Surviving MI

AN ACC QUALITY INITIATIVE

Tools and Strategies Webinar

October 31, 2014

Quality Improvement for Institutions

At the end of this webinar you will…

1. Understand how to use the Surviving MI Assessment to identify which of 8 success metrics are opportunities for improvement
2. Understand how the Surviving MI Toolkit is organized and the relationship of the tools to the 8 success metrics
3. Understand how to adopt tools from the Surviving MI Toolkit to improve

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How this webinar is organized…

Time	Topic
11:30am ET	Welcome and Introductions
11:32am ET	Surviving MI Initiative Overview
11:35m ET	Assessment Overview
11:45am ET	Toolkit Overview and Highlights
12:00pm ET	Question-and-Answer
12:15pm ET	Next Steps and Closing

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Speaker Bio

Richard Kovacs, MD, FACC

Surviving MI Steering Committee Member

Dr. Richard Kovacs is the Q.E. and Sally Russell Professor of Cardiology at the Indiana University School of Medicine and Clinical Director of the Krannert Institute of Cardiology. He leads the multi-disciplinary Acute MI Performance Improvement Team for the IU Health Academic Medical Center. He is a Trustee of the American College of Cardiology, a member of the National Cardiovascular Data Registries Management Board, and a member of the joint AHA/ACC Taskforce on Practice Guidelines.

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Speaker Bio

Eva Kline-Rogers, NP, AACC

Chair, Surviving MI Implementation Work Group

Eva Kline-Rogers, MS, RN, NP is a Cardiovascular Nurse Practitioner and manager for MCORRP (Michigan Cardiovascular Outcomes Research and Reporting Program) at the University of Michigan. She is a project manager for several on-going state-wide and international registries, including the Michigan Anticoagulation Quality Improvement Initiative (MAQI2). She is an active member of the American College of Cardiology, serving on the Best Practice and Quality Improvement (BPQI) Subcommittee, Quality Portfolio Management (QPM) Subcommittee.

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Goal

The goal of **Surviving MI**, ACC's newest quality initiative for hospitals, is **to increase the adoption of evidence-based strategies** associated with lower 30-day risk standardized mortality rates (RSMR) for patients hospitalized with acute myocardial infarction (AMI) through the creation of a hospital learning network.

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Focus is on Changing Culture

Leadership, culture and communication all linked with lower 30-day AMI mortality.

The program is evidence based. Recent studies show that leadership, culture, and communication are associated with lower 30-day mortality for patients hospitalized with AMI.

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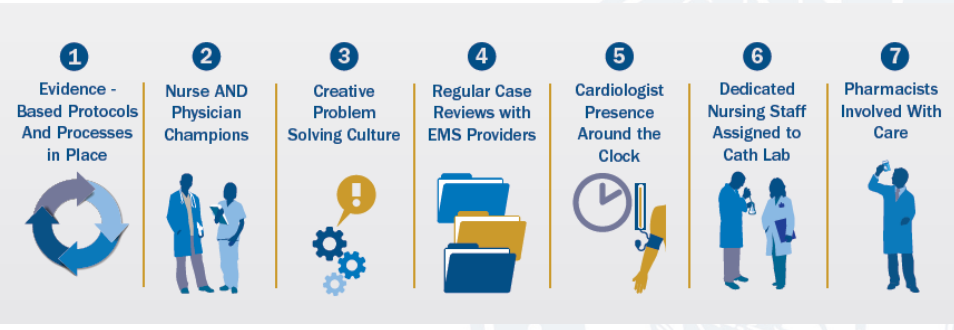
Lower 30-Day Mortality Rates with these Seven Strategies

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



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How it all connects…

Success Metric

- Cardiologist presence around the clock

Assessment

- What type of cardiology expertise is available **onsite 24/7** at your hospital?

Tool

- Strategies for Ensuring 24/7 Cardiology Expertise, Ideally On-Site

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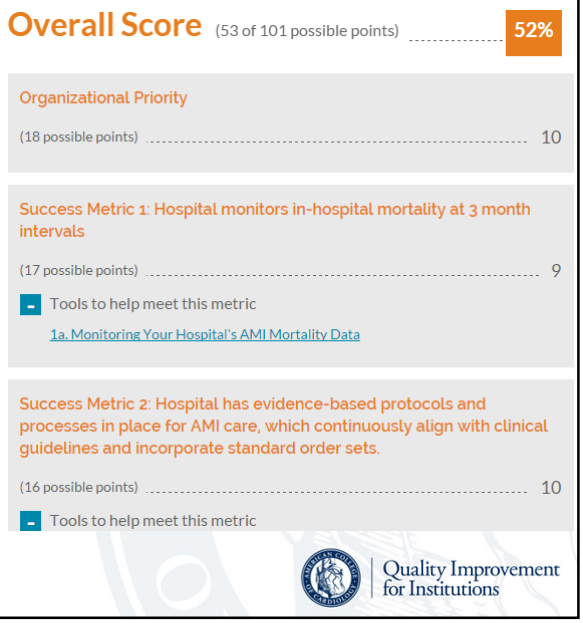
Assessment

