QI Webinar
Series

Discharge Medications: Reaching and Sustaining our Goal of 100%

Presented by:

Randell R. De Martino, MD, MS

Cheryl R. Jackson, DNP, MS, RN, CPHQ

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Conflicts of Interest

- I have no financial conflicts of interest

Outline

- What do we mean by “Discharge Medications”?
- Why are they important?
- Medication use in VQI
- How to approach prescribing
- Tools for success

Discharge Medications

- A hospitalization is a "check-point" event
- Medication reconciliation
- Opportunity to ensure appropriate medical therapies are prescribed

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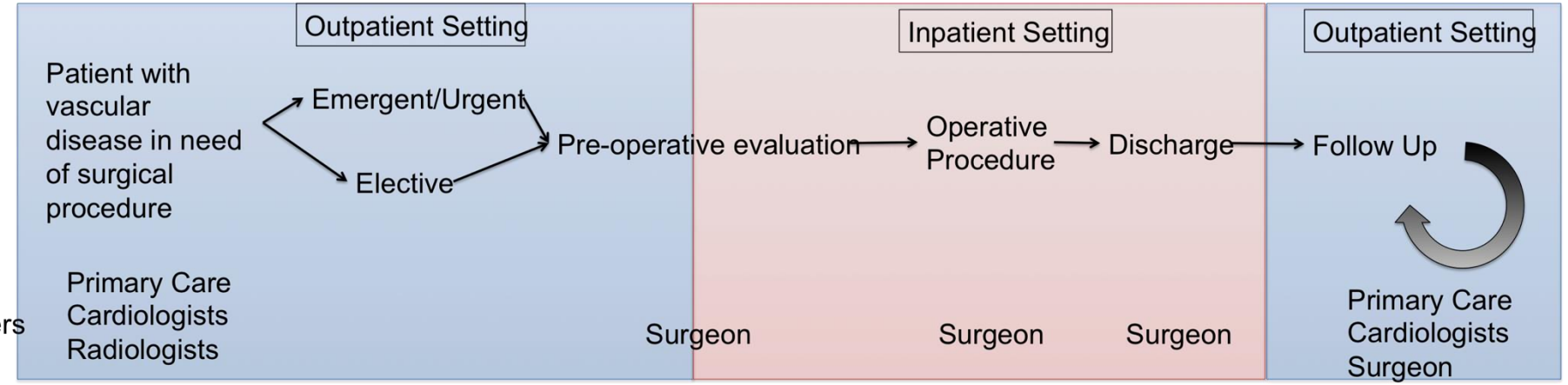

Medication Prescribing by Surgeon	Less control of medications	Complete control over medications	Less control of medications
Opportunities	Medication assessment Peri-operative risk assessment	• Post Operative and Discharge Orders • Medication reconciliation • Initiate new medications • Patient education	• Reassess medication use • Provider/Patient education • Communication
Barriers	Unknown prior cardiovascular care Urgency Possible allergies	• Systems of care • Provider education • Ownership of medical management	• Multiple Providers • Ownership of medical management • Fewer return visits to surgeons • Compliance/insurance

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What Meds are we talking about?

- For today's discussion we will focus on 2 medications
  - Antiplatelet medications
  - Statins

Antiplatelet Medications

- Most commonly used is aspirin
- Widely available since 1899
- Available over the counter in several doses
- Other medications include clopidogrel (Plavix), prasugrel (Effient) and some others…

Statins

- HMG-CoA reductase inhibitors
- Inhibit cholesterol synthesis in the liver
- Can profoundly reduce cholesterol levels

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Recommendation for Statins

- Start Statins in all patients with

ACC/AHA Prevention Guideline

OPEN

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults

A Report of the ... /American Heart Associa... delines

Endorsed by the Am... ican Association of Cardiovascular ar... acists Association, American Society for Preventi... sts, Preventive Cardiovascular Nurses Association, and... nen With Heart Disease

Patients with PAD should be initiated in a statin

Class 1A Recommendation

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Recommendations for AP

- Start Antiplatelet medications in all patients with

2011 ACCF/AHA Focused update of the guideline for the management of patients with peripheral artery disease (updating the 2005 guideline)

A Report of the American Heart Association Task Force on Practice Guidelines

Developed in Collaboration ... Interventions, Society of Interventional Radiology, So... Surgery

Patients with PAD should be initiated on an AP medication

Class 1A Recommendation

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Intensity Matters

Table 5. High-, Moderate-, and Low-Intensity Statin Therapy (Used in the RCTs Reviewed by the Expert Panel)*

High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy	Low-Intensity Statin Therapy
Daily dose lowers LDL-C, on average, by approximately ≥50%	Daily dose lowers LDL-C, on average, by approximately 30% to <50%	Daily dose lowers LDL-C, on average, by <30%
Atorvastatin (40†)–80 mg	**Atorvastatin 10 (*20*) mg**	*Simvastatin 10 mg*
Rosuvastatin 20 (*40*) mg	**Rosuvastatin (*5*) 10 mg**	**Pravastatin 10–20 mg**
	Simvastatin 20–40 mg‡	**Lovastatin 20 mg**
	Pravastatin 40 (*80*) mg	*Fluvastatin 20–40 mg*
	Lovastatin 40 mg	*Pitavastatin 1 mg*
	Fluvastatin XL 80 mg	
	Fluvastatin 40 mg BID	
	Pitavastatin 2–4 mg	

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Sonte et al. Circulation 2014

Benefits of ASA/Statin Use

- For patients with cardiovascualr disease, both antiplatelets and statins are shown to reduce the risks of
  - Heart attack
  - Stroke
  - Vascular death

Medication use in VQI

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Perioperative management with antiplatelet and statin medication is associated with reduced mortality following vascular surgery

Randall R. De Martino, MD, MS,[a,b] Jens Eldrup-Jorgensen, MD,[c] Brian W. Nolan, MD, MS,[a] David H. Stone, MD,[a] Julie Adams, MD,[d] Daniel J. Bertges, MD,[d] Jack L. Cronenwett, MD,[a] and Philip P. Goodney, MD, MS,[a] on behalf of the Vascular Study Group of New England, *Lebanon, NH; Rochester, Minn; Portland, Me; and Burlington, Vt*

- Review of >14,000 patients in the VSGNE
- Reviewed patients undergoing:
  - CEA/CAS/AAA/LEB

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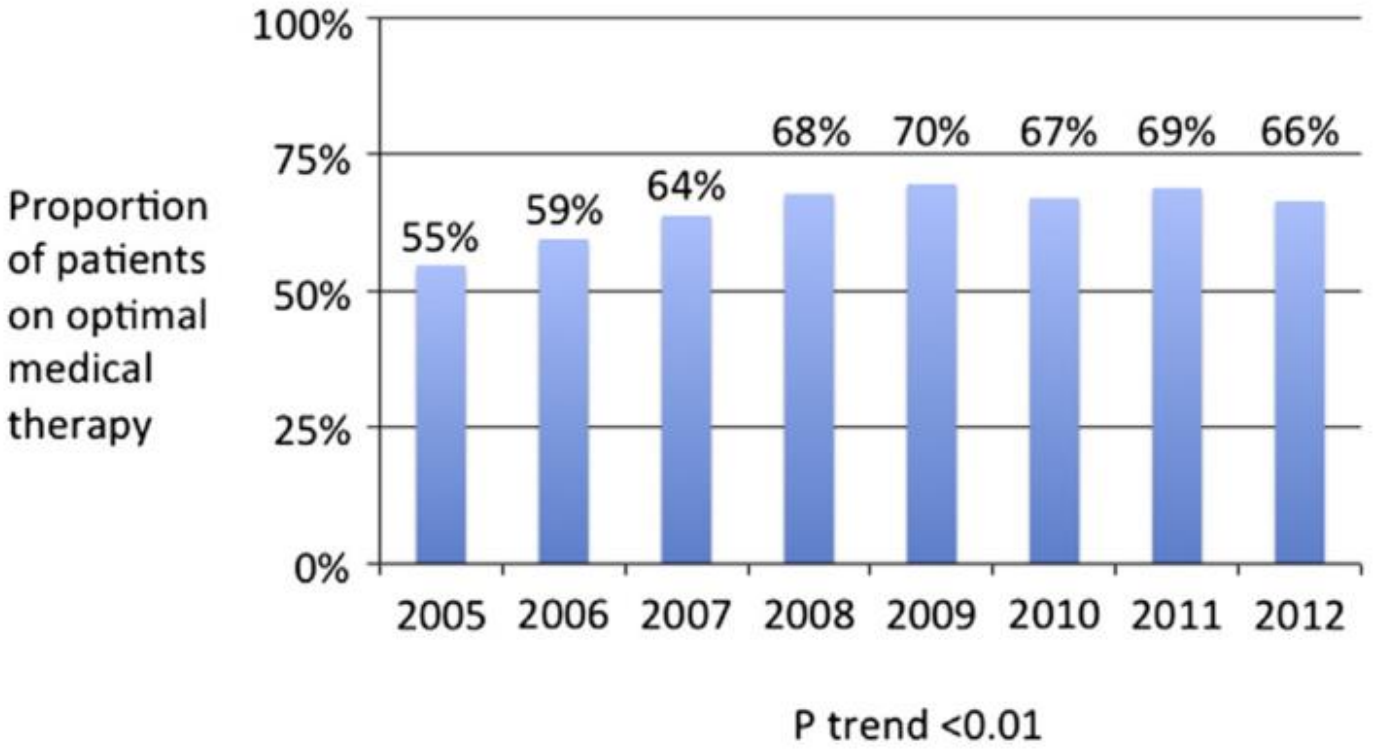
Preop and Discharge Medication Use



