MaineHealth

MaineHealth Knowledge Connection

MaineHealth Performance Improvement

2020

UNITE -Unified NSTEMI Treatment for Everyone

James Powers
Maine Medical Center

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Plan

Problem/Impact Statement

Over the last two years, MMP MaineHealth Cardiology has worked to standardize and improve the quality of care for patients experiencing a Non-ST Elevated Myocardial Infarction (NSTEMI) . This work has included the development and implementation of an inpatient care pathway, which incorporates a number of electronic tools in EPIC, to be used throughout the episode of care;. These tools include an NSTEMI order set and the Grace 2.0 Calculator, which is used to risk stratify NSTEMI patients based on their probability of in-hospital, 6-month and 3-year mortality. In addition, this project has seen the launch of a national cardiac data registry, the rollout of standard pathways for post acute care in partnering SNFs, and the creation of a suite of educational materials for both providers and patients.

Goal/Objective

The focus this year for the robust NSTEMI program was around building reports to track utilization of the tools that were developed and use this data to improve compliance.
- The goal was to work with Enterprise Reporting to build compliance reports to track utilization of pathway components (Order Set. GRACE 2.0 Calculator, SUR1 case request, AVS, Nurse Education tool, and Discharge Summary-EPIC ACS Quality Compliance tool) by end of FY20.

Scope

All NSTEMI- patients treated at MMC including:
- Type I- True plaque rupture with thrombosis at the site of the plaque
- Type II- Supply demand mismatch in the setting of fixed/stable plaque

Baseline Metrics/Current State

- MaineHealth Cardiology entered into a Clinical Transformation project in 2017, this project worked to incorporate the standardization of patients that were experiencing an NSTEMI. The outcome of this project was the incorporation of an evidenced based pathway that was patient centered, up to date, and guideline directed. The pathway was launched on 10/2/2019. An NSTEMI Dashboard was also created, with a number of baseline metrics including LOS, Readmission and mortality rates, which have been tracked quarterly throughout this project.

- At the start of FY20, the NSTEMI team identified the need to develop additional electronic reports to track utilization of pathway components as a means to improve compliance with the tools that have been created.