- Helps hospitals **prioritize** QI efforts
- **Identify tools** for improvement
- Enables hospital to **monitor progress** quarterly
- **Compares** hospitals that have completed the assessment



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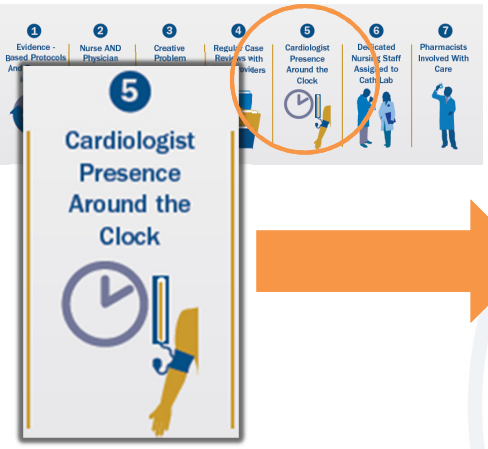
Questions Aligned with Metrics

Success Metric 5



Assessment Question

What type of cardiology expertise is available **onsite 24/7** at your hospital? Select all that apply.

a. Interventional Cardiologist
b. Critical care physician
c. Intensivist
d. General Cardiologist
e. In-house cardiology fellow
f. Cardiac RN
g. No cardiology expertise

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Metrics Aligned with Tools

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Strategies for Ensuring 24/7 Cardiology Expertise, Ideally On-Site

Cardiologists are more likely than non-cardiologists to deliver evidence-based care of patients with cardiovascular disease[1] and to have better mortality rates for patients hospitalized with AMI[2]. Many top performing hospitals have been successful in implementing round-the-clock cardiology staffing. Nonetheless, some institutions with limited resources face challenges in adopting this type of program.

EVIDENCE BASE FOR CARDIOLOGY COVERAGE ON SITE 24/7

- Cardiologists have greater training and experience in the care of patients with AMI.
- Cardiologists provide more accurate estimates of adverse event rates and more realistic risk-benefit assessments for patients.
- Hospitals with cardiologists (interventional, cardiologists, non-interventional cardiologists, or cardiology fellows)

- What does the evidence say?
- What are common scenarios?

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Metrics Aligned with Tools

MOST COMMON SCENARIOS FOR CONTINUOUS CARDIOLOGY COVERAGE (To help hospitals deliver good AMI care, especially those without cardiologists on site 24/7)	
Type of Hospital	**Description of what Continuous Cardiology Coverage may look like** Please email SurvivingMI@ACC.org to share your hospital's experience with ensuring continuous cardiology coverage.

Hospital with Primary PCI Program	• Single call activation protocol in place to alert everyone from ED to cath lab
	  ○ EMS providers initiate pre-hospital activation of cath lab when STEMI patient identified
	  ○ ED physician initiate single call activation immediately after patient arrives at hospital and is identified as requiring a cath lab procedure
	  ○ Protocols to assist ED physician in identifying when to activate STEMI system
	  ○ Have all necessary items for treatment of STEMI patient in one place (i.e., STEMI drug box)
	• Back-up plan in the event 2 STEMIs present near simultaneously
	• Back-up plan when single physician covers more than one hospital
	• Written protocols – STEMI, chest pain
	• Pharmacist involvement in management of AMI care (see metric #8 for more details)
	• Interventional cardiologist on site 24/7
	  ○ *If not possible*, then non-interventional Cardiologist on site 24/7

- What does the evidence say?
- What are common scenarios?

