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Speaker Bio

Michael Joseph Kourany, MD, FACC
Director of the St. Vincent Heart Center of Indiana Catheterization Laboratory

- Chairman of the Acute Coronary Syndrome, Cardiac Catheterization and Percutaneous Coronary Intervention Process Improvement Committee
- Medical Doctorate from Indiana University School of Medicine

Speaker Bio

Barbara Weiler, RN, BSN
Process Improvement Consultant to the ACS/Cath/PCI and Vascular PI Committees at St Vincent Heart Center of Indiana.

- BSN from Indiana University School of Nursing
- Focus in Cardiovascular Nursing
Sarah A. Spinler, PharmD, FCCP, FAHA, FASHP, FCPP, AACC, BCPS
Professor of Clinical Pharmacy, Department of Pharmacy Practice and Pharmacy Administration, Philadelphia College of Pharmacy, University of the Sciences
• Adjunct faculty member, Cardiovascular Division, Department of Medicine, University of Pennsylvania
• Doctorate of Pharmacy, University of Minnesota in Minneapolis

Lower 30-Day Mortality Rates with these Seven Strategies

1. Evidence-Based Protocols And Processes in Place
2. Nurse AND Physician Champions
3. Creative Problem Solving Culture
4. Regular Case Reviews with EMS Providers
5. Cardiologist Presence Around the Clock
6. Dedicated Nursing Staff Assigned to Cath Lab
7. Pharmacists Involved With Care
How it all connects...

Success Metric
• Nurse and Physician Champions

Assessment
• Does your hospital have a QI team which includes a physician champion?

Tool
• Characteristics of Clinical Champions

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Physician/Nurse Dyad
Michael Kourany, M.D.
Barb Weiler, RN, BSN
Our Process

• St. Vincent Heart Center of Indiana
  – Two Campuses in Indianapolis, IN
  – State Wide Referral Base
  – 4,000 Cath Lab Visits and 2,000 PCI’s Annually
  – State Wide Referral Base

• Navion Healthcare Solutions
  – Data Managers
  – Web Based Data Warehouse

Successful Team Characteristics

• Knowledge of AMI Variables & Metrics.
• Cardiologist current on medical literature and standards of care.
• RN with Cardiac Care knowledge AND evidenced based standards of care.
• PI process that is supported by Administration and Senior Management.
• Open communication with ALL Staff.
Nurses Responsibilities

• Concurrent Data Abstraction
  – Data warehouse for dynamic reports.
  – Prompt review of cases not meeting key metrics (verify correct abstraction of data).
  – Include physicians, process leaders from cath lab, and patient care units.
  – Participate in Registry Calls/Updates.
  – Provide timely data to physician champion.

Physician Responsibilities

• Review cases that do not meet metrics
  – Root Cause Analysis
• Determine on-going ad hoc reports.
• Provide peer feedback as needed.
Monthly Meetings

Meeting Attendees Include:

– Physicians: Cardiologists, Hospitalists, ED
– Unit Managers: ED, Cath Lab, Patient Care Units
– Pharmacy
– Respiratory Therapy
– Cardiac Rehab
– Informaticist
– Quality Department/Data Abstractors
– Administrators

Monthly Meetings (cont)

• Provide Summary of quality metrics selected by the committee
• Discuss opportunities for improvement within each metric
• Facilitate ad hoc meetings to further define issues
Other Interventions

- EMS Education provided quarterly
- Each false activation of the Cath Lab reviewed and feedback provided
- Invite Paramedics/EMS Personnel into the Cath Lab
- Participation in Mission Lifeline
  - Provide Protocols for Referring Hospitals
  - Share Data on Transferred Patients/Assist with Their Process Improvement

Metrics Aligned with Tools

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Characteristics of Clinical Champions (Physician and Nurse)
Having a collaborative dyad of both physician and nurse champion in AMI care is associated with better performance and lower risk standardized mortality rates. They are seen as competent and trustworthy professionals who are able to influence others to adopt new and useful practices, but are not necessarily authority figures in formally designated roles. Often times, champions are not immediately identifiable but emerge organically by displaying certain leadership characteristics.

PURPOSE OF HAVING A PHYSICIAN AND NURSE CHAMPION TEAM
- To provide support and ensure that physician/nurse input is sought across an organization.
- To advise implementation team on the design of a system without compromising on the quality of the project.
- To advocate for the use of a new system by physician/nurse colleagues.
- To facilitate guideline implementation and improvement of patient outcomes.
- To deliver training about the quality improvement effort to their peers.

