Background

• Existing processes for adverse outcome improvement have not attained the long range goal of 90th percentile for risk-adjusted bleed and acute kidney injury or sustained intermediate goal of 75th percentile.

• 30 and 90 day readmission were greater than expected (20-40%).

• Internal analysis and gap analysis identified a need for closer, clinical follow-up immediately before, after and in the 30-90 days post-PCI.

Methods

• We implemented a nurse coordinator program coupled with our existing ‘patient-centered’ health IT risk-stratification tool to help facilitate pre-procedural risk mitigation, in-hospital clinical management and post-discharge care.

• Development of nurse coordinator program began by leveraging learnings from our participation in Patient Navigator Program Focus MI Campaign.

• Identification of root causes for negative outcomes as well as key reasons and timings for readmissions, provided the framework for the role’s daily standard work:
  • Review pre-procedural risk tool for all scheduled cases (see Figure 1),
  • Complete rounds on all active inpatients,
  • Provide discharge education, and
  • Complete follow-up phone calls based on protocol (see Figure 2).

Methods Continued

Figure 1. Pre-Procedural Risk Tool Example

Results

• Nurse coordinator program is an ongoing initiative.

• The program observed a readmission rate reduction of 2-percentage points from January to July 2018, as compared to the same time period in 2017.

• Though positive results have been seen, the nature of readmission data requires a longer data collection period to smooth any volatility. Thus, we expect to present updated data as soon as possible.

Conclusion

• Our nurse coordinator program is structured to produce extraordinary results for patients and providers.

• Recruitment of the “right” nurse with the “right” personality to fill the position is critical. Nurse should be self-directed, communicative, energetic and curious.

• We believe this is a replicable model that could assist any hospital or cardiology practice in improving outcomes for their patients.

Disclosures

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Figure 2. Post-PCI Process Protocol

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