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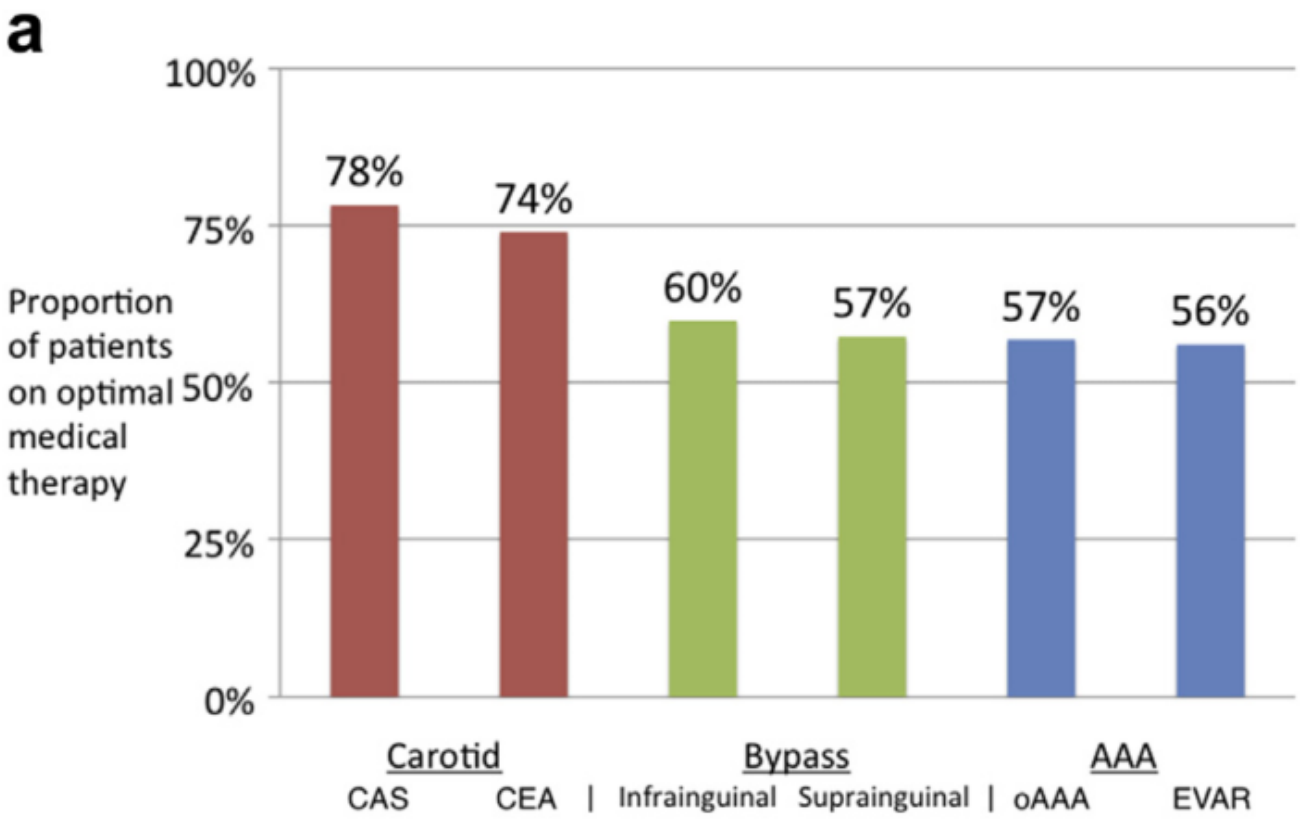
Preop and Discharge Medication Use



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Preop and Discharge Medication Use

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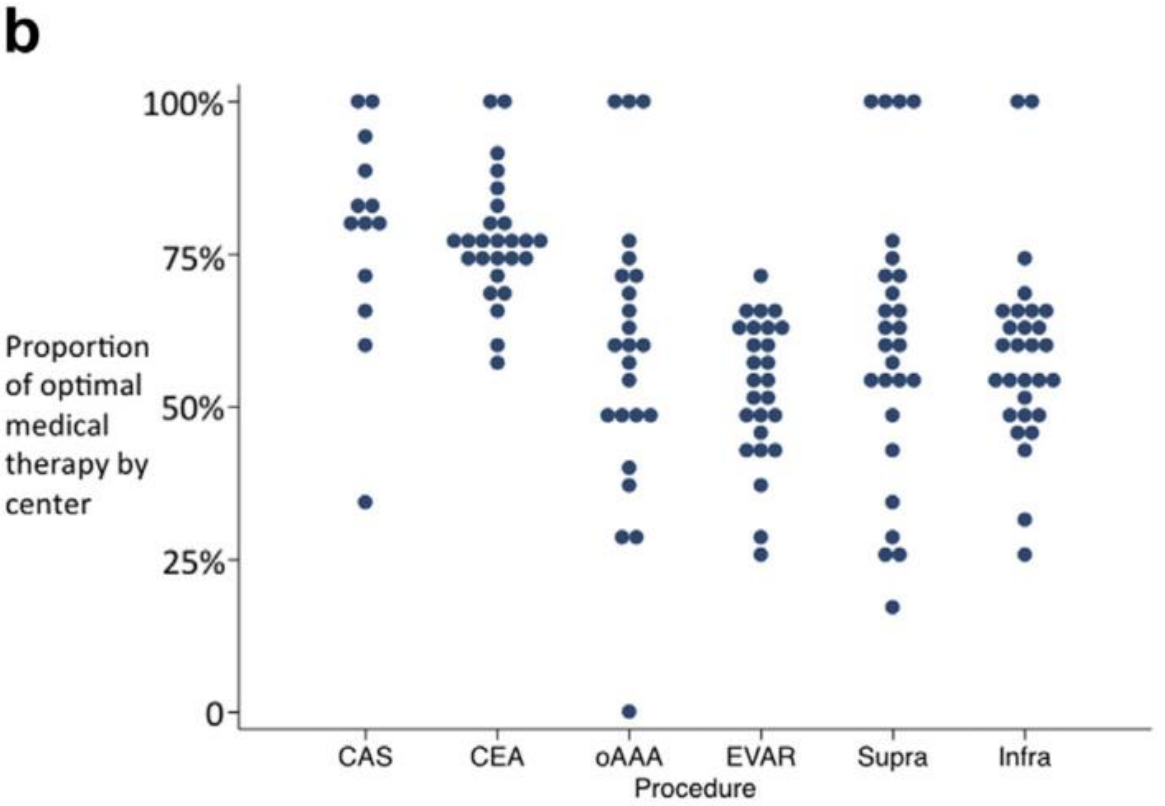

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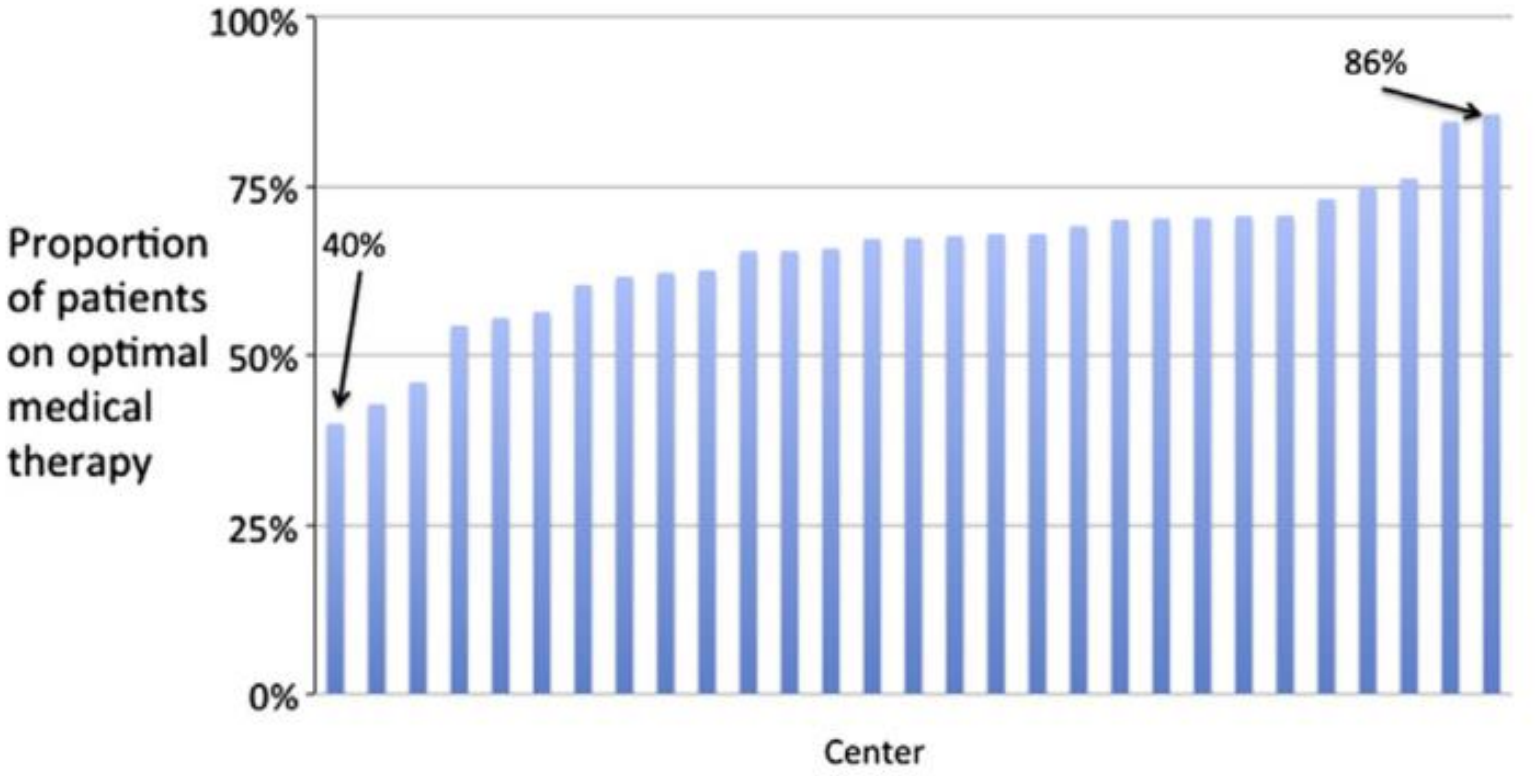
Preop and Discharge Medication Use



