Effectiveness of a Progress Note on Quality Care Indicators in a Get With the Guidelines Program (Abstract)

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Effectiveness of a Progress Note on Quality of Care Indicators in a Get with the Guidelines Hospital

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INTRODUCTION:
Lehigh Valley Hospital and Health Network (LVHN) admits and treats over 1,400 CHF patients and 1,200 AMI patients each year, and these numbers continue to grow. Although LVHN has always done well managing the treatment of patients with these diagnoses, we are attempting to comply with evidence-based secondary prevention JCAGO and AMI pathfinders including their performance on treatment and outcomes of patients treated for the diagnoses of CHF and AMI.

OBJECTIVES:
To develop a set of process and outcome indicators that will allow a measure of clinical outcome (the right intervention, by the right staff at the right time and the right place) and the capacity for ongoing quality improvement processes.

To improve our clinical outcomes for AMI and CHF patients.

To utilize American Heart Association (AHA) Get with the Guidelines. Get with the Guidelines (GWTG) was developed and piloted by the AHA to reduce the gap in the appropriate evidence-based secondary prevention guidelines in Hospitalized cardiovascular disease patients. The Cardiac Care Measure Progress Note (CCMP Note) was developed using quality measures derived from the American College of Cardiology foundation.

To improve multidisciplinary communication and help to educate attending medical staff, residents, nurses and patients on the value of the clinical guidelines for AMI and CHF.

To improve performance on JCAGO Core Measures for AMI and CHF, and to ensure compliance with public reporting.

METHODS:
Two Cardiac Quality Nurses were hired to intervene on patients that do not meet the evidence-based secondary prevention guidelines for AMI and CHF. Quality of care indicators were: Aspirin given in the first 12 hours of admission, and ordered for discharge; Beta Blocker (BB) given in the first 24 hours of admission, and ordered for discharge; ACE-I/CCTMP Note was developed to ensure that there is a consistent place in the chart for physicians to document Cardiac Quality Nurses utilize a database that pulls laboratory and medication data to identify patients that may not meet the Core Measures reported to JCAGO. Patient charts are then reviewed and the Cardiac Quality Nurses communicate with physicians and nurses to ensure that the appropriate evidence-based medication is ordered. Appropriate documentation of why the patient did not receive a certain medication or treatment is the key to showing the JCAGO Note to physicians and nurses during the patient’s stay.

This study compares those patients who had a CCM Progress Note against those who did not. While the Get with the Guidelines program at LVHN will last a year, this abstract contains the first six weeks of outcome data from this study.

Chi-square and Fisher exact test were used to examine the data.

RESULTS:
Results indicated that the CCM Progress Note implemented as an intervention was effective in several key areas:

- Administration of beta blockers within 24 hours of admission increased by 12.5% (p<0.01), and at discharge increased by 5.5% but is not yet significant
- Discharge instructions, and home advisors given to patients increased by more than 50% (p<0.01)

Other indicators indicating positive findings which were not yet significant were:

- Administration of aspirin within 24 hours of admission increased by 6.1%
- Administration of aspirin at discharge increased by 2.5%
- ACE-I orders increased by 8.6% for AMI patients and 16.6% for CHF patients
- Smoking cessation counseling increased by 3.3% in AMI patients and 3.7% in CHF patients.

DISCUSSION:
- Intervention methodology suggests that process indicators and outcomes be monitored early and often within program implementation to ensure appropriateness of adjusted interventions. Patients did not have the appropriate medication ordered as indicated clinically. The protocol does not have the appropriate medication ordered as indicated clinically.
- Constant reinforcement and education on the Core Measures and use of the CCM Progress Note are necessary for this cardiac quality initiative to be the most effective.

NEXT STEPS:
One barrier has been physician and staff compliance and attitudes regarding the initiative and its role in making it a success. Constant feedback, education, positive feedback, and intervention have been planned to continue this approach and identify more champions within physician groups and nursing units in this practice. Revisions to the CCM Progress Note have been requested by both the Cardiac Quality nurses and the LVHN clinical staff, which have resulted in the improved tool presented here.

- Results for these patients have been consistently higher than those for patients that did not receive intervention.
- Improved follow-up on each patient would improve the chances of the discharge. Patient compliance and multiple hospital sites.
- This quality improvement initiative is proving to be an effective implementation of the JCAGO Core Measures for AMI and CHF. It is likely that this model could be replicated at other institutions.