



### **Cardiovascular Cluster Call**

#### **Summary**

**May 11 , 2010**

**10:00 – 11:30am**

#### **General Information**

- New IHC website. Please visit at [www.ihconline.org](http://www.ihconline.org). Feedback is welcome.
- Updating IHC toolkits. Looking for mentors and success stories for the Culture of Safety Toolkit.
  - Send names of organizations that have been successful in deploying a culture of safety, to Trula Foughty at [foughtyt@ihconline.org](mailto:foughtyt@ihconline.org).
- 7<sup>th</sup> Annual IHC Conference –September 1, 2010 at Scheman Building in Ames.
  - Keynote speaker; David Nash.
- Hospital Learning Community Work Day – September 2, 2010 at Scheman Building in Ames

#### **Spread Exercise Changes:**

- New Spread Exercise reporting tool has been created
  - Reduced response categories from 6 to 4
  - Clarified the definitions for each response category
  - Will reduce number of surveys to twice yearly – July and January
  - Added CAUTI, Aortic Dissection, Surgical Safety Checklist to survey to establish baseline
  - Stroke will be added to the survey in July
- IHC will send hospital-specific progress reports to CEOs and copies to CNE and quality leader
  - Will compare hospital progress trends to state, district and similar sized hospitals as aggregate data

- Institute for Healthcare Improvement (IHI) needs mentor hospitals for:

Falls Prevention	VTE Prevention and Treatment
Multidisciplinary Rounds	Perinatal Elective Induction
Perinatal Labor Augmentation Bundles	Hand Hygiene

If your hospital has achieved strong results in any one of these areas, or if you know of an Iowa hospital that has, send an email to Trula at [foughtyt@ihconline.org](mailto:foughtyt@ihconline.org).

- IHC is building an HLC database to ensure optimum communication with Hospital Learning Community participants. Please send your name, facility name, and email address to Trula at [foughtyt@ihconline.org](mailto:foughtyt@ihconline.org) or Ryan Meyer at [Meyerr@ihconline.org](mailto:Meyerr@ihconline.org).

### **HEART FAILURE**

- 2009 IHC deployment goal was 75%. Hospitals exceeded the goal ending 2009 at 84% of hospitals reporting full deployment of the heart failure improvement elements.
- 3% in Discussion Only or No Activity
- 13% in partial deployment.
- 2010 IHC goal – 85%
  - **At Mercy-Iowa City and Mercy-Mason City - the focus is more on heart failure mortality and readmissions at this point.**
    - **The heart failure elements have remained the same for several years and deployment of initiatives isn't so much the issue as sustainability of the improvement elements.**
- Readmissions still an issue According to a presenter at a February American Hospital Association webinar on reducing hospital admissions:
  - 1 in 5 Medicare pts re-hospitalized in 30 days. Hospitals can track their readmission rates but not if the patient is readmitted to another hospital
  - ½ never saw their primary care physician after hospital discharge or before readmission
  - In 2013, hospitals with readmission rates > 75<sup>th</sup> percentile will be subject to a DRG payment withhold of 20%
  - Patients sometimes discharged with test results pending and no follow-up
  - Better communication needed between hospitals and physician offices/clinics to ensure continuity of care...support a medical home model.
    - **Mercy-Dubuque collaborates with one of the local clinics on heart failure patients. The hospital shares core measures and the clinic shares outcomes.**
    - **Mahaska Health Partnership-Oskaloosa uses a heart failure chart reminder on the patient's chart as a tool for nurses. It follows the core measures. The charge nurse is accountable to check for completion of the checklist before discharge.**

- IHI Transition Care at the Bedside: How to Guide on Creating an Ideal Transition Home for Patients with Heart Failure. Free at [www.ihf.org](http://www.ihf.org).
- Other website resources –
  - AHA Hospitals in Pursuit of Excellence, resources and tools at [www.hpo.org](http://www.hpo.org)
  - Health Research and Educational Trust, toolkits, [www.hret](http://www.hret.org)
- Ejection fraction – getting previous ECHO report to current account is a problem
  - **Cass Co. Hospital, Atlantic – admitting nurses ask questions that electronically trigger a request for a copy of the ECHO report to be placed on the chart.**
  - **Mercy Hospital, Dubuque – a corporate daily report is provided that help to identify heart failure patients. Information is pulled from the electronic medical record daily based on primary and secondary diagnoses.**

## AMI

- 2009 deployment goal 75% - exceeded goal – 78%
- 2010 goal 80%
- 4% reporting Discussion Only or No Activity
- 17% reporting partial deployment
- August 2009 - EMS rule change to allow bypassing a non-PCI (percutaneous coronary intervention) hospital to a PCI center

How are organizations ensuring all the AMI elements are being done?

- **Mercy-Iowa City looks retrospectively. A secure email is sent to the department head or manager. They drill down to see where the process failed; was it an individual or a unit. May create an action plan, depending on the number of failures. Reporting has to be simple, easy to read charts and graphs. People don't have time to delve into reports.**
- **Mercy-Dubuque drills down with each failure. If the failure is due to an individual, nurse or physician a letter is sent. Have a monthly meeting to look at each failure to evaluate for process problems or problems due to individuals. They do concurrent monitoring. Each nurse is accountable.**
- Greg Clancy shared that the American College of Cardiologists (ACC) has an update on timely PCI for STEMI patients.

## AORTIC DISSECTION

- Baseline data collection in 2010 through Spread Exercise Survey
- **Clarinda Health Center, Clarinda added AD bundle to ED Intake Forms. EMS got involved and added the AD bundle to their assessment.**
- **One hospital took the AD bundle to their Trauma Committee for review and approval.**
- AD mimics heart attack.

- Aortic Dissection Bundle includes 3 questions:
  1. Do you have personal or family history of aortic dissection?
  2. Do you personal or family history of a condition that predisposes to aortic aneurysm or dissection, including Marfan syndrome, vascular Ehlers-Danlos syndrome, Loeys-Dietz syndrome, Turner syndrome or bicuspid aortic valve disease?
  3. Do physician findings suggest the patient may have one of these syndromes?  
If the answer to any of these questions is yes.....aortic dissection may be the cause of the patient's chest pain and the diagnosis should be excluded by emergent CT, TEE, or MRI.

## STROKE

- IHC to add stroke to Spread Exercise Survey in July to collect baseline data.
- May is Stroke Month – there is a link to AHA/ASA resources on the IHC website under Featured News on the HOME page
- **Stroke Legislation –**  
Governor Culver signed a bill that the IDPH, in collaboration with the American Heart Association and IHC, develop a plan for a stroke triage system and stroke registry in Iowa. The plan must also consider facilities outside of Iowa that are closest and often the most appropriate to provide stroke care for Iowans along the state borders. The plan is to be submitted to the Iowa General Assembly by Jan. 15, 2011.
- Hospitals need to be sure they have a plan to manage stroke patients – protocols are current and reflect most current evidence-based ischemic management guidelines.
- Beginning in October, stroke measures will be reported to CMS
  - **One of the barriers at Mercy North Iowa was getting the swallow screen done before the patient could have anything orally. The nurses have been trained to do a bedside swallow screen.**
  - **At Mercy-Iowa City clinicians have differences of opinion on whether to use a CT or MRI to determine if a stroke patient is eligible for tPA.** NOTE: Both are equally diagnostic. The determinant should be which can be available for use the fastest to expedite the diagnosis.
  - **Mercy-Iowa City noted the stringent cholesterol guidelines.**

**Next CV Call**  
**August 10, 2010**