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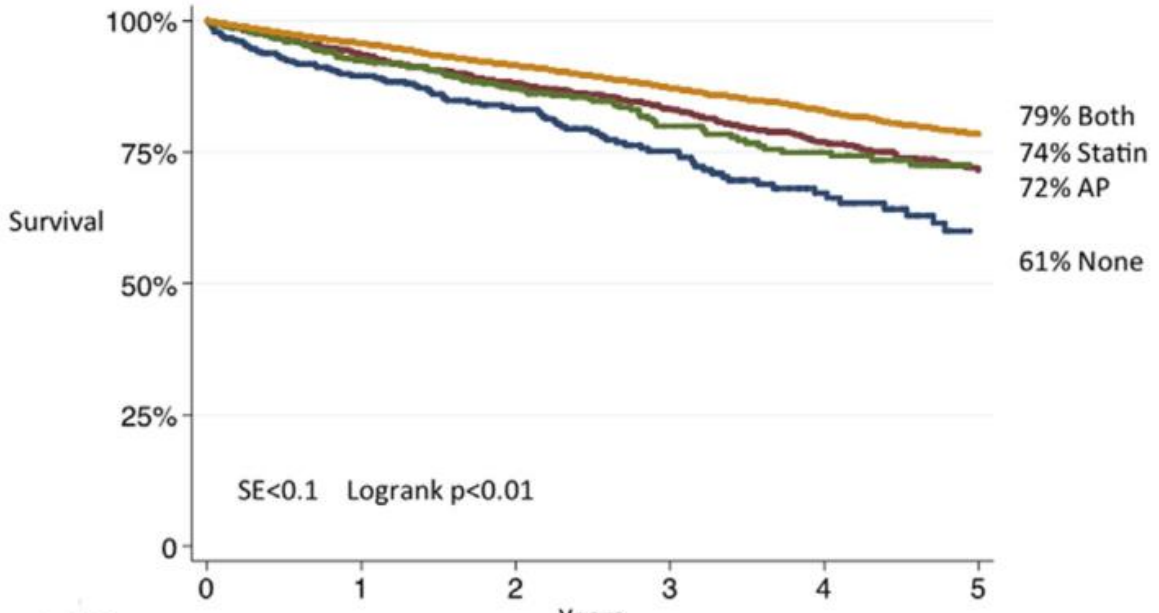
Preop and Discharge Medication Use



At Risk						
None	362	256	189	129	73	36
AP	1697	1307	932	680	438	175
Statin	589	399	268	171	117	49
Both	8058	5661	3549	2252	1264	490

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Participation in the Vascular Quality Initiative is associated with improved perioperative medication use, which is associated with longer patient survival

Randal
John W
for the
Charlo
-Jorgensen, MD,[d]
odney, MD, MS,[g]
Charleston, SC;

- Follow up study using national VQI data from all centers
- >28,000 first time cases performed across centers

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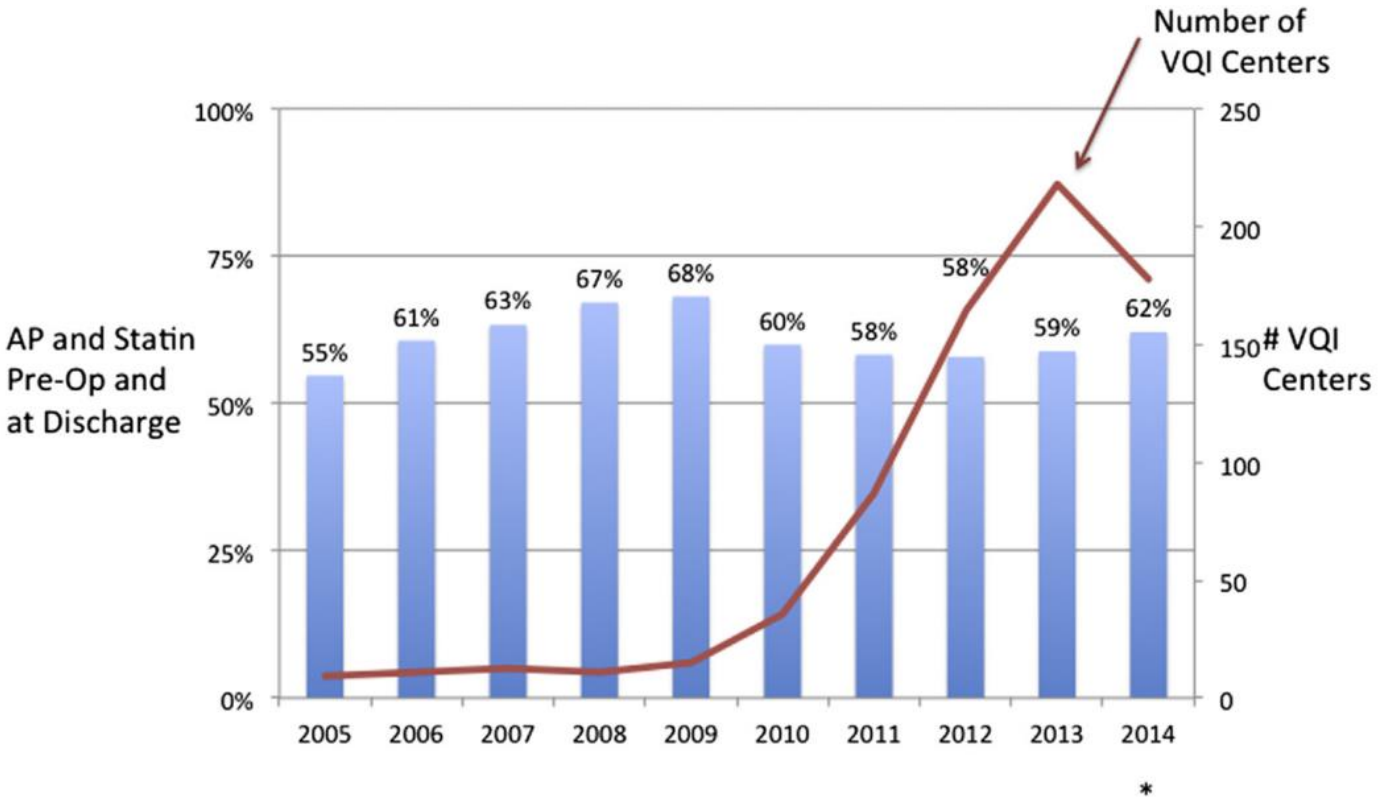

