

# Surviving MI

AN ACC QUALITY INITIATIVE

## Questions-and-Answers from the Decision Makers Webinars

**Q: If my hospital is already active in NCDR but still not listed on the Quality Improvement for Institutions Website, what should I do?**

**A:** You can start by trying to search for a part of the name or the city you're located in. If you are still not able to find your hospital's name, please contact customer support at 1-800-257-4737.

**Q: How do we get our hospital's 30-day RSMR?**

**A:** The 30-day RSMR for patients hospitalized with AMI is a publicly reported measure and can be found on [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) and searching by your hospital name, zip code, or city state.

**Q: How can we learn more about value based purchasing?**

**A:** To learn more about value based purchasing, visit the Surviving MI website at [CVQuality.acc.org/SurvivingMI/](http://CVQuality.acc.org/SurvivingMI/) and go to the Getting Started Webpage section "Understand the Business Case."

**Q: How can we convince our cardiologist to believe in this program? Some feel that these programs are developed by doctors who don't see patients and just do research.**

**A:** The ACC has a strong history of leading successful quality initiatives and building on an evidence-base, like the D2B Alliance. To ensure the program is relevant and practical, Surviving MI is overseen and developed by individuals representing all aspects of cardiovascular care. A multi-disciplinary committee and work group with experts and representatives of academic research, clinical practice, pharmacy, and quality improvement implementation meet regularly to continuously develop the program features and content. Surviving MI is also a learning network that benefits from the best practice sharing that occurs among participants. The greater the participation in the network, the more the program can benefit others.

**Q: Would we track only Medicare patients?**

**A:** To monitor your performance on AMI mortality, Surviving MI asks that you know your publicly reported RSMR as provided by CMS on Hospital Compare and that you have the ability to self-report in-hospital mortality using the ACTION-Registry Get With the Guidelines or another data source on a quarterly basis. If you are using the ACTION Registry-GWTG, then you will not be tracking only Medicare patients. If you are using another data source to monitor in-hospital mortality, then you should be consistent with the population that you follow throughout the course of your participation in Surviving MI.

**Q: What are the barriers to getting started before June 2016?**

**A:** You can get started before June 2016 by activating your login for the Quality Improvement for Institutions program by going to [CVQuality.acc.org](http://CVQuality.acc.org). All program materials are disseminated through the Quality Improvement for Institutions Website. All National Cardiovascular Data Registry (NCDR®) hospitals participants have access for free.

**Q: Is it a requirement that cardiologists be on site 24/7 in order to participate?**

**A:** It is not a requirement that cardiologists be on site 24/7 in order to participate. This is an evidence-based strategy associated with lower 30-day Risk Standardized Mortality Rates (RSMR). If you do not yet have cardiology expertise onsite 24/7, then this may be an opportunity for improvement using the Surviving MI tools and resources.

**Q: Will you be posting evidence based protocols and policies for us to use as a template?**

**A:** Evidence-based protocols and processes will be available on the Surviving MI website as part of the program toolkit.

**Q: Our cardiologists go to more than one hospital. How do I get them to participate in Surviving MI at one institution as opposed to another?**

**A:** Physician leadership can make a big difference on a quality improvement project. Ideally, cardiologists can champion Surviving MI at all of their institutions and participate in the AMI Quality Improvement Team. If a cardiologist must choose one institution, then they should consider selecting an institution at which they feel they can have the greatest impact.

**Q: If we already submit to ARG through NCDR, how will this data be collected from ARG data?**

**A:** Surviving MI participants will be asked to periodically fill out a self-assessment survey to monitor progress. We will provide the specific measure and line numbers in the ARG reports for participants to easily locate the data from their ARG Executive Summary report needed to answer the Surviving MI Assessment questions.

**Q: If we use our own hospital data for our hospital mortality, will that affect our mortality rate as that number is not risk adjusted?**

**A:** In order to compare hospital performance on Surviving MI, we request that in-hospital risk-adjusted AMI mortality be submitted for the program. Surviving MI is also a program, however, that enables you to compare your own performance before and after implementing a Surviving MI strategy or tool.

**Q: Is this for all MIs entering our institution or only those that are STEMI/Mission Lifeline and have had a procedure in the cath lab?**

**A:** Surviving MI is for all AMI cases entering the hospital. It is important that the definition you use for AMI at the start of your participation in Surviving MI is consistent throughout the program, so be sure to clarify your intended AMI definition with your project team.

**Q: Will CME / CNE be provided for those participating in the Webinars?**

**A:** We are exploring opportunities to provide CME/CNE through Surviving MI. At this time, participation in webinars does not give CME/CNE credit.

**Q: Are there leaders with the Surviving MI initiative who can help answer questions or join discussions we may have?**

**A:** Surviving MI leaders participate in the webinars, community calls, and listserv (email-to-email discussion board).

**Q: Do you really mean to say that nurses are not cross trained?**

**A:** Studies have shown that having nurses dedicated only to the cath lab or ICU is associated with lower 30-day RSMR.

**Q: How do you suggest intervening on "culture"? Every organization has a wide variety of cultures.**

**A:** Culture can be a vague concept to define and communicate to staff. Surviving MI will focus on addressing aspects of organizational culture, such as organizational learning, communication and collaboration, psychological safety, and leadership. More specific tactics will be rolled-out later in 2014.