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Toolkit

- For every success metric there is at least one tool
- Post a question/comment on listserv
- To contribute a "tool" email SurvivingMI@ACC.org

	Success Metric	Tool
	Goal for the program	**Tool to help you meet the goal**
1	Hospital monitors in-hospital mortality quarterly.	1/4e. Monitoring Your Hospital's AMI Mortality Data
2	Hospital has evidence-based protocols and processes in place for AMI care, which continuously align with clinical guidelines and incorporate standard order sets.	2. Protocols and Processes for AMI Care
3	Hospital has a champion team which includes a physician and nurse who work together to make decisions and are known as champions by the rest of the staff.	3a. Both MD and RN Champions in AMI Care - LSL Evidence Brief 3b/4d. Barriers and Solutions to Forming a Physician and Nurse Champion Team 3c. Characteristics of Clinical Champions (Physician and Nurse) 3d. How to Form a Quality Improvement Team (ACC QI Toolkit)

Create a Problem Solving Culture

Assessment Question:
Is there a process in place for staff to submit complaints or suggestions without fear of negative consequences?

CHARACTERISTICS OF A LEARNING ORGANIZATION

In a learning organization, employees are always creating, acquiring and transferring knowledge, in turn helping their organization adapt to unpredictable factors.

Building Blocks for creating learning organizations[1]:	
Supportive Environment	Employees: • Feel safe disagreeing with others, asking naïve questions, owning up to mistakes, and presenting minority view points • Recognize the value of opposing ideas • Take risks and explore the unknown • Take time to review organizational processes
Concrete Learning Processes and Practices	A team or company has formal processes for: • Generating, collecting, interpreting, and disseminating information • Experimenting with new offerings • Gathering intelligence on competitors, customers, and technological trends • Identifying and solving problems • Developing employees' skills

Cardiology Expertise 24/7

Assessment Question:
What type of cardiology expertise is available **onsite 4 out of 7 days a week** at your hospital?

MOST COMMON SCENARIOS FOR CONTINUOUS CARDIOLOGY COVERAGE
(To help hospitals deliver good AMI care, especially those without cardiologists on site 24/7)

Type of Hospital	**Description of what Continuous Cardiology Coverage may look like** Please email SurvivingMI@ACC.org to share your hospital's experience with ensuring continuous cardiology coverage.

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Pharmacists Involved with AMI Care

Assessment Question:

What is the role of a pharmacist in the management of AMI care at your hospital? Select all that apply…

EVIDENCE-BASE FOR PHARMACIST ENGAGEMENT IN AMI CARE

Having a pharmacist engaged in AMI care:

- Is associated with lower 30-day mortality rates when the pharmacist rounds on all AMI patients.
- Can improve adherence to medication prescribing guidelines for patients with AMI through audit, feedback, and medication therapy management protocols.
- Can reduce adverse medication events.
- Can lead to direct and indirect cost savings and estimated cost avoidance through prevention of adverse drug events and reduction in length of stay.

WAYS IN WHICH PHARMACISTS CAN BE ENGAGED IN AMI CARE

- Review of medications ordered in emergency department and during admission
- Participation in interdisciplinary rounds
  - Identification of medication omissions and opportunities for increased use of evidence based therapies
  - Increased identification of adverse medication events and preventative strategies
  - Optimization of prescribed therapies for added efficacy and safety

Specialized Nurses in Cath Lab

Assessment Question:

Does your hospital have specialized nurses for cardiac catheterization laboratory, not shared with other departments?

CHALLENGES THAT MAY ARISE IF NURSES ARE CROSS TRAINED BETWEEN CATH LAB AND ICU

- Limitations and delays in implementing complex procedures in emergencies because of a lack of experience in the cath lab among team members.
- Lack of direct and efficient communication that is developed through time and trust.
- Inability to develop deep familiarity with routines and ways of working under pressure and time urgency.
- Lack of confidence among team members that the nurse is capable of problem solving and trouble shooting.
- Limited familiarity and experience with the use of complex devices.
- Fewer opportunities to develop collaborative relationships with staff.

STRATEGIES TO CONSIDER IF CROSS-TRAINING IS NECESSARY

- Establish standards for the cath lab inventory, procedures, etc. in the form of checklists.
- Establish a system to assist cross-trained nurses with location of frequently used medications, supplies and resources available, if needed.
- Maintain documentation on common cath lab drugs and how they are mixed and administered (<1 page per drug) to serve as a reference for nurses who are not familiar with the location of drugs and supplies.

Your Next Steps

1. Activate with the ACC Quality Improvement for Institutions program to get access to Assessment and Toolkit online
2. One person at your hospital completes the Assessment for the team
3. Use the Assessment results to identify one or more success metrics to improve
4. Adopt the tools for that success metric and post to listserv your comments and questions

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Thank You

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

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SurvivingMI@acc.org

CVQuality.acc.org/SurvivingMI

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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.

Release the power of your data at CVQuality.ACC.org.

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