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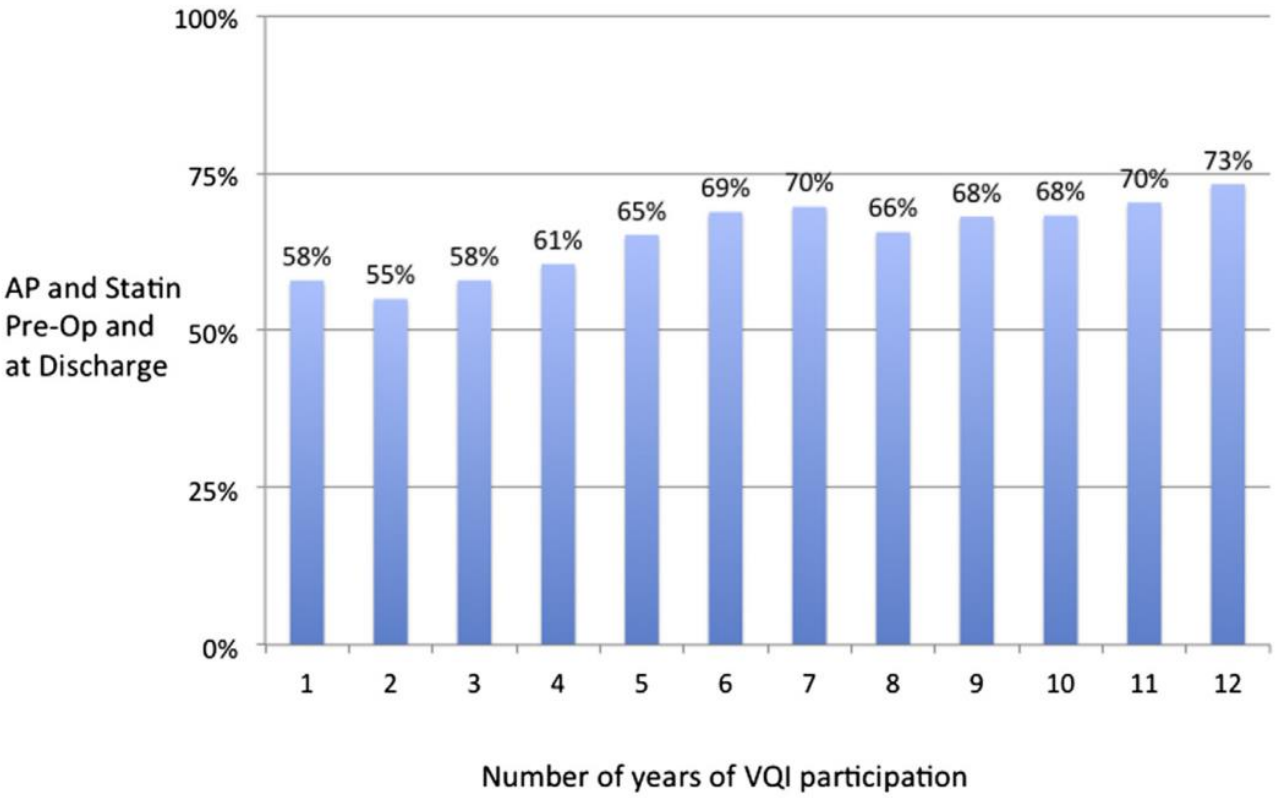
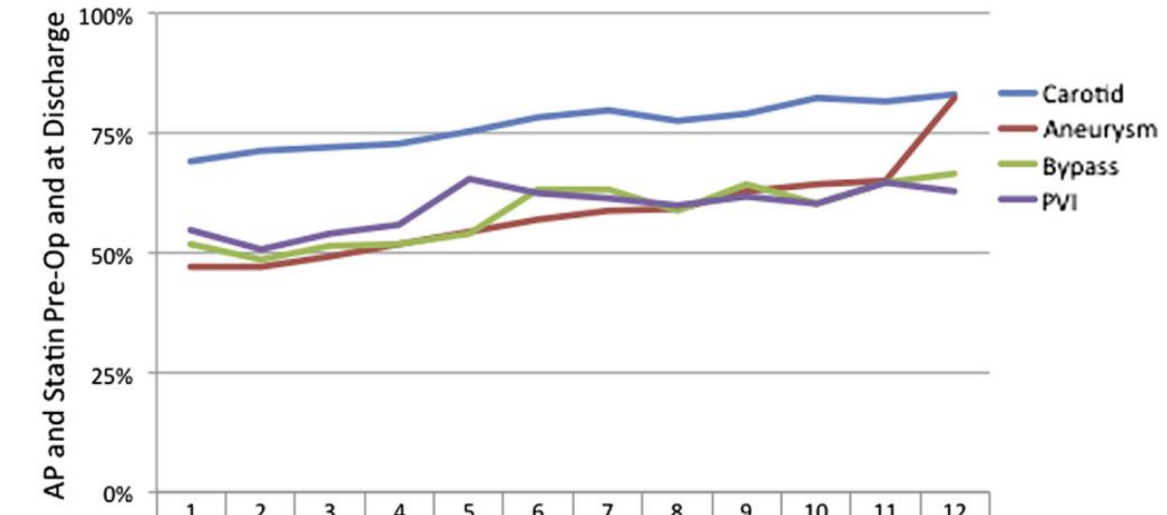

100%
75%
50%
25%
0%
AP and Statin Pre-Op and at Discharge
58%
55%
58%
61%
65%
69%
70%
66%
68%
68%
70%
73%
1
2
3
4
5
6
7
8
9
10
11
12
Number of years of VQI participation



	1	2	3	4	5	6	7	8	9	10	11	12
Carotid	69%	71%	72%	73%	75%	78%	80%	78%	79%	83%	82%	83%
Aneurysm	47%	47%	49%	52%	55%	57%	59%	59%	63%	64%	65%	82%
Bypass	52%	49%	51%	52%	54%	63%	63%	59%	64%	60%	65%	67%
PVI	55%	51%	54%	56%	65%	62%	62%	60%	62%	60%	65%	63%

Number of years of VQI participation

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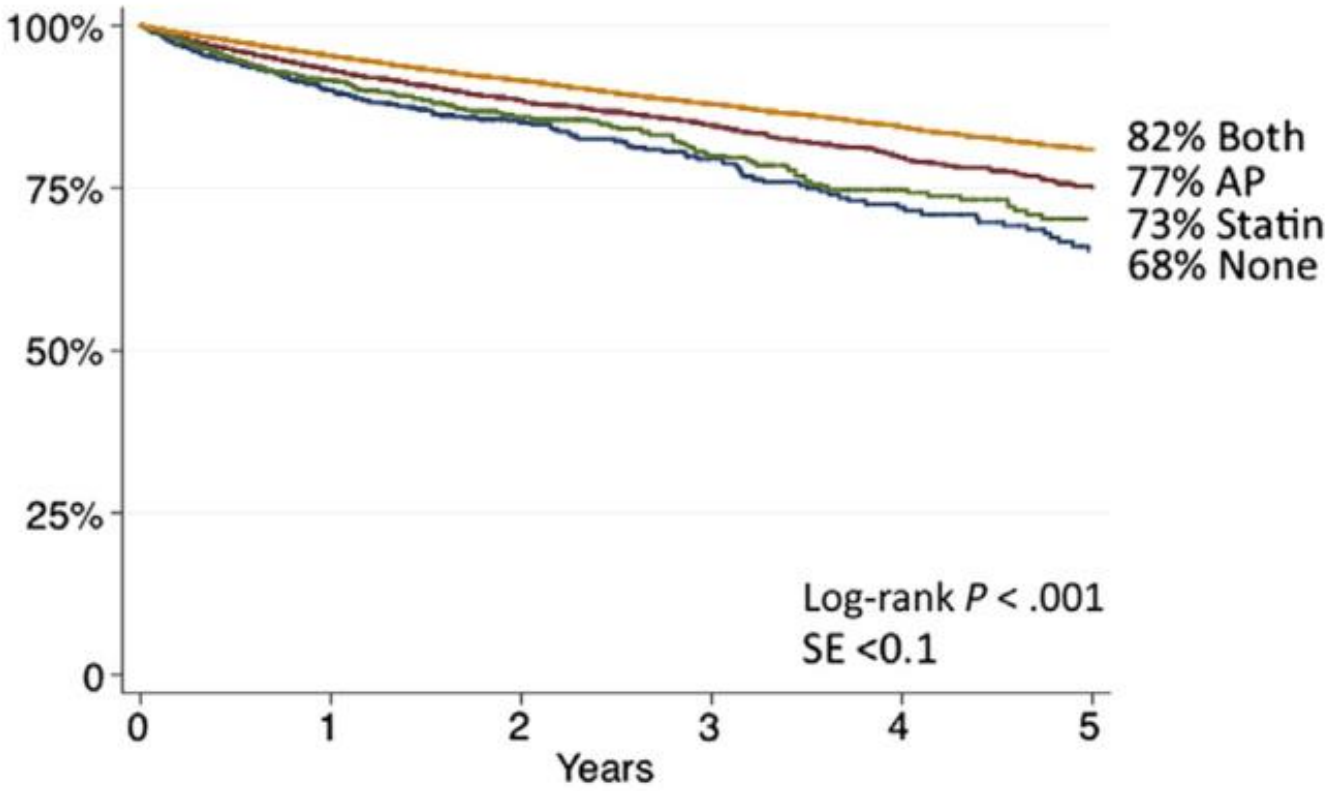
100%
75%
50%
25%
0
0
1
2
3
4
5
Years
82% Both
77% AP
73% Statin
68% None
Log-rank P < .001
SE <0.1

- Efforts to improve medication use have been underway in the VQI for about a year

- Targeted efforts were in
  - Push reports
  - Education

Want to Improve 5-Year Survival? Check the Meds…

Antiplatelet (AP) and statin medications are an important component to treatment, but a third of eligible post-op VQI patients leave the hospital without these medications. **Those patients on AP and statins had a 14% absolute survival benefit and 40% adjusted improved survival.**

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Survival by Discharge Medications

No AP or statin | AP & Statin

- For every 25 patients treated, discharge on an antiplatelet agent and statin medication is associated with 3.5 additional patients alive at 5 years!

- VQI participation is highly associated with improvement in medication use

Conclusion:

Medical management is associated with improved survival after a number of vascular procedures. Importantly, VQI participation improves the use of medical management, demonstrating that involvement in an organized quality effort can affect patient outcomes.

