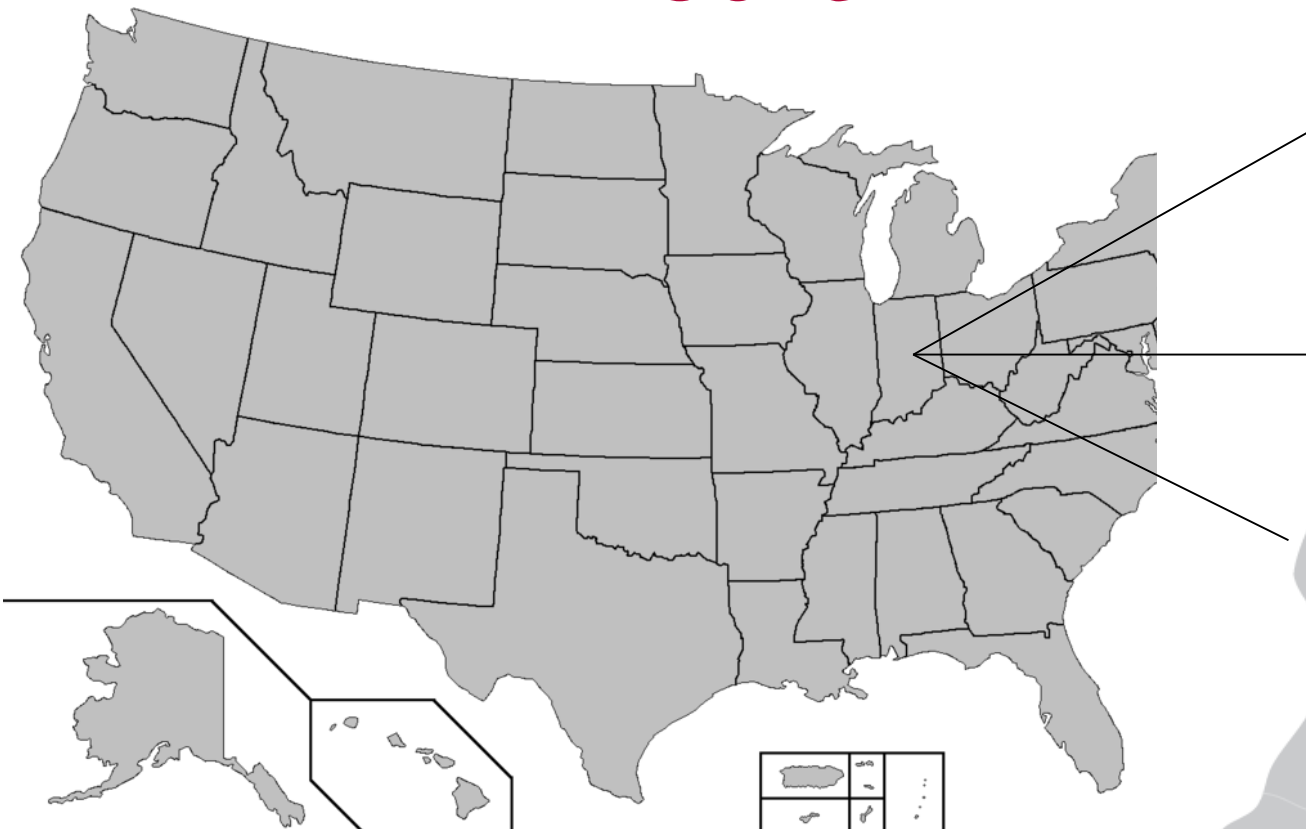
Time	Topic	Presenter
12:00 pm EDT	Welcome and Introductions	Dr. Ty Gluckman
	Spotlight: What's in Your Toolbox? Hear from Diplomat hospital contributors for the Compendium of Best Practices Toolkit	
12:02	<ul style="list-style-type: none">• ACS order set• Cardiac Rehab Brochure	Jill M. Gall, BS Manager-Quality Databases Indiana University Health Methodist Hospital
12:17	<ul style="list-style-type: none">• Medication Reconciliation: Counseling/Flowcharts	Diane A. Loveday R.N., C.H.F.N, Heart Failure and Acute MI Care Coordinator Chest Pain Accreditation Coordinator Indian River Medical Center
12:32	<ul style="list-style-type: none">• Medication Reconciliation: The Patient Medication Log	Tara See, RN, BSN Cardiology Nurse Navigator Olathe Medical Center
12:47	Q&A	All
12:57	Wrap-up and Next Steps	Dr. Ty Gluckman



