BACKGROUND
In the Spring of 2017, NCDR announced that it would be making changes to Cath PCI Registry and that starting in April, 2018, Version 5.0 would be in effect and would be utilized for all discharged PCI patients within Quarter 2, 2018. Because we at Weirton Medical Center use a third party for abstraction, utilizing the NCDR tool would not be an option. Although Version 5.0 had many parallels to the previous version, there were many additional fields requiring patient specific history and data. At the time the new version would be released, we had plans for an upgrade to our current MAC Lab Cath System and would be adding Centricity Cardio Workflow. Because this was budgeted for the upcoming fiscal year, starting July, 2018, the upgrade was not scheduled to begin until mid-August, 2018, putting us very close to the Quarter 2 deadline. Because the new data would need to be accurate and up to date, we had many issues to address, and needed to put an action plan in place.

Striving for consistency and accuracy in data collection with the ultimate goal of performance improvement, we recognized that we needed to find a way to streamline the process, while ensuring up to date and accurate information.

Goals:
1. Ensure accurate data collection to reflect appropriate use criteria guidelines.
2. Collect subjective patient data to reflect patient condition to include in PCI Registry.
3. Plan staff and physician education to develop a team approach.
4. Complete a successful transition to PCI Registry Version 5.0 between CCW and Mac Lab applications.

METHODS
Implementation of Cardiac Cath pre-procedure documentation medical necessity forms:
- Paper document available to physician offices and completed by physician prior to procedure for outpatients. Offices fax completed copies to us with additional patient information info., ie., authorizations, H&P, graft reports, etc.,
- Included as a dropdown in Coner Soarian EDM. When a cardiac cath is ordered, physician or advanced practitioner must complete prior to completing order.

Implementation of Cardiac Catheterization Angina Assessment:
- Included in Cath Lab forms and given to patients who are able to complete information prior to the procedure.

Education:
- New information requirements and fields presented to staff through staff meetings.
- Continuous education to staff members with discussion of importance of accuracy and completion.
- Physicians were educated on changes and requirements and oriented to Soarian EDM order entry.

Third Party Transition:
- Mac Lab and CCW upgrade with Version 5.0 scheduled for mid-August. Registry was placed as a priority in the planning phase.
- Possible delay in quarter 2, 2018 abstracting due to third party vendor.
- Individualized registry training to abstractors provided by third party vendor.

RESULTS
• In the first two quarters of data collection and submission we were able to achieve green submission status.
• Staff have become more engaged in the data entry, reducing the burden of the primary abstractors. They have also been able to better understand the data and how it ultimately affects quality and patient care and correlates to their daily patient care.
• Continuous monitoring and feedback to staff, physicians, and Administration on Cath Lab PCI quality measures.

CONCLUSIONS
By utilizing specific tools the team was able to consistently obtain and utilize information to aid in data extraction for the changes made to Cath PCI Registry Version 5.0 within our time constraints. With proper planning and appropriate resources change can be successfully implemented and less stressful for the entire team.

References: NCDR Cath PCI Registry Dashboard®
No disclosures to report.
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