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Source: De Martino RR, Hoel AW, Beck AW, Eldrup-Jorgensen J, Hallett JW, Upchurch GR, Cronenwett JL, Goodney PP; Vascular Quality Initiative. J Vasc Surg. 2015 Jan 15. pii: S0741-5214(14)02200-9. doi: 10.1016/j.jvs.2014.11.073

National QI Initiative to Increase Statin Use

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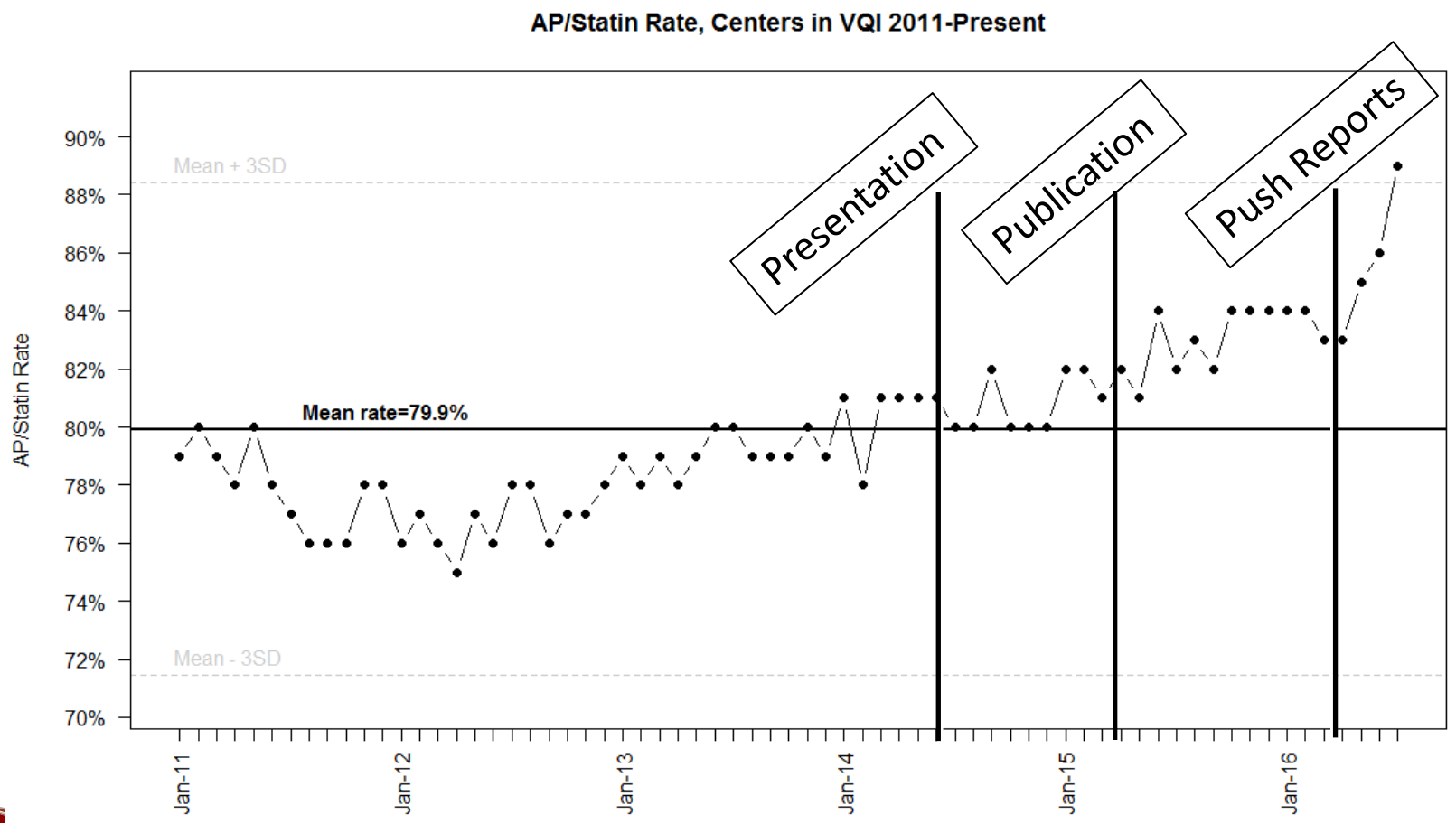

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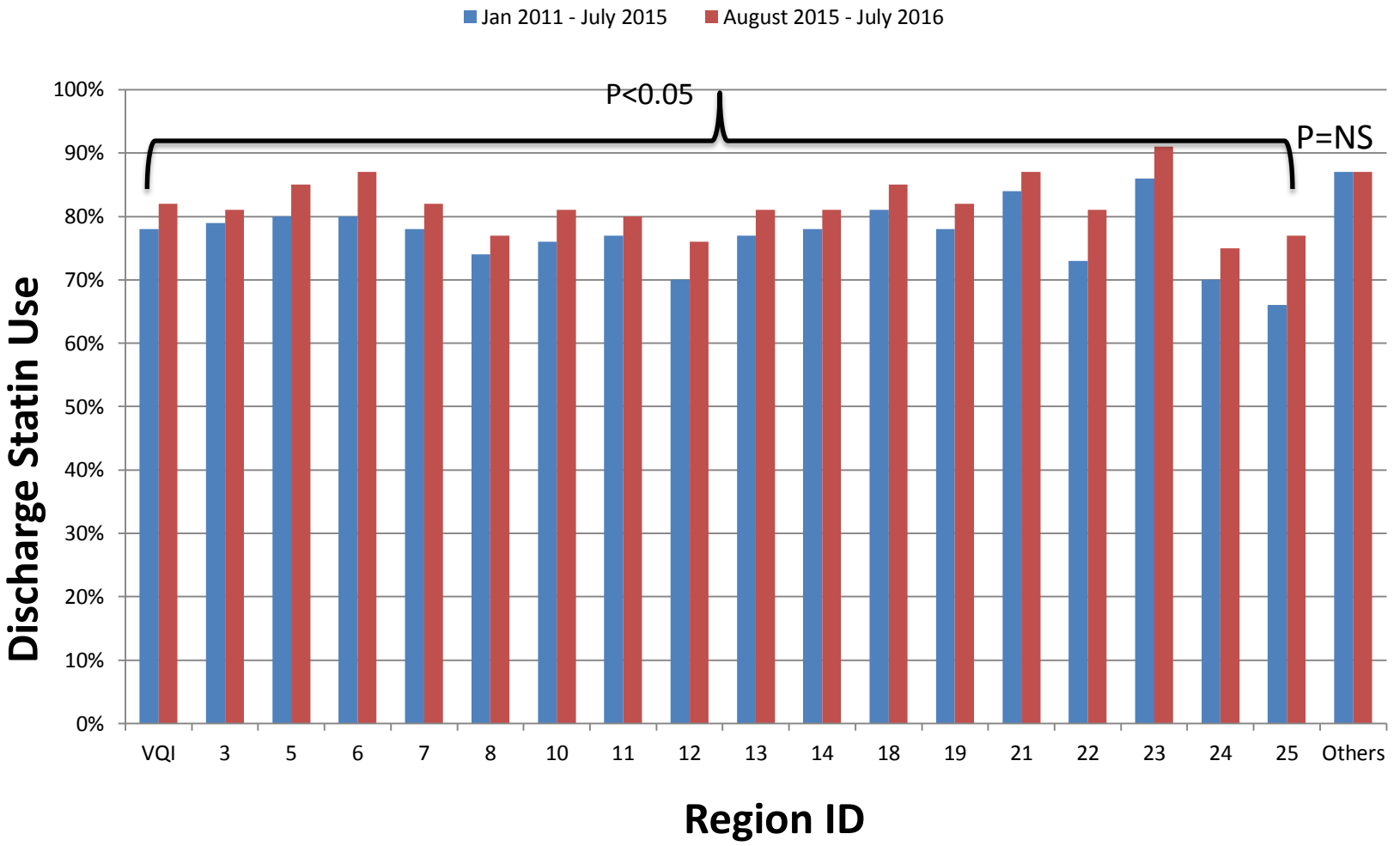
Regional Participation Is Important



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Learning Points

- Not all patients are getting appropriate medical treatment before or after their vascular operation
- Some centers can reach 100%, others less so
- Type of surgery seems to impact medication use
- Medication use after surgery is associated with overall survival

Learning Points

- Length of participation in VQI appears to improve medication use
  - Participation in regional meeting may be important
  - Review of center level data is necessary
  - Processes need to be developed at each institution to make improvements

Approach to Prescribing

- Does your patient have an indication for statin use?
  - Answer for nearly all patients in VQI will be yes because they have clinically evident atherosclerotic cardiovascular disease
  - That may not apply to all patients…
    - Maybe a younger patient with vasculitis
    - Popliteal artery aneurysm, etc

Aspirin Prescribing

- Fairly simple
- Aspirin 75-325mg (typically 81mg) daily
  - To reduce the risk of MI, stroke, or vascular death
    - Level IB recommendation
  - Higher doses (325mg) have been associated with higher bleeding risks without other clinical benefit
- Clopidogrel (Plavix) is a reasonable alternative to aspirin

Rooke. J Vasc Surg 2011.

Statin Prescribing

- A tad more complex
- Statins carry the risk of
  - Muscle aches
  - Liver damage
  - Elevated blood sugar
- Start with do they need to be on a statin?

Statin Prescribing

- Baseline laboratory measurements
  - Fasting lipid panel
  - ALT
  - CK (if indicated)
- Initiate high vs intermediate does statin as indicated by guidelines
- Reassess lipid panel in 4-12 weeks
- Many reactions to medication may be mediated by reduction of dose or transition to a different statin

Uncomfortable Prescribing

- Most common reason
  - I don't manage these medications
  - Not appropriate for me to start therapy
  - PCP needs to start/monitor
  - Etc, etc
- Not a reason to skip treatment

Uncomfortable Prescribing

- Check baseline labs
- Prescribe appropriate dose statin
- Inform PCP of medication change and allow follow up

Tools available

- Data!
- Online resources through M2S

Resource Library
Reporting
Quality Improvement
Discharge Medication Communications
Quality Research
VQI Risk Calculators
Time Savings Calculator
Long Term Follow Up
Data Quality and Integration
Regulatory Guidelines
TCAR Surveillance Project
News Archive

Discharge Medication Communications

As part of the QI process, vascular specialists are encouraged to communicate with primary care physicians, patients and other providers regarding the use of discharge medications.