NSTME ALOS and 10, 30, & 90 Day All Cause Readmissions to MMC

NSTEMI In-Hospital Mortality Rate
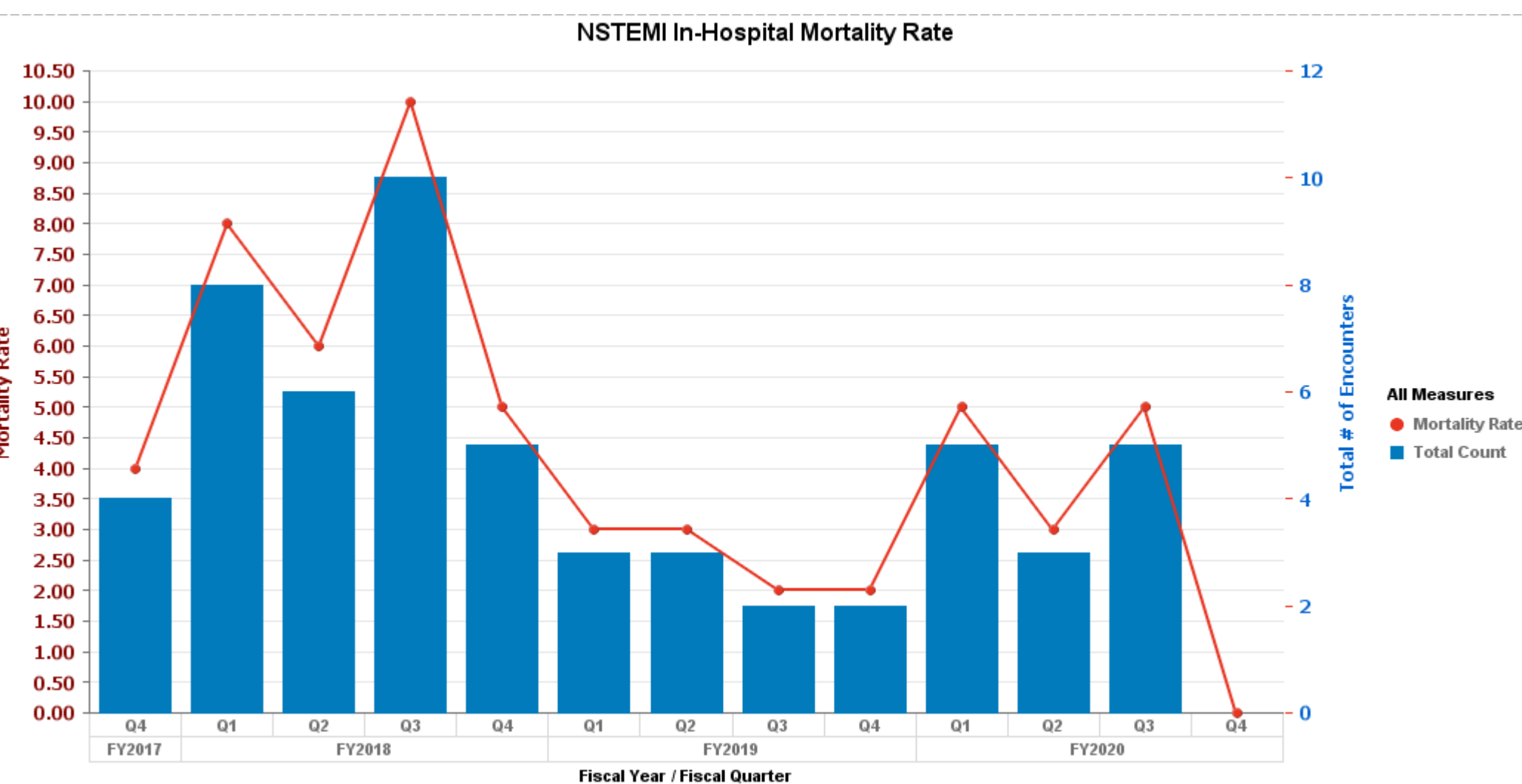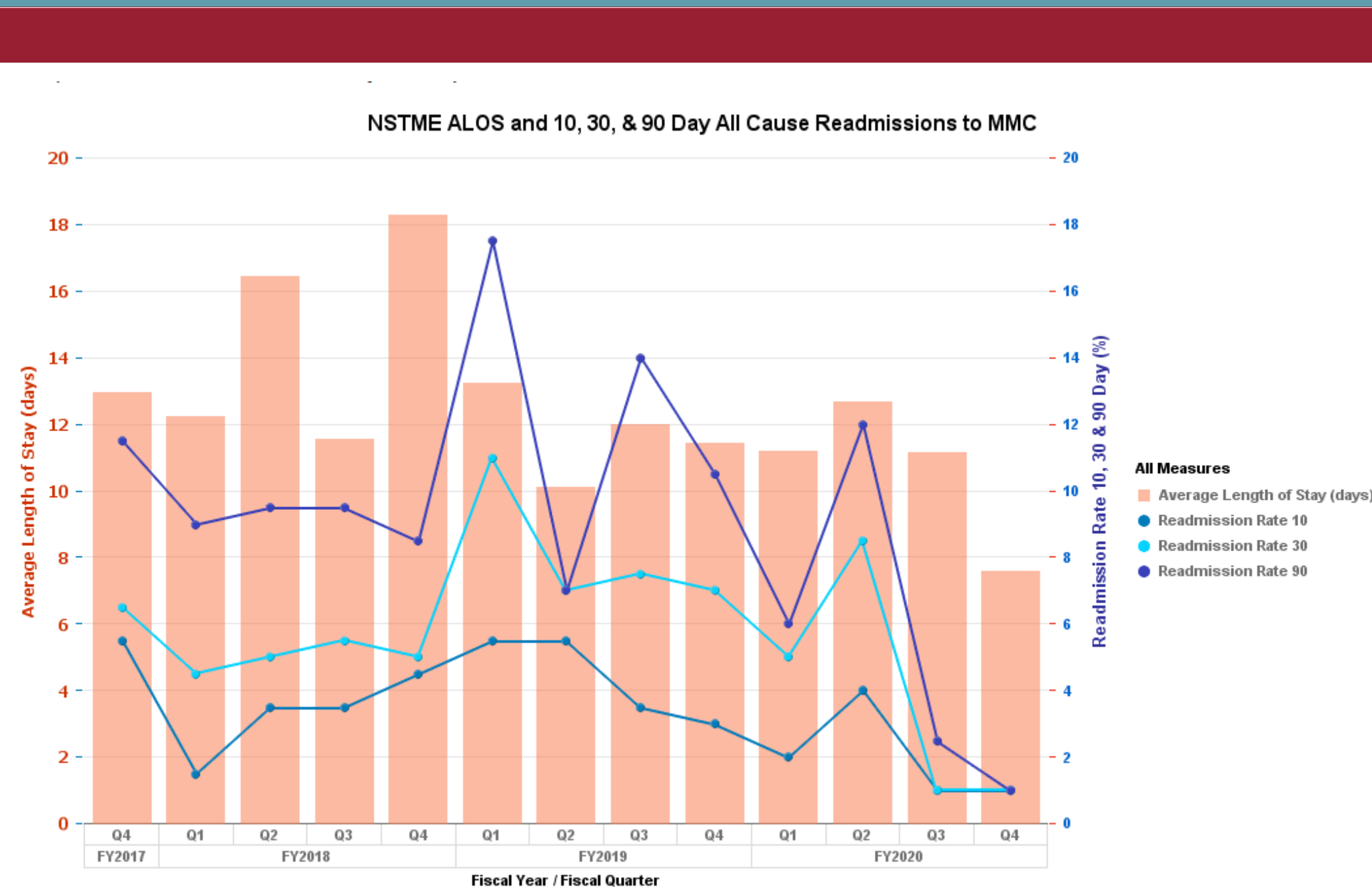
Acute Coronary Syndrome (ACS) Metrics	2020 Q1	2020 Q2	2020 Q3	2020 Q4	TOTAL
Discharge Count	373	354	281	246	1,254
Percent on Aspirin	97.32%	98.87%	96.80%	98.78%	97.93%
Percent on Plavix	70.78%	69.77%	65.84%	75.20%	70.26%
Percent on Ticagrelor	8.85%	5.93%	4.63%	3.66%	6.06%
Percent on Prasugrel	1.88%	0.28%	0.71%	0.81%	0.96%
Percent on a Statin	94.64%	97.18%	95.73%	95.93%	95.85%
Percent on Aspirin + Antithrombotic	73.99%	72.03%	68.33%	76.42%	72.65%
Percent on Aspirin + Antithrombotic + Statin	73.99%	72.03%	68.33%	76.42%	72.65%
CABG Med Compliance	100.00%	100.00%	96.43%	95.24%	98.35%
PCI Med Compliance	89.71%	79.84%			85.98%
Medically Managed Med Compliance	54.11%	74.13%	71.94%	78.22%	71.03%
Percent with Cardiac Rehab Assessment	94.37%	94.92%	92.88%	97.15%	94.74%
Percent with Smoking Cessation	90.57%	95.35%	89.58%	81.82%	89.36%
Ejection Fraction Order	86.33%	57.06%	0.00%	0.00%	41.79%

