



UF Health Success to Implement the Discharge Summary Template for Discharge Statin/Antiplatelet Therapy

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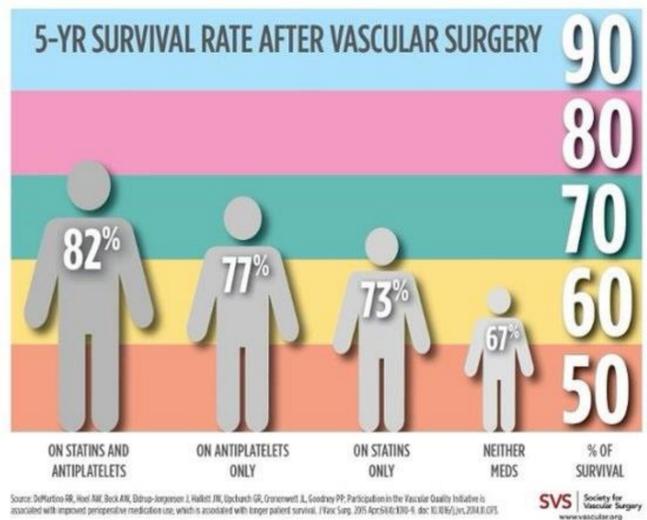


Background

Patients undergoing vascular surgical procedures have a high rate of coronary artery and cerebrovascular disease, such that 75% of these patients ultimately die of cardiovascular causes. Antiplatelet and statin medications have shown to reduce cardiovascular events.

The American Heart Association (AHA) and the American Stroke Association (ASA) have released updated guidelines on preventing recurrent stroke in patients who have had a previous stroke or TIA.

MARA LAMBERT
 Published source: *Stroke*, January 2011
 Available at: <http://stroke.ahajournals.org/cgi/content/full/42/1/227>



Goals

Apply EPIC discharge summary template to enhance the results of Discharge Statin/Antiplatelet Therapy to reduce the stroke risk after surgery.

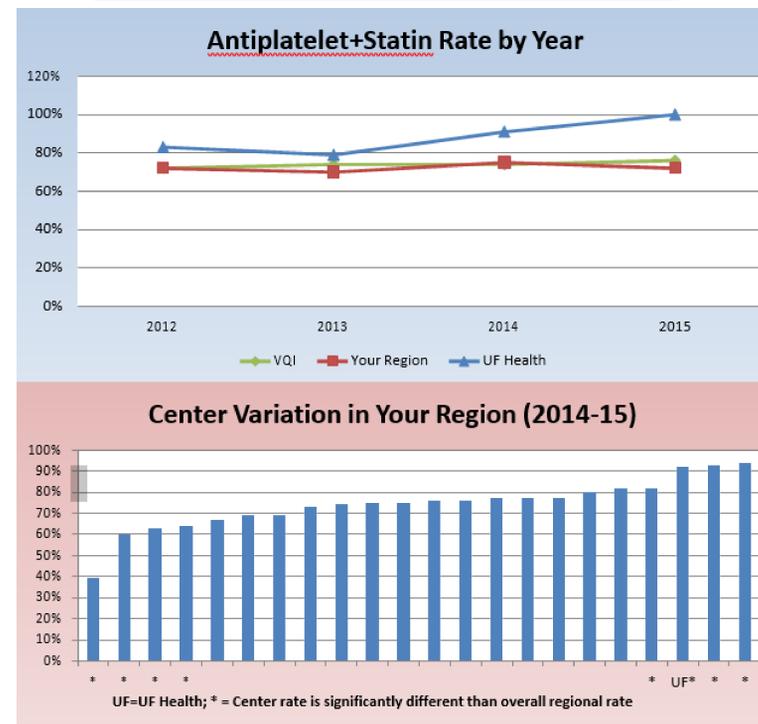
VQI Goal for Discharge Statin/Antiplatelet Therapy: maintains 100% compliance rate other than the Missing Value or No, for medical reason.