Below please see links to sample communications currently in use within the VQI:

Risk Factor Modification

Risk Factor Modification Letter – Patient

Risk Factor Modification Letter – Physician

Sample Letters by Type of Medication (Hospital Setting)

Aspirin
Letter to Patient
Letter to Physician

ACE Inhibitor
Letter to Patient
Letter to Physician

Beta Block
Letter to Patient
Letter to Physician

Statin
Letter to Patient
Letter to Physician

Multiple Medications
Letter to Patient
Letter to Physician

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Discharge Medications: Reaching and Sustaining our Goal of 100%

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Discharge Medications Data

2012 and 2013 Procedures (**as of 6/1/2014**)
Excludes missing, not treated for medical reason, and non-compliant

	% Antiplatelet & Statin	% Antiplatelet only	% Statin only	% Neither	Number of procedures
CEA	72%	18%	5%	5%	79
EVAR	46%	8%	27%	19%	52
INFRA	69%	23%	4%	4%	26
OAAA	43%	29%	0%	29%	7
PVI	57%	28%	4%	11%	101
SUPRA	70%	22%	0%	9%	23
Overall (Cadence)	61%	20%	8%	10%	288
Your Region	73%	19%	4%	5%	4413
VQI	72%	19%	4%	4%	128772

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Problem Statement

The first step in decreasing mortality rate and increasing graft patency at one year and five years in the PVI patient is to prescribe antiplatelet and statin therapy at discharge (Steppacher, 2014). Yet, only 61% of eligible PVI patients at Cadence Health are discharged on these medications (M2S, 2014).

Literature Substantiates the Problem

- Peripheral vascular surgical patients have a high rate of associated cardiovascular disease.
- According to De Martino et al. (2014) only eight percent of patients undergoing major vascular procedures have non-diseased coronary arteries. These patients have a higher risk of heart attack and stroke compared to the normal population.
- 75% of patients with peripheral artery disease ultimately die from cardiovascular disease (De Martino et al., 2014).
- Evidence shows that patients who have had peripheral vascular interventions (PVI), which include arterial bypass surgery and endovascular procedures, benefit from antiplatelet and statin therapy (De Martino et al., 2014; Brown et al., 2011).

Literature Provides a Solution

- Grafts fail for two reasons: 1) stenosis and 2) thrombus formation (Brown et al., 2011).
- The **solution** to increase graft patency and survival rate is for patients to take antiplatelet and statin medications after their procedures (Brown et al., 2011; DeBruin et al., 2014).
- A 15 study meta-analysis showed the use of platelet inhibitors resulted in improved venous and artificial graft patency compared to no treatment (Brown et al., 2011).
- In prescribing statins, de Bruin et al. (2014) reported a reduction of mortality and cardiac events in patients receiving lipid lowering therapy (De Bruin et al., 2014).

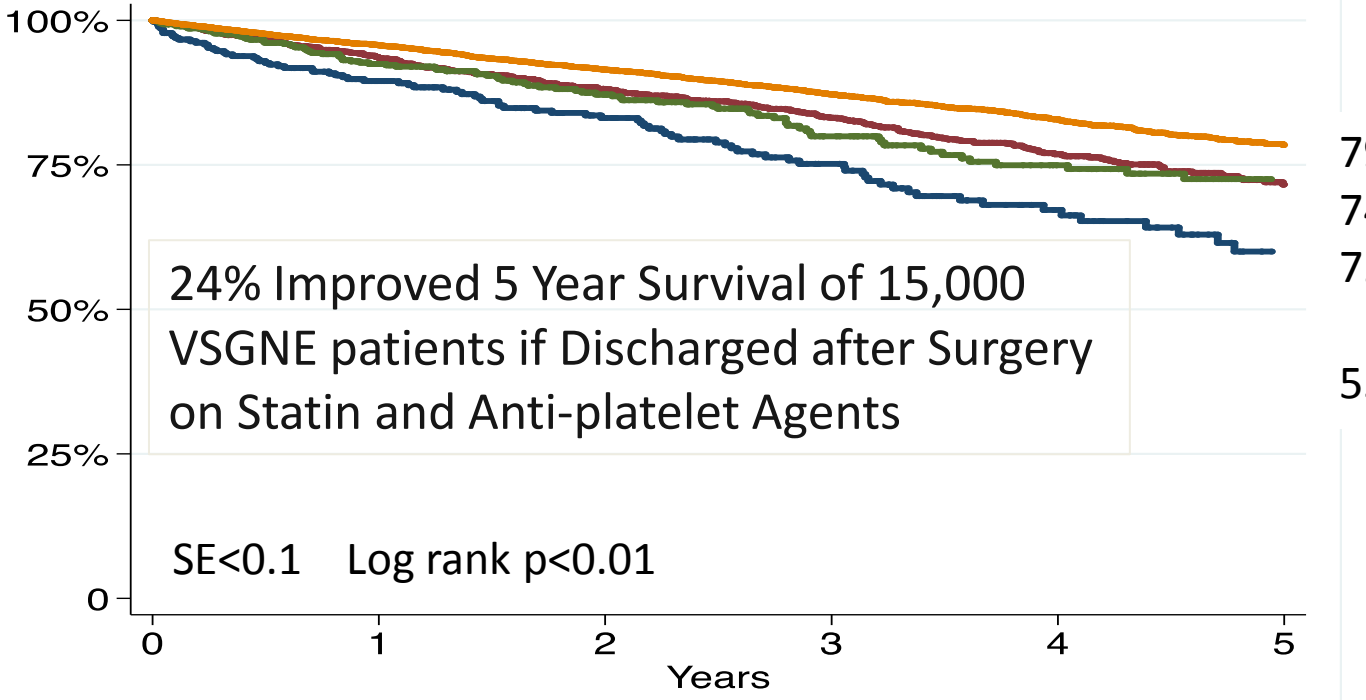
Analysis of Context

- Cadence Health
  - Central Dupage Hospital
  - Delnor Community Hospital
  - Bed capacity of 490
  - High private insurance based payor mix and Medicare patients with Part A and B supplemental coverage
  - The average age of the PVI patient at Cadence Health is 66 years old
  - February 2012 – Formed a regional vascular study group, The Mid-America Vascular Study Group (MAVSG), through the SVS VQI.
  - Stakeholders

Scope of Project

- Educate PVI providers
- Revise vascular discharge order sets
- Utilize the expertise of pharmacists and care coordinators
- Ensure that 76% of all eligible PVI patients are discharged from Cadence Health on an antiplatelet and statin medication within six months of project implementation
- Ensure that 95% of eligible PVI patients are discharged on an antiplatelet and statin medication at one year of project implementation

5 Year Survival By Discharge Medication - VSGNE



79% Both
74% Statin
72% Anti-Platelet
55% None

De Martino,R. R., Eldrup-Jorgensen, J., Nolan, B. W., Stone, D.H., Adams, J.,…Goodney, P. P. ((2014). Perioperative management with antiplatelet and statin medication is associated with reduced mortality following vascular surgery. *Journal of Vascular Surgery. 1* -7.

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Implementation

Methodology

- The Plan-Do-Check-Act (PDCA) process improvement model
  - **Plan**. Recognize an opportunity and plan a change.
  - **Do**. Test the change. Carry out a small-scale study.
  - **Check** (**Study**). Review the test, analyze the results and identify what was learned.
  - **Act**. Take action based on what was learned in the study step: If the change did not work, go through the cycle again with a different plan. If successful, incorporate what was learned from the test into wider changes. Use what was learned to plan new improvements, beginning the cycle again

Implementation

PDCA Cycle	Implementation/Outcomes	Analysis
Plan	• Revise 100% of PVI provider discharge order sets to reflect AP and statin medication options.	• Completed. Utilized IT and Pharmacist.
	• Notify all PVI providers of the new SVS guidelines and initiative.	• Completed. Meetings and email.
	• Meet with care coordinators to identify programs to aid patients in obtaining medications, if needed.	• Completed. In-house medication assistance programs, pharmaceutical company programs, government subsidies, and retail pharmacies (Meijer, Walmart, and Target).
	• Prescribe antiplatelet and statin medication for all PVI patients at hospital discharge. Target – 25% increase at six months post implementation and another	• Completed. Will discuss in later slides.
	• 25% increase at one year post implementation.	• January 2016

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Implementation

PDCA Cycle	Implementation/Outcomes	Analysis
Do	• Educate/train prescribers September, 2014 • Implement the project January, 2015	• Completed. Vascular surgeons, IR, and vascular APNs were shown discharge order medication templates and were able to add to their own order sets. • Done.