Jill M. Gall, BS
Manager-Quality Databases
Indiana University Health Methodist
Hospital



Indiana University Health



Indiana University Health: Methodist





Patient
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Focus MI

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Webinars](#)[Focus MI Listserv](#)[Patient Navigator Program:
Focus MI Compendium of
Best Practices Toolkit](#)[Patient Navigator](#)[Participation Certificate](#)

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Acute Coronary Syndrome Mini

The person initiating entry should write legibly, date the form (using Mo / Day / Yr), enter time, sign,
and indicate their title.

Until signed, these are for general information and reference only. They should not be relied on as advice for a
particular patient or situation or as a substitute for the independent professional judgment of the physician.

Date	Time	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
		<input checked="" type="checkbox"/> Smoking Cessation counseling, if patient has smoked within past year.
		Call Orders <input checked="" type="checkbox"/> Call Angina symptoms - Continued or worse after nitroglycerin <input checked="" type="checkbox"/> Call Change in Heart Rhythm - Ventricular Tachycardia greater than 5 beats /per minute <input type="checkbox"/> Call Change in Heart Rhythm - Ventricular Tachycardia greater than ___ beats /per 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 Note: 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 <input type="checkbox"/> Aspirin Contraindication: <input type="checkbox"/> History of Hypersensitivity <input type="checkbox"/> Other: _____ <input type="checkbox"/> aspirin 81mg (baby) chew 4 tablets PO STAT (HOLD ONLY for history of TRUE aspirin allergy OR if

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





Quality Improvement for Institutions

NCDR

ACCREDITATION

Home > Campaigns > Patient Navigator Program Focus MI > Focus MI Fea

> 3-1: STEMI Performan

> 3-2: NSTEMI Perform

> 3-3: Overall defect fro

> 3-4: Aldosterone inhil
(LVEF <40%).

> 3-5: In Hospital Risk A

▼ 3-6: Cardiac Rehabilit

- ACTION Registry: Version 2.
- Million Hearts Cardiac Rehab
- CardioSmart Cardiac Rehab I
- Reducing the Delay Between
- Inpatient Liaison for Outpatie
- Cardiac Rehab Performance
- Cardiac Rehab Video for Pati
- AACVPR Online Searchable I
- Sample patient appointment
- IU Health: Cardiac Rehab Rel
- Baylor Scott and White: Outp
- Manuscript: AACVPR/ACCF
- Cardiac Rehabilitation/Secor



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
(317-962-8670) for any additional information including medical history, lab work, and
signed physician order for cardiac rehab.

Signature of person completing the form: _____ Date: _____

Time: _____

QR Unspecified/Scanner



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





Cleveland Clinic

Indian River Hospital



Medication reconciliation and patient counseling

PHARMACY MEDICATION RECONCILIATION AND COUNSELING				
Allergies:		Height:		Weight:
PMH:				
Pertinent labs:			EF:	
Patient counseled on discharge medications related to Heart Failure/Acute MI				
Medication	Dose	Frequency	Disease state	Major side effects
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



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PRELIMINARY

Progress Note - Pharmacy

Note Type:

Patient: [REDACTED] Visit ID: 10870288 DOB: 04/24/1949 Admit Date: 02/12/2019 11:11
Room: 237 MRN #: 000624828 Age: 69Y DOS: 02/12/2019 15:36

Subjective

Objective

Lab Results

No results selected by user to display

Order	Test	Value	Reference Range	Comments	Status	Collection
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Medications

Ord. Status	Proc. Status	Desc.	Freq.	Ord. By
Active		ASPIRIN 324 MG ORAL	ONCE	JARA MD, FERNANDO A.
Active		NITROGLYCERIN 0.4 MG SL	EVERY 5 MINUTES AS NEEDED	JARA MD, FERNANDO A.