TYPES OF RESPONSIBILITIES FOR CHAMPIONS
- Serve in leadership capacity promoting and implementing changes that benefit staff and patients.
- Lead the AMI quality improvement team and its efforts.
- Build consensus among staff on innovations for change.
- Ensure that physician and nurse input is sought and reflected in decision making.
Pharmacist Involvement in the AMI Care Team
Sarah A. Spinler, PharmD, FCCP, FAHA, FASHP, AACC, BCPS-AQ
Cardiology

Overview

• Pharmacist education and training that prepares them to participate in AMI patient care
• Evidence documenting the effectiveness of pharmacists in AMI patient care
• Examples of how pharmacists can actively contribute to Success Metric 2 and Success Metric 7
Pharmacist Training

PharmD Doctor of Pharmacy Programs

– Introductory (IPPE) and advanced practice experiences (APPE) includes hospitals
– Accreditation Council for Pharmacy Education (ACPE) 2016 Standards
– Service learning within IPPE (ACPE Standard 12i)
– APPE includes direct patient care and interprofessional education (IPE) experiences

Pharmacist Effectiveness in AMI Care

• Pharmacists improved discharge rates of aspirin, beta-blockers and ACE inhibitors\(^1\)
• Pharmacist participation in ICU patient care rounds decreased the frequency of ADEs and prescribing errors.\(^2\)
• Patients with thromboembolic/MI diagnoses from the Expanded Modified Medicare Provider Analysis and Review database 2004-2005.\(^3\)
• Hospitals with ICU clinical pharmacy services had lower mortality rates and fewer bleeding complications.\(^3\)

Pharmacist Effectiveness in AMI Care (Cont.)

- Multicenter, retrospective, cross-sectional, matched case-control study
- AMI and HF Process of Care Measures
- Hospitals with BCPS AQ-Cardiology pharmacists performed better than hospitals without
- No effect on readmission or mortality
- Some hospitals have BCPS but not AQ-Cardiology pharmacists


Pharmacist Involvement in MI Patient Care

Success Metric 2: Protocols, order sets and processes of care that align with clinical practice guidelines

Drug Contraindications

- Review medication dosing and dose-adjustment for chronic kidney disease in order sets
  - E.g. NOACs, eptifibatide
- Incorporate automated CrCl calculations into electronic order sets
- Electronic alert for prasugrel contraindication in patients with prior history of stroke/TIA
Pharmacist Involvement in MI Patient Care

Success Metric 2: Protocols, order sets and processes of care that align with clinical practice guidelines

Performance Measures
- Order sets and automated alerts for VTE prophylaxis

Drug Interactions
- Tables of important drug-drug interactions with clopidogrel
- Pocket cards for NOAC prescribing and drug interactions

Pharmacist Involvement in MI Patient Care

Success Metric 2: Protocols, order sets and processes of care that align with clinical practice guidelines

New Drugs on the Market
- Educational programs/webinars/CE
  - E.g. NOAC differences in dosing for AF and VTE
  - E.g. role of vorapaxar added to aspirin and clopidogrel
- Patient assistance programs and insurance company prior authorization
  - E.g. for NOACs, ticagrelor, prasugrel
Pharmacist Involvement in MI Patient Care

Success Metric 7: Pharmacists actively involved in the care of patients with MI

Broad engagement of pharmacists
- Participation on committees – anticoag, hypothermia, fibrinolytics
- Pharmacist teams

Pharmacists rounding with multidisciplinary team
- Medication order review (dosing/adjustments, ADE identification and avoidance, performance measures, regimen simplification, cost-avoidance/savings, impact of missed doses)
- Medication reconciliation on admission, transitions, and discharge
- Teaching
- Discharge care coordination

Metrics Aligned with Tools

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Strategies for Broad Engagement of Pharmacists in the Care of AMI Patients
Pharmacist involvement in the care of hospitalized patients is associated with reduction in 30-day mortality rates and improved prescribing of evidence-based therapies in patients with AMI. Pharmacist services provide both direct cost savings and cost avoidance through prevention of adverse drug events and reduction in lengths of stay.

EVIDENCE-BASE FOR PHARMACIST ENGAGEMENT IN AMI CARE

Key Questions at Admission
Since patients are not feeling well on admission, admission assessments may be difficult. Only essential questions should be asked:
1. Tell me why you are in the hospital?
2. Have you been hospitalized with these symptoms before?
3. Who brought you to the hospital?
4. Can you tell me all the medications (prescriptions, over-the-counter, herbal products, dietary supplements) that you are using?

Action: Reconcile patient’s medications

Key Questions during the Hospital Stay
Possible barriers to ensuring a patient can obtain and take their medications as prescribed and follow other self-care advice should be identified in advance. Asking the patient “key questions” during the hospital stay and documenting them in the patient’s record can help patients receive the appropriate care and resources they need to follow their treatment regimen.
1. How will you get your medications? Do you need assistance picking them up? Is there someone at home or in your community who can help you with obtaining your medications?
2. How do you plan on paying for medications?
Next Steps

1. Have a quality improvement team available
2. Complete online self-assessment at CVQuality.ACC.org/SurvivingMI
3. Use the Assessment results to identify success metrics to improve
4. Implement at least 2 strategies or tools
5. Share your story online
6. Post to the listserv SurvivingMI@acc.org

Thank You

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

SurvivingMI@acc.org
CVQuality.ACC.org/SurvivingMI
The Quality Improvement for Institutions program combines the ACC’s NCDR data registries with toolkits and proven hospital-based quality improvement initiatives like Hospital to Home, the D2B Alliance and Surviving MI.