Discharge statin/antiplatelet orders

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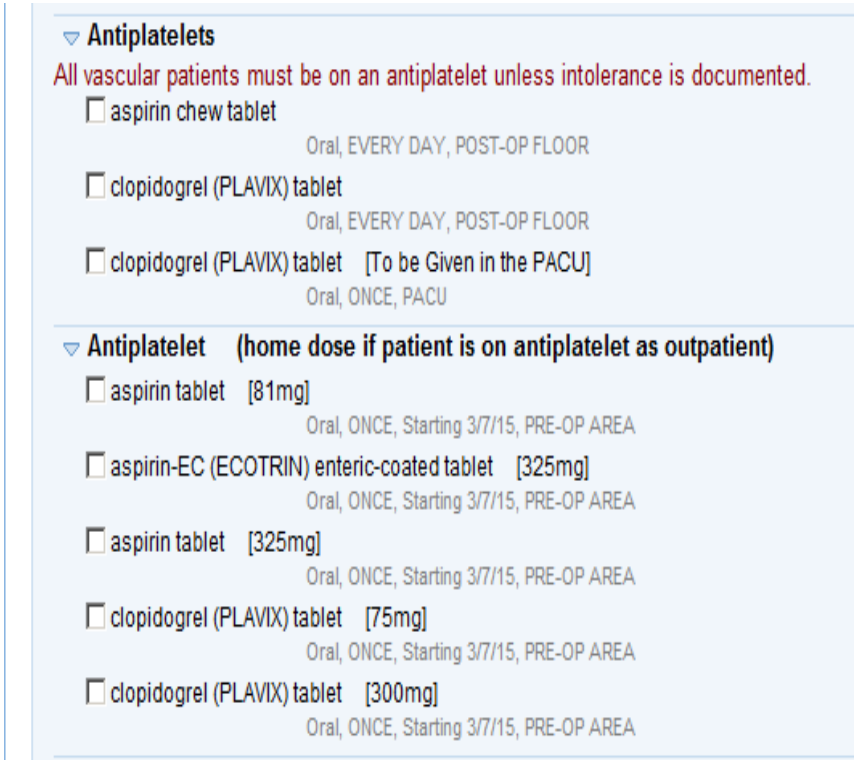


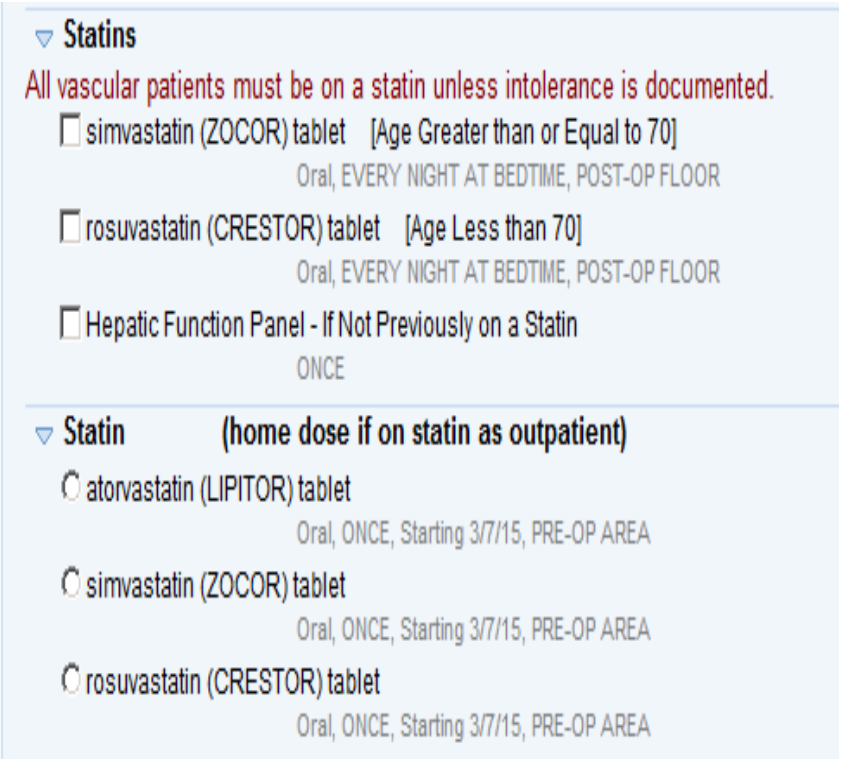
Antiplatelets

All vascular patients must be on an antiplatelet unless intolerance is documented.

- ☐ aspirin chew tablet
  Oral, EVERY DAY, POST-OP FLOOR
- ☐ clopidogrel (PLAVIX) tablet
  Oral, EVERY DAY, POST-OP FLOOR
- ☐ clopidogrel (PLAVIX) tablet [To be Given in the PACU]
  Oral, ONCE, PACU

Antiplatelet (home dose if patient is on antiplatelet as outpatient)

- ☐ aspirin tablet [81mg]
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA
- ☐ aspirin-EC (ECOTRIN) enteric-coated tablet [325mg]
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA
- ☐ aspirin tablet [325mg]
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA
- ☐ clopidogrel (PLAVIX) tablet [75mg]
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA
- ☐ clopidogrel (PLAVIX) tablet [300mg]
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA



Statins

All vascular patients must be on a statin unless intolerance is documented.

- ☐ simvastatin (ZOCOR) tablet [Age Greater than or Equal to 70]
  Oral, EVERY NIGHT AT BEDTIME, POST-OP FLOOR
- ☐ rosuvastatin (CRESTOR) tablet [Age Less than 70]
  Oral, EVERY NIGHT AT BEDTIME, POST-OP FLOOR
- ☐ Hepatic Function Panel - If Not Previously on a Statin
  ONCE

Statin (home dose if on statin as outpatient)

- ○ atorvastatin (LIPITOR) tablet
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA
- ○ simvastatin (ZOCOR) tablet
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA
- ○ rosuvastatin (CRESTOR) tablet
  Oral, ONCE, Starting 3/7/15, PRE-OP AREA

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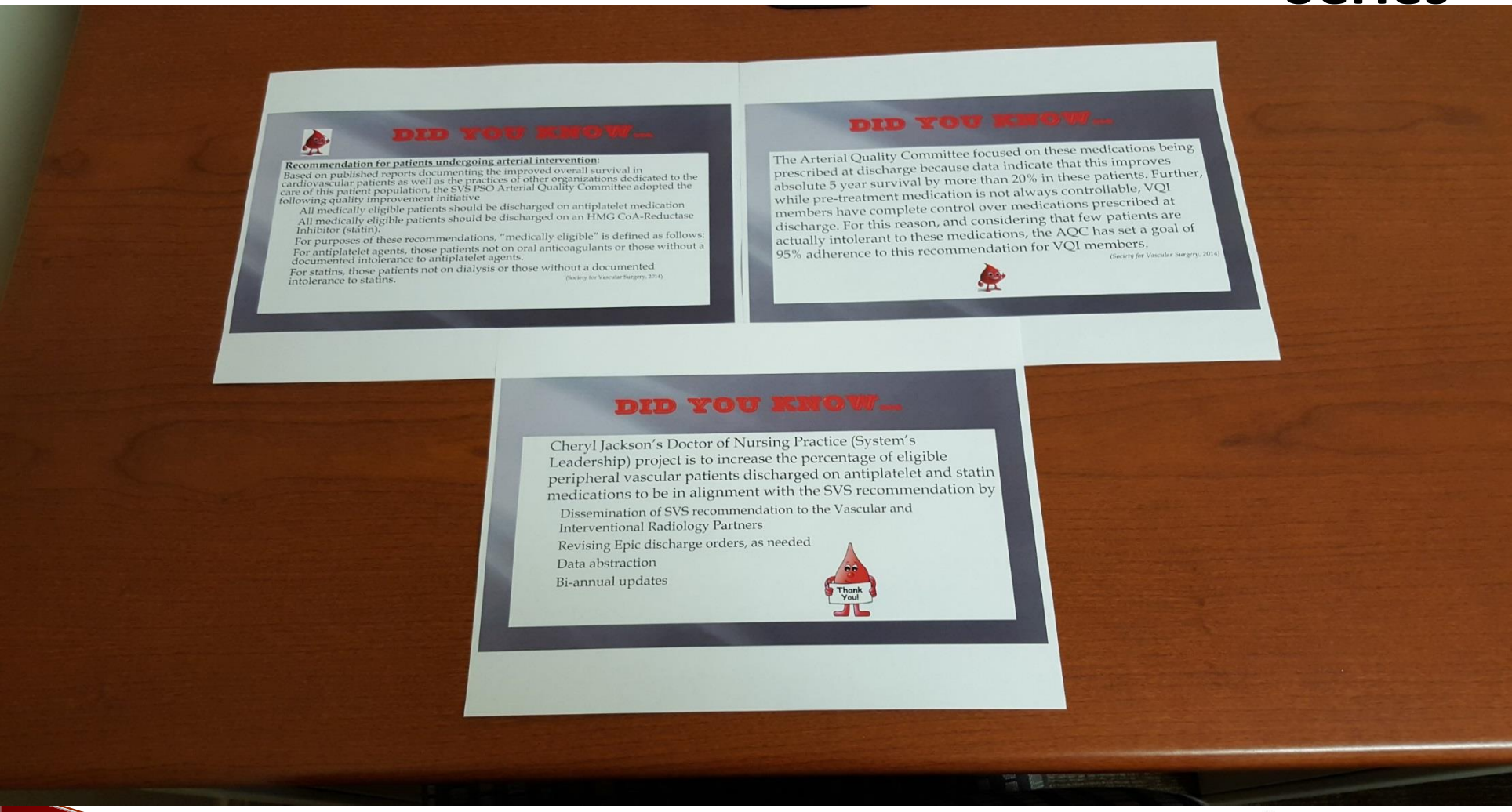