Notes

Assessment

Plan

Additional Notes

Medication Review (Acute HFrEF and AMI)

NA

If No is selected please indicate contraindications from the dropdown menu

Evidenced Based B-Blocker for EF < 40%
(Metoprolol Succinate, Carvedilol, Bisoprolol)

YesNo

Contraindications:

ACE I/ARB/ARNI for EF < 40%

YesNo

Contraindications:

Aldosterone blockade for EF < 35%

YesNo

Contraindications:

ADP inhibitor for medically Rx AMI

YesNo

Contraindications:

High Intensity statin for age < 75 yrs. of age
(Atorvastatin 40-80 mg HS, Rosuvastatin 20-40 mg HS)

YesNo

Contraindications:

Hydralazine and Isosorbide dinitrate for EF < 40%
(Consider for symptomatic African Americans on optimal GDMT NYHA III)

YesNo

Contraindications:

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



Cleveland Clinic
Indian River Hospital
Welsh Heart Center

Tara See, RN, BSN
Cardiology Nurse Navigator
Olathe Medical Center



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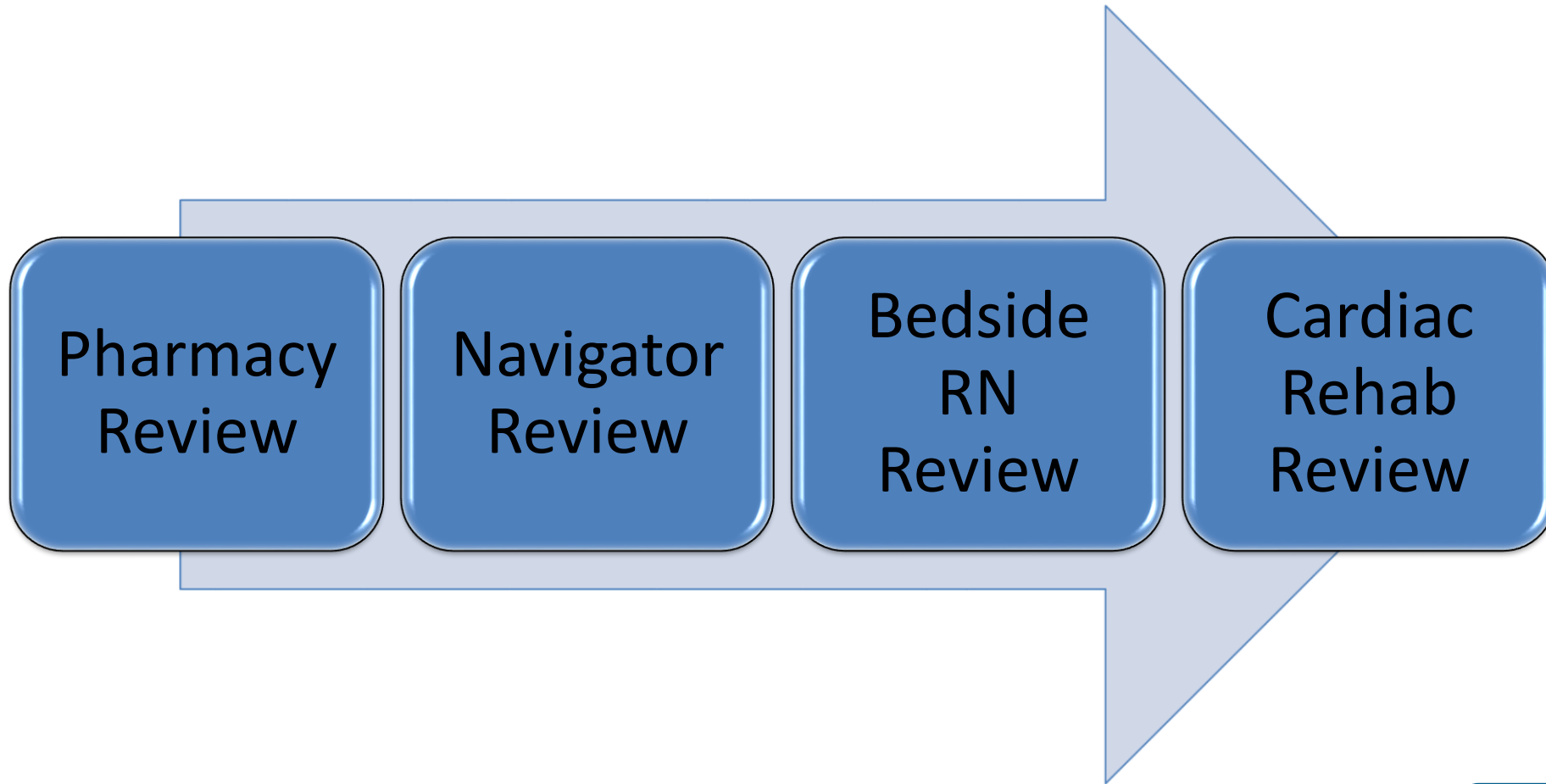
Olathe Medical Center Services

