

IMPROVING LONG TERM FOLLOW-UP FOR CEA PATIENTS

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PROBLEM STATEMENT

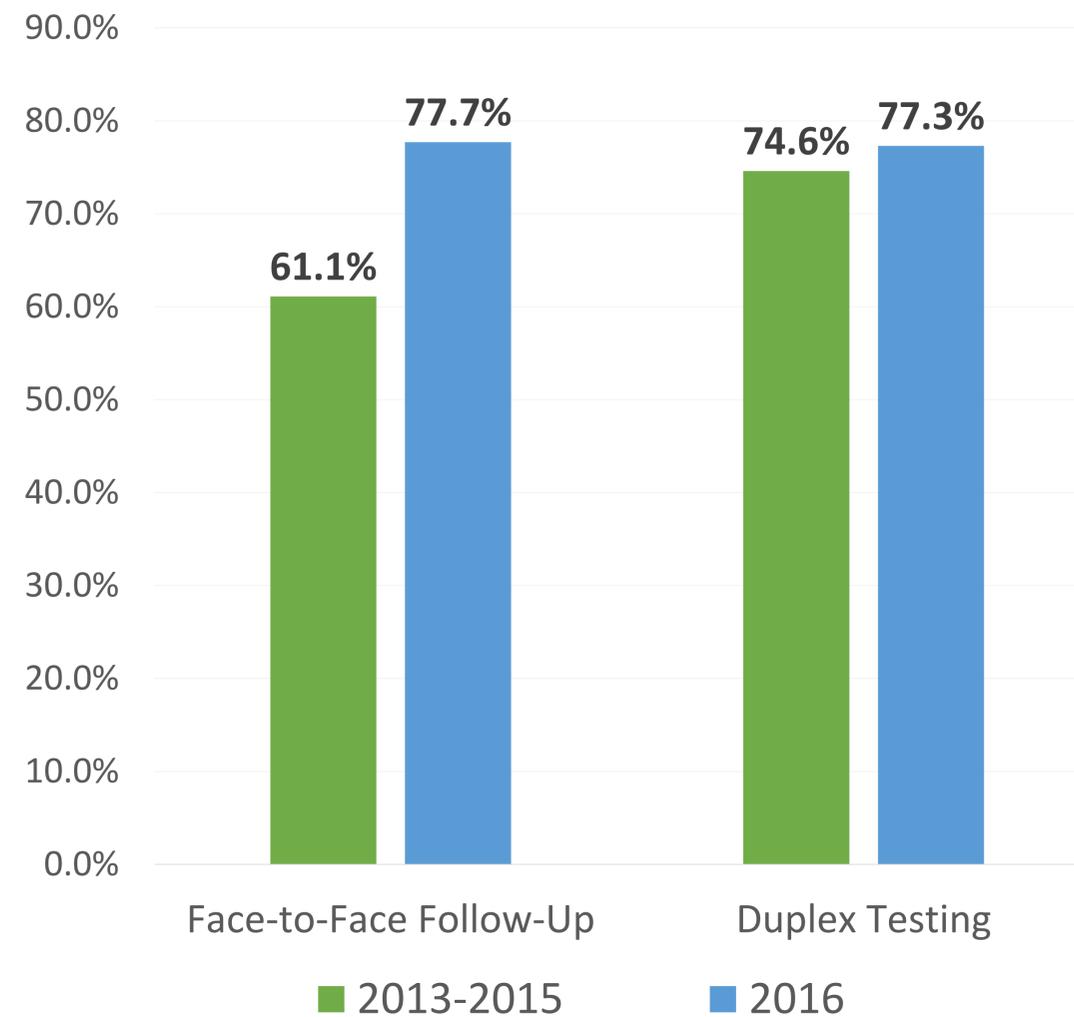
Following the implementation of a new electronic medical record (EMR) system and subsequent abstraction of VQI data for one-year patient follow-up, we identified a large number of patients who were not returning for annual surveillance following carotid endarterectomy (CEA). Unfortunately, we discovered that the existing list of patients for annual surveillance was not carried over to the new system.

GOAL

Identify patients who have failed to return for post-CEA care and re-engage them into an annual surveillance program including face-to-face physician visits and duplex testing. Develop and implement a standardized follow-up process and apply new communication practices for patient contact to minimize those lost to follow-up.

IMPROVEMENT STRATEGIES

A number of strategies were identified, first of which was an agreement with all providers of the largest local vascular practice to standardize their follow-up regimen for postoperative care, thus eliminating variation among physicians and decreasing confusion in office staff. A second strategy was for quality personnel to work directly with office schedulers to notify them of patients due for follow-up and to ensure they were on their office recall list. Last, patients who were identified as overdue for annual surveillance were subject to new, additional measures including a series of three outreach phone calls and a letter to re-establish a connection with the patient. If those attempts failed, a letter would be sent to their primary care providers (PCP) to notify them that their patient was overdue for annual surveillance. PCP's were encouraged to continue surveillance either through the vascular service or their own office to order and review annual surveillance testing.



RESULTS

Following implementation in 2016, the rate of patient annual surveillance is showing promising signs of success. Prior to this initiative, only 61.1% of patients who underwent CEA from 2013 to 2015 were seen for face-to-face follow-up and of those only 74.6% had duplex testing. For 2016 CEA patients, results so far demonstrate that face-to-face contact and duplex testing have increased to 77.3% and 77.7% respectively. A portion of 2016 patients remain in the open follow-up window based on procedure date.

CHALLENGES/LESSONS LEARNED

Our health system's transition to a new EMR as well as considerable staff turnover in the vascular office contributed to poor annual surveillance results in CEA patients. These two factors resulted in delinquent recall lists and lost contact with patients for annual surveillance and ongoing routine care.

SUCCESS FACTORS

A dedicated physician champion led this quality improvement project and a small multidisciplinary work group was tasked with implementation. Following implementation of these initiatives, continual monitoring, improved patient/office communication, and a revamped process for vascular lab surveillance are factors that drive success of this project.