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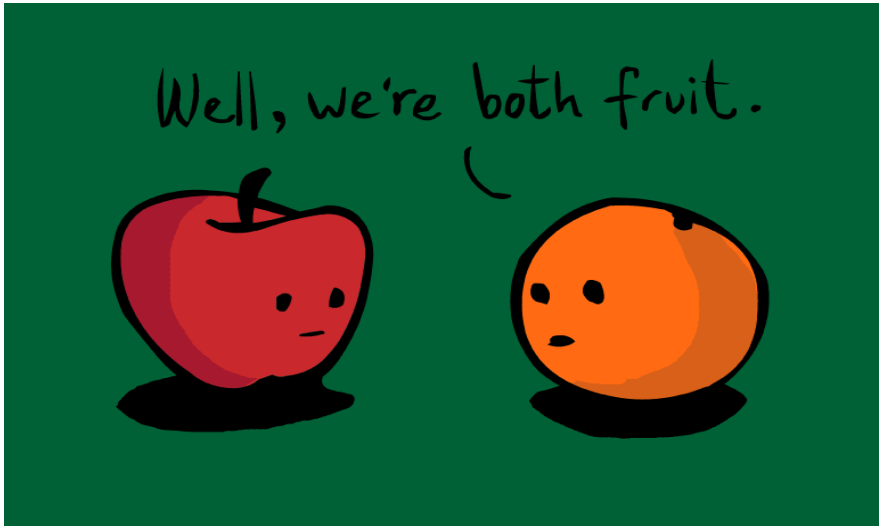
Outcome Analysis

PDCA Cycle	Implementation/Outcomes	Analysis
Check	• Perform daily checks for medication compliance prior to the PVI patient's discharge. • Verify that 76% of eligible PVI patients are discharged on an antiplatelet and statin medication at six months after project implementation (June, 2015). • Verify that 95% of eligible PVI patients are discharged on an antiplatelet and statin medication at one year after project implementation (January, 2016). • Data will be displayed in table format including aggregate data of all statin and antiplatelet medication prescribed, then separated by antiplatelet only, statin only, and neither.	• Change in the process • Completed. Reports verified that goal was met. • January 2016 • Completed

Outcome Analysis

- Validity



- Interventional Radiologists

Outcome Analysis

Discharge Medications – After Education and Training – Project Implementation
January 1, 2015 – June 30, 2015 Procedures (**as of September 2015**)
Excludes missing, not treated for medical reason, and non-compliant

	% Antiplatelet & Statin	% Antiplatelet only	% Statin only	% Neither	Number of procedures
CEA	96%	4%	0%	0%	22
EVAR	33%	33%	0%	33%	3
INFRA	33%	67%	0%	0%	3
OAAA	N/A	N/A	N/A	N/A	0
PVI	75%	25%	0%	0%	36
SUPRA	50%	50%	0%	0%	2
Overall (Cadence Health)	77%	21%	0%	2%	66
Regional	75%	20%	3%	2%	1,661
VQI (National)	76%	19%	2%	3%	25,585

(M2S, 2015)

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Sample PCP Letter Template

Physician Letter for Risk Modification

Date: @TD@
RE: @NAME@
UCM MRN: @MRN@
DOB: @DOB@

Dear Dr. @PCP@,

We had the pleasure of seeing @NAME@ in our office recently in consultation. @CAPHE@ has a history of Peripheral Vascular Disease (PVD). As you know, PVD is linked to other adverse cardiovascular events, and there are a number of risk factor modification measures that have been demonstrated by a growing body of literature to improve the long-term outcomes of these patients.

Our group is an active participant in The Society for Vascular Surgery's Vascular Quality Initiative (SVS VQI), which actively promotes risk factor modification measures including such things as: exercise regimens, smoking cessation, statin therapy, anti-platelet therapy, and control of hypertension in patients undergoing vascular procedures.[1,2,3]

In preparation for a vascular intervention, we may have started new medications on our mutual patient, and we wanted to make sure that you are aware. If @NAME@ has been started on a new medication, and you have no objections, please make arrangements for the appropriate clinical follow-up, which we would like to defer to you as the primary physician.

New medications started:
{VAS VQI MEDS STARTED}

(Note: is there a SmartLink for new meds started in clinic?)

Thank you very much for your consideration and continued care of our shared patient. Please do not hesitate to contact our office at (XXX) XXX-XXXX or via EpicConnect if you have any questions.

Sincerely,

@ME@

{VAS VQI MEDS STARTED} Type: Multi
Beta-blocker
Statin
ACE Inhibitor/ARB
Anti-platelet therapy

[1] P.P. Goodney, J. *A regional Quality Improvement Effort to Increase Beta Blocker Administration Before Vascular Surg.* 2011, 53: 1316-1328.e1 discussion; 1327-8.
[2] Stalenhoef AF. *The Benefit of Statins in Non-Cardiac Vascular Surgery Patients.* J Vasc Surgery 2009; 49:260-5.
[3] Paraskevas, KI. et. al. *Statins and Noncardiac Vascular Disease.* Current Opinion in Cardiology; 27(4), July 2012 p. 392-397.

(Steppacher, 2014)

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Outcome Analysis

Discharge Medications – After Email Communications (Re-education)

February 1, 2015 – July 31, 2015 Procedures (**as of September 2015**)
Excludes missing, not treated for medical reason, and non-compliant

	% Antiplatelet & Statin	% Antiplatelet only	% Statin only	% Neither	Number of procedures
CEA	100%	0%	0%	0%	19
EVAR	50%	50%	0%	0%	2
INFRA	N/A	N/A	N/A	N/A	0
OAAA	N/A	N/A	N/A	N/A	0
PVI	82%	18%	0%	0%	28
SUPRA	100%	0%	0%	0%	1
Overall (Cadence Health)	88%	10%	0%	2%	50
Regional	76%	20%	2%	2%	1,363
VQI (National)	76%	19%	2%	3%	21,139

(M2S, 2015)

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Recommendations/Implications

PDCA Cycle	Implementation/Outcomes	Analysis
Act	• If the project was unsuccessful, go through the cycle again with a different plan. If successful, incorporate changes into the day-to-day practice of PVI providers. • Success = ≥ 76% overall prescribed • Benchmark against other hospitals within the region and nationally who participate in the SVS VQI.	• Project was successful for the first six months. The goal of 76% was surpassed. Continue with current processes. • Antiplatelets and statins are in the PVI discharge order sets. • New vascular providers will use the established order sets and will be educated to this evidence based, best practice.

Recommendations/Implications

- Sustainability
  - System level changes were implemented
    - The antiplatelet and statin medications are imbedded in the discharge order sets
    - Electronic Medical Record
    - Process easily transferable
- Implication
  - Correlate Go With the Flow project to readmission rates for the PVI patient population

Lessons Learned

- Identify all stakeholders
- Validity
- Be patient
- Be vigilant
- Be realistic

Dissemination of Findings

- Organization (System)
  - Stakeholders
  - Direct care givers
  - Upper management
- Publications
  - *Association of peri-Operative Registered Nurses*
  - *Journal of Vascular Nursing*

Summary

The first step in decreasing mortality rate and increasing graft patency at one year and five years in the PVI patient is to prescribe antiplatelet and statin therapy at discharge.

QI Project Charter – Template

QI Webinar Series

Project Overview

Problem Statement:

Goal:

Scope:

Deliverable(s):

Resources Required:

Key Metrics

Outcome Metrics:

Process Metrics:

Milestones

Milestone / Description:

Date (mm/yy):

Team Members

Exec Sponsor:

Sponsor:

Project Leader:

Clinical Sponsor:

Process Owner:

Team Members:

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QI Project Charter

QI Webinar

Project Overview

Problem Statement: Discharge Medication Example from Hospital A

Only **61**% of eligible vascular procedure patients at Hospital X are discharged on antiplatelets and statins. Increasing the prescribing rate of antiplatelet and statin therapy for vascular procedure patients at discharge increases graft patency and increases survival at one year and five years post procedure.

Problem Statement

What is wrong with our current process? Why do we care? Create a statement that is specific, measurable and relevant. Include data or use placeholders until you get the data.

Goal: Example

- Twenty-five percent increase in prescribing rates at six months postproject implementation. Verify that 76% of eligible vascular procedure patients are discharged on an antiplatelet and statin medication at six months after project implementation (June, 2015).
- Another 25% increase at one year post implementation. Verify that 95% of eligible vascular procedure patients are discharged on an antiplatelet and statin medication at one year after project implementation (January, 2016).

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Goal: What do we want to achieve and when do we want to achieve it?

QI Project Charter

QI Webinar

Project Overview

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Goal: What do we want to achieve and when do we want to achieve it?

QI Project Charter

QI Webinar Series

Key Metrics	Milestones
Outcome Metrics: Example Increased one and five year survival rates for vascular procedure patients that were discharged on antiplatelet and statin medications.	**Milestone / Description Example** Date (mm/yy): • Confirm baseline information using VQI data • Notify and educate all vascular procedure providers on the new initiative. • Contact IT for guidance in adding templates • Meet with care coordinators to identify programs to aid patients in obtaining medications, if needed. • Revise 100% of provider discharge order sets to reflect AP and statin medication options.
Outcome Metrics "How will you know the project is successful?" e.g., LOS, surgical site infections	**Milestone / Description:** Complete 'QI Project Overview' Confirm baseline outcome metric Identify root cause / hypothesis Identify potential improvement(s) Implement improvement(s) Evaluate progress & confirm action plan
Process Metrics: Example • Verify that 76% of eligible vascular procedure patients were discharged on an antiplatelet and statin medication at six months after project implementation using VQI and/or EMR data. • Verify that 95% of eligible PVI patients were discharged on an antiplatelet and statin medication at one year after project implementation using VQI registry data and reports using VQI and/or EMR data.	
Process Metrics: "How will you ensure the interventions you implement are being completed?" e.g., % pts on progressive care unit, % discharged patients on statins and anti-platelets Rx	

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QUESTIONS?????