At the end of this webinar you will...

1. Understand the background research for Surviving MI which identifies the characteristics of top performing hospitals
2. Understand the evidence-based strategies associated with lower 30-day Risk Standardized Mortality Rates (RSMR)
3. Begin to understand the connection between the evidence and tactics disseminated through Surviving MI
Speaker Bio

Henry H. Ting, MD, MBA, FACC

Senior Vice President and Chief Quality Officer, New York-Presbyterian Hospital, The University Hospital of Columbia and Cornell

Prior to July 2014
• Professor of Medicine
• Associate Dean, Mayo Clinic College of Medicine
• Director, Mayo Clinic Quality Academy

Speaker Bio

Elizabeth H. Bradley, PhD

• Professor of Public Health
• Director of the Yale Global Health Initiative
• Faculty Director of the Yale Global Health Leadership Institute
• Master at Branford College
How Can Hospitals Reduce 30-Day Risk Standardized Mortality Rates After AMI?

**Mixed Methods**

Qualitative, using sample of 11 top performing hospitals based on risk-standardized 30-day mortality rates (RSMR), in-depth interviews with 158 hospital staff; constant comparative method of qualitative data analysis.

Quantitative cross-sectional study, using random sample of acute care hospitals in the US, web-based survey for hypothesized determinants, and multivariable analyses of correlates of RSMR (n=539 reflecting a 91% response rate).
## Results

### Differentiating Features of Top Performers

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<tr>
<th>Feature</th>
<th>Examples</th>
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<tr>
<td>Organizational values and goals</td>
<td>Shared values to provide exceptional, high quality care; alignment of quality and financial goals</td>
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<td>Senior management involvement</td>
<td>Provision of adequate resources; holding staff accountable for quality; use of quality data in management decisions</td>
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<td>Broad staff presence and expertise in AMI care</td>
<td>Sustained physician champions; empowered nurses; involved pharmacists; high standards</td>
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<tr>
<td>Communication and coordination among groups</td>
<td>Diverse skills and roles; recognizing interdependencies; smooth information flow among groups</td>
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<tr>
<td>Problem solving and learning</td>
<td>Adverse events opportunities to learn; innovation and creativity in trial and error; learn from outside</td>
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<tr>
<th>Strategy Associated With Lower RSMR</th>
<th>% Points RSMR Decrease (% implementing)</th>
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<tr>
<td>Physician AND nurse champions for AMI care</td>
<td>0.92 (by 43%)</td>
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<td>Organizational culture supports creative problem solving</td>
<td>0.66 (by 40%)</td>
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<td>Monthly meetings with EMS to review AMI cases</td>
<td>0.61 (by 15%)</td>
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<td>Nurses are not cross trained from ICU for the cardiac catheterization laboratory</td>
<td>0.41 (by 82%)</td>
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<td>Pharmacists round on all patients with AMI</td>
<td>0.41 (by 35%)</td>
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The issue of having cardiologists on site 24-7

Reduction in RSMR 0.54 (implemented by 14%)
What Goes Wrong?

Focus on checklist rather than real change; people execute the checklist but miss the culture part.

Changes are made but they do not integrate into the DNA of the organization, so when people turnover, systems are dropped.

The environment shifts; other priorities dominate.

Surviving MI Key Strategies

Key strategies affect the whole hospital and different members of the care team including physicians, nurses, pharmacists and hospital administrators.
Thank You

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

Surviving MI
AN ACC QUALITY INITIATIVE
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.

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