TV News Story – October 2011

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Meeting Objectives

- Progress Since April 2011
- Sample Data Analysis
- Challenges and Strategies
- Go-Forward Plan
Progress with Hospital Recruitment

- **May 14**: Developed Hospital Recruitment Plan
- **April 14**: 1st hospital joined
- **June 29**: 25 hospitals joined in the month of June
- **October 4**: 41st hospital joined the ASR

**Graph:**
- Y-axis: Number of Hospitals Recruited
- X-axis: Months (April, May, June, July, August, September, October)

- **June 29**: 25 hospitals joined
- **October 4**: 41 hospitals joined
41 Member Hospitals

County     Facility

Pulaski    Arkansas Heart Hospital
Greene     Arkansas Methodist Medical Center
Ashley     Ashley County Medical Center
Clark      Baptist Health Medical Center – Arkadelphia
Cleburne   Baptist Health Medical Center – Heber Springs
Pulaski    Baptist Health Medical Center – Little Rock
Pulaski    Baptist Health Medical Center – FLM
Arkansas   Baptist Health Medical Center – Stuttgart
Baxter     Baxter Regional Medical Center
Chicot     Chicot Memorial Medical Center
Bowie, TX  CHRISTUS St. Michael Health System
Faulkner   Conway Regional Medical Center
Crittenden Crittenden Regional Hospital
Desho     Delta Memorial Hospital
Arkansas   DeWitt Hospital
Drew      Drew Memorial Hospital
Mississippi Great River Medical Center
Jefferson  Jefferson Regional Medical Center
Johnson   Johnson Regional Medical Center
Lawrence  Lawrence Memorial Hospital
Columbia  Magnolia Regional Medical Center
Desho     McGahee Hospital
Union Medical Center of South Arkansas
Scott     Mercy Hospital Scott County
Franklin  Mercy Ozark
Logan     North Logan Mercy Hospital
Benton    Northwest Medical Center – Bentonville
Washington Northwest Medical Center – Springdale
Van Buren Ozark Health Medical Center
Clay      Piggott Community Hospital
Saline    Saline Memorial Hospital
Mississippi SMC Regional Medical Center
Sebastian Sparks Health System
Craighead St. Bernards Medical Center
Pulaski   St. Vincent Infirmary Medical Center
Pulaski   St. Vincent Medical Center / North
Conway    St. Vincent Morrilton
Crawford  Summit Medical Center
Pulaski   UAMS Medical Center
White     White County Medical Center
Independence White River Medical Center
Benefits of Participation (1 of 2)

Optimize Patient Care

Data Benchmarking

National Recognition
Benefits of Participation (2 of 2)

Gain Best Practices

Meaningful Use Assistance

Prepare for Joint Commission Certification
Early Analysis Results

DETAIL TO BE ADDED IN ACTUAL PRESENTATION
Early Analysis Results

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Early Analysis Results

DETAIL TO BE ADDED IN ACTUAL PRESENTATION
Arkansas Saves

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05/13/2012 – 05/15/2012
Objectives

- Define benefits of participating in a Registry.
- Discuss challenges to measure adherence.
- Be aware of QI tools used in Massachusetts that may be beneficial to Arkansas providers.
AR / MA Comparison: Registry Participation

Arkansas:
- 26 Acute care hospitals participate
- 15 Critical access hospitals participate
- 22 / 41 participating hospitals have telemedicine

Massachusetts:
- 70 acute care hospitals (56 participate)
- 3 critical access hospitals (2 participate)
- Some use telemedicine
Stroke Program not a Priority?

- Core measures seem to get all the respect!
- Involve the QI Director and physician champion.
- Highlight successes.
- Discuss the alignment with TJC’s PSC.
- Meaningful use has stroke measures so…CMS is interested! Keep informed re: the direction with MU!
Why Participate in a Registry?

- Improve care to patients by providing standards.
- Provide valid measures.
- Offer a method of assessing the efficacy of policies, procedures and/or order sets implemented;
- MARe comparison data available to assess an organization’s performance.
- Each hospital’s data can be run and compared with an AR aggregate.
- All of this is possible with continued participation.
AR Strengths: Measure Adherence

Aggregate data for a 12-month period with adherence above 85%:

- Early antithrombotics
- Antithrombotics
- Anticoag for A-fib and Aflutter.
- Smoking cessation
- LDL 100 or ND – Statin
- Stroke Education
- Rehabilitation considered
CONGRATULATIONS! Keep-up the good work!
AR Challenges: Measure Adherence

Aggregate data for a 12-month period with adherence below 85%:

- IV-tPA: Arrive by 2, treat by 3 hours
- VTE
- Dysphagia
Misses: Drill-down for the Root Cause

- Filter patient-level data
- Identify “trends”
  - Is there some element missing often?
  - Is there a certain unit / department not adhering?
  - Is there a provider not adhering more often?
- Run monthly data:
  - Is adherence consistent?
  - Is it acceptable?
  - If not, is adherence consistently improving?
  - Or, is adherence decreasing?
Strategies for IV-tPA

- Identification of stroke patient in ED
  Identify symptoms most often missed
  Did EMS call re: potential stroke patient arrival?
  Education to ED providers
  Is there a reluctance re: giving IV-tPA?
  Offer patients the “treatment option”. It is their decision.

- Documentation issues use:
  Documentation from tele-medicine providers.
  Addendum notes (must be done prior to discharge).
  Forms with required information
  Documentation formats for EMRs
Dysphagia: Strategies from High Performers

- Provide training during orientation.
- Screen closest to the front door.
- Cast a wider net.
- With EHR, use “hard stops” requiring a response.
- Assign to one role, such as an RN.
- Pyxis triggers
- Provide immediate feedback for “misses”.

Arkansas Stroke Registry
A Care Improvement Collaborative
VTE Strategies

- Differences between VTE and the DVT measure:
  - Educate staff
  - Develop standard order sets
  - Develop nursing protocols

- For documentation issues, use:
  - Documentation from hospitalists
  - Addendum notes per hospital policy
  - Forms with required information.
  - Documentation formats for EMRs.
Because some of you are just beginning.........
Be careful with EMR Transition!

- Documentation time stamp doesn’t reflect when the work was done. This results in misses with:
  - 60 minute door-to-needle time
  - Dysphagia screening
  - CT time
- To trigger or not to trigger!!
- Direction of Meaningful Use
Stroke Education

- Hardwire into systems. Don’t make a separate policy for “stroke education”, change the existing policy to incorporate the necessary components.

- Immediate feedback for “misses”.

- Concurrent review with reminders to nurse manager. NEED PARTNERS!!
Sharing: From MA to AR!

- Abstractor training process/handouts
- Vague symptom tool
- Case ascertainment plan
- Concurrent review: acute measures an example
- IV-tPA Timeline
- EMS / ED communication plan
- IV-tPA complications follow-up
QUESTIONS?
Future Activities

- Listserve
- Website
- Collaborative Sessions