Do

Countermeasures

By When & Status*	Who	Deliverable
End Q1		1. Support 10/2/2019 Pathway Launch 2. Socialize new tools with PBMC and SMHC
End Q2		Work with Enterprise Reporting team to build reports to track utilization of pathway components (Order Set, GRACE Calculator, SUR1 case request, AVS, and Discharge Summary-EPIC ACS Quality Compliance tool)
End Q3		Work with Enterprise Reporting team to build reports to track utilization of pathway components (Order Set, GRACE Calculator, SUR1 case request, AVS, and Discharge Summary-EPIC ACS Quality Compliance tool)
End Q4		Work with Enterprise Reporting team to build reports to track utilization of pathway components (Order Set, GRACE Calculator, SUR1 case request, AVS, and Discharge Summary-EPIC ACS Quality Compliance tool)

Study

Outcomes

Refinement of the UNITE Data Dashboard and the creation of the UNITE Discharge Compliance Scorecard within EPIC. These include:

UNITE Data Dashboard in EPIC:
- Tracks outcome summaries including NSTEMI Length of stay and 10, 30, 90 day all cause readmissions.
- Tracks NSTEMI In-Hospital Mortality Rate

UNITE Discharge Compliance Scorecard in EPIC:
- This scorecard tracks Acute Coronary Syndrome discharges from Maine Medical Center, highlighting key guideline directed patient care metrics, based on the treatment pathway. These include discharged on appropriate medication therapy, tobacco cessation education, assessment of left ventricular ejection fraction, and referral to cardiac rehab. This report is also able to drill down based on discharging provider.

Act

Next Steps

- Implement strategies to standardize the use of all NSTEMI tools created.
- Build a culture that adopts the use of the dashboard and scorecard, while implementing improvement processes as identified by data review.
- Share and implement these tools in other MaineHealth hospitals.