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

- 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 unwanted 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 intestines; 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 medicine is not expected to harm an unborn baby. Tell your doctor if you are pregnant.

You should not breast-feed 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 coagulating (clotting) 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

Medication Name and Dose	This Medicine is For my _____	How much and How often?				Reminder: When do I take it?
Example: Acetaminophen (Tylenol)	Mild pain	Morning 	Noon 	Evening 	Bedtime 	As needed

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.



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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.

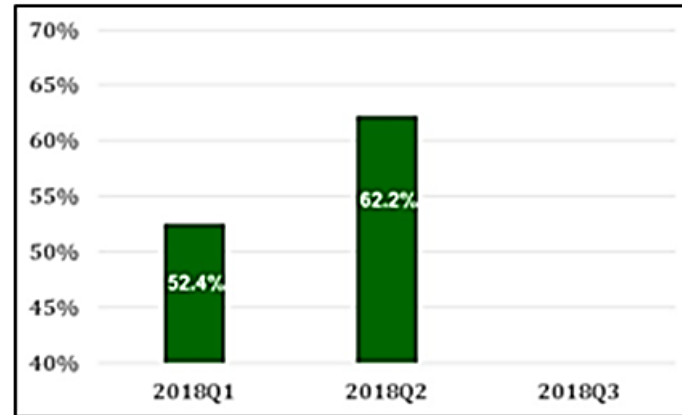
Blood Pressure:		These medicines lower blood pressure and sometimes heart rate	
Beta Blockers		ACE Inhibitors	Other
Metoprolol		Lisinopril	Amlodipine (Norvasc)
Bisoprolol (Zebeta)		Benazepril	Diltiazem (Cardizem)
Carvedilol (Coreg)		Captopril	Felodipine
Atenolol		Enalapril	Verapamil
Nebivolol (Bystolic)		Quinapril	Losartan (Cozaar)
Sotalol (Betapace)		Ramipril	Valsartan
Cholesterol:		These medicines lower cholesterol, LDL, Triglycerides and raise HDL	
Statins		Other	
Atorvastatin (Lipitor)		Colestipol	
Pravastatin (Pravachol)		Welchol	
Fluvostatin (Lescol)		Zetia (Ezetimibe)	
Lovastatin (Mevacor)		Vytorin (Ezetimibe-Simvastatin)	
Simvastatin (Zocor)		Lopid	
Rosuvastatin (Crestor)		Tricor	
Pitavastatin (Livalo)		Niacin (Niaspan)	
		Repatha	



Outcomes

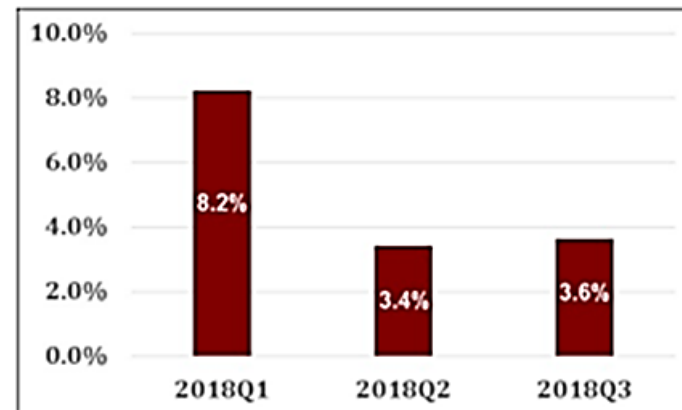
HCAHPS: Med Understanding

- 10% increase (18.7% relative)



30-day Unadjusted Readmissions

- 8.2% -> 3.4% -> 3.6%





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Questions?

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



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Learning Network - Listserv

Join the Patient Navigator Community:

patientnavigatorfocusmi@lists.acc.org



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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



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