Methods

Using the plan-do-check-act cycle as a four-step model for carrying out change. A protocol was developed for a systematic approach to successful post-operative Statin/Antiplatelet Therapy. UF health Vascular division middle-level provider worked with EPIC team in 2013. The discharge template was designed to hard force staff to enter the medicine in EPIC discharge summary report. Beginning in October 2013, prospective data were obtained and maintained within the VQI registry. Results were checked bi-annually.

Results

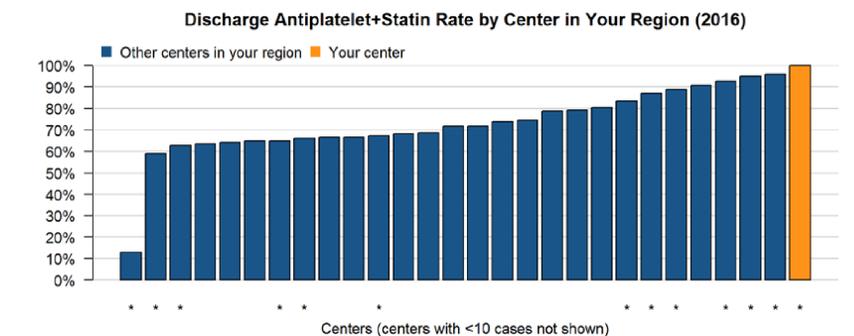
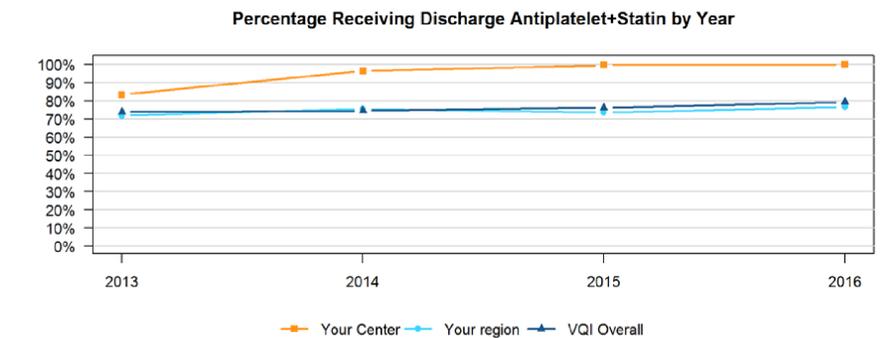
Figure I



Our division met the goal as 100% in May 2015 and currently maintains this rate. We are above regional's (73%) and national's (75%) as well as our group's historical VQI compliance rate (82%) at a significant level ($P < 0.01$). Report from VQI: Discharge Medications (January 2014-May 2015) Excludes missing, not treated for medical reason and non-compliant.

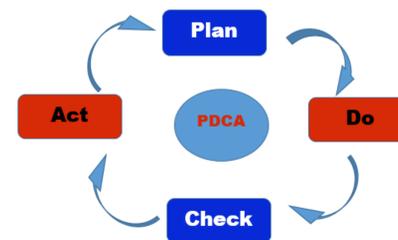
Figure II

Excludes patients who died in hospital and patients who were not treated for medical reason or non-compliant. The table below shows the number of procedures in the VQI as of Jan. 1, 2017, and the percentage of patients receiving discharge medications.



Lessons Learned

The discharge template has been implied in EPIC since October 2013. However, some new staff did not fully understand the importance of medication reconciliation as part of our Evidence-Based Practice Implications and deleted those templates which caused our compliance rates to be below 100% in 2013 and 2014. After VQI Spring Meeting in GA, education was provided for the new staff and VQI results were re-checked bi-annually to close the loop.



Success Factors

- Clearly Identify Responsibilities for the Process--Health care professionals need to clearly identify team roles and responsibilities;
- Design Education Programs for new Health Care Professionals-- Education programs need to include the steps being put into place to make a safer system for patients;
- Design and Implement a Monitoring Process-- Auditing tools should be designed to assist health care settings in tracking their findings over time. Share results with providers so they are able to note progress over time;
- Educate Patients and Family Members to Serve as Advocates-- Patients may not be accurate historians, educating patients about their medications allows them to keep better track of the medications they are taking.