

Impacting Hospital Documentation: Developing a Physician Reference Tool



Indiana University Health

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Vascular Quality Initiative®

Overview: The Vascular Quality Initiative (VQI) is a Patient Safety Organization (PSO) dedicated to improve vascular patient care. The base on assessing outcome for process improvement lies in accurate data capturing for analysis of current performance and therefore projects for improving outcomes. With Indiana University Health's (IUH) participation in the Vascular Quality Initiative (VQI), the team identified areas where the documentation of history, procedure and postoperative could be improved for vascular patients records. The goal was to create a tool that could be used as an accessible resource for stakeholders to ensure important data points on patient care are properly documented, which would aid in reducing addendums.

Background: IUH Methodist Hospital is a participant in the Vascular Quality Initiative sponsored by Society of Vascular Surgery. IUH Methodist Hospital participates in 8 modules with robust data capturing. The Integrated Vascular team includes: physician champions, directors of cardiovascular services, Vascular Surgery, Interventional Radiology, Interventional Cardiology, Neuroscience, Anesthesia, care management, clinical nurse specialists, and registry data coordinators.

Monthly Integrated Vascular Quality and Process Improvement sessions are held to address barriers, opportunities for improvement and assess the progress made. Through review of the VQI data, the team recognized an opportunity for improvement in the documentation and accurate data capturing. The team developed a tool to improve documentation by focusing on key data points of the participating vascular registries.

Method: The data manager collaborated with the Physician Champion and Quality Department to develop six reference cards with most common missed data points across 8 procedure types. The reference cards were made laminated for durability, postcard size to fit lab coats and scrubs and ring binding to add/update as needed. This collaboration occurred via scheduled meetings, emails and phone calls. Within this partnership, there was an expressed need to focus on high-priority resources that would have the most impact on vascular procedures and other useful tools for providers (Rupture AAA Mortality Risk and CMS CAS Recertification). These were outlined as PVI, Bypass, Carotids and AAA resources. The format was presented to the Cardiovascular Service Line for approval and funding was authorized for printing. The cards were shared across multidisciplinary teams at IUH Methodist Hospital.

Figure 1 Physician Reference Cards

The figure displays six physician reference cards from Indiana University Health, designed for use in lab coats or scrubs. The cards are organized into three columns:

- Column 1: PVI (Peripheral Vascular Intervention)**
 - PVI - Aorto-Iliac:** TASC Classification, Type A Lesions, Type B Lesions, Type C Lesions, Type D Lesions.
 - PVI - Femoral-Popliteal:** TASC Classification, Type A Lesion, Type B Lesion, Type C Lesion, Type D Lesion.
 - PVI - Infrapopliteal:** TASC Classification, Type A Lesions, Type B Lesions, Type C Lesions, Type D Lesions.
- Column 2: Carotids and Bypass**
 - PVI and BYPASS:** Things to document for PVI (History, Operative, Postoperative).
 - CAROTIDS:** Things to document for All Extracranial Carotid Arteries, CMS CAS High Surgical Risk Criteria, Modified Rankin Scale.
- Column 3: AAA (Abdominal Aortic Aneurysm)**
 - AAA:** Mortality Risk table for Rupture AAA, Things to document in Open AAA, Things to document in TEVAR, FEVAR, EVAR.

The AAA mortality risk table is as follows:

FACTORS	Mortality Risk OAAA	Mortality Risk EVAR
1 Factor	30%	9%
2 Factors	80%	37%
3 Factors	82%	70%
4 Factors	100%	100%

The AAA card also includes a diagram of Arterial Zones (1-11) and a list of things to document for TEVAR, FEVAR, and EVAR.

Results: The Physician Reference Cards (Figure 1) was completed in the third quarter of 2016. To date, the team has received positive feedback from various departments. Due to the feedback received, the cards has been shared throughout centers across the IU Health System and external Healthcare Facilities. The success of this tool triggered the creation of other reference cards to improve documentation within other registries.

Conclusion: The effectiveness of the cards resulted in a marked improvement in documentation for vascular procedures and reduced addendums. Feedback to date has been positive. Next steps include updating the cards to reflect new module expansion in VQI and additional useful resources.

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