Our Journey to Best Practice Discharge Post Percutaneous Coronary Artery Intervention (PCI)





PROJECT AIM

To improve adherence to best practice discharge standards for post PCI patients between October 2018 and September 2019.

- Achieve 95% compliance with *After Visit* Summary (AVS) Medication Communication Core Measures
- Achieve and maintain 100% compliance with P2Y12 prescribed at discharge

PROJECT DESIGN/STRATEGY

- Development and Utilization of Post PCI Discharge Pathway form
- Implementation of Post PCI AVS medication communication core measures
- Perform monthly P2Y12 unit quality tracers
- Utilize NCDR metrics to drive performance and benchmark to other institutions:
 - Aspirin on discharge
 - P2Y12 medication on discharge
 - Statin on discharge

RESULTS

Since December 2018 COU has maintained 100% compliance with best practice measure P2Y12 prescribed at discharge

Since May 2019 COU has maintained >95% compliance with AVS Medication Core Measures

Benchmark data from NCDR – current quarter Q2 2020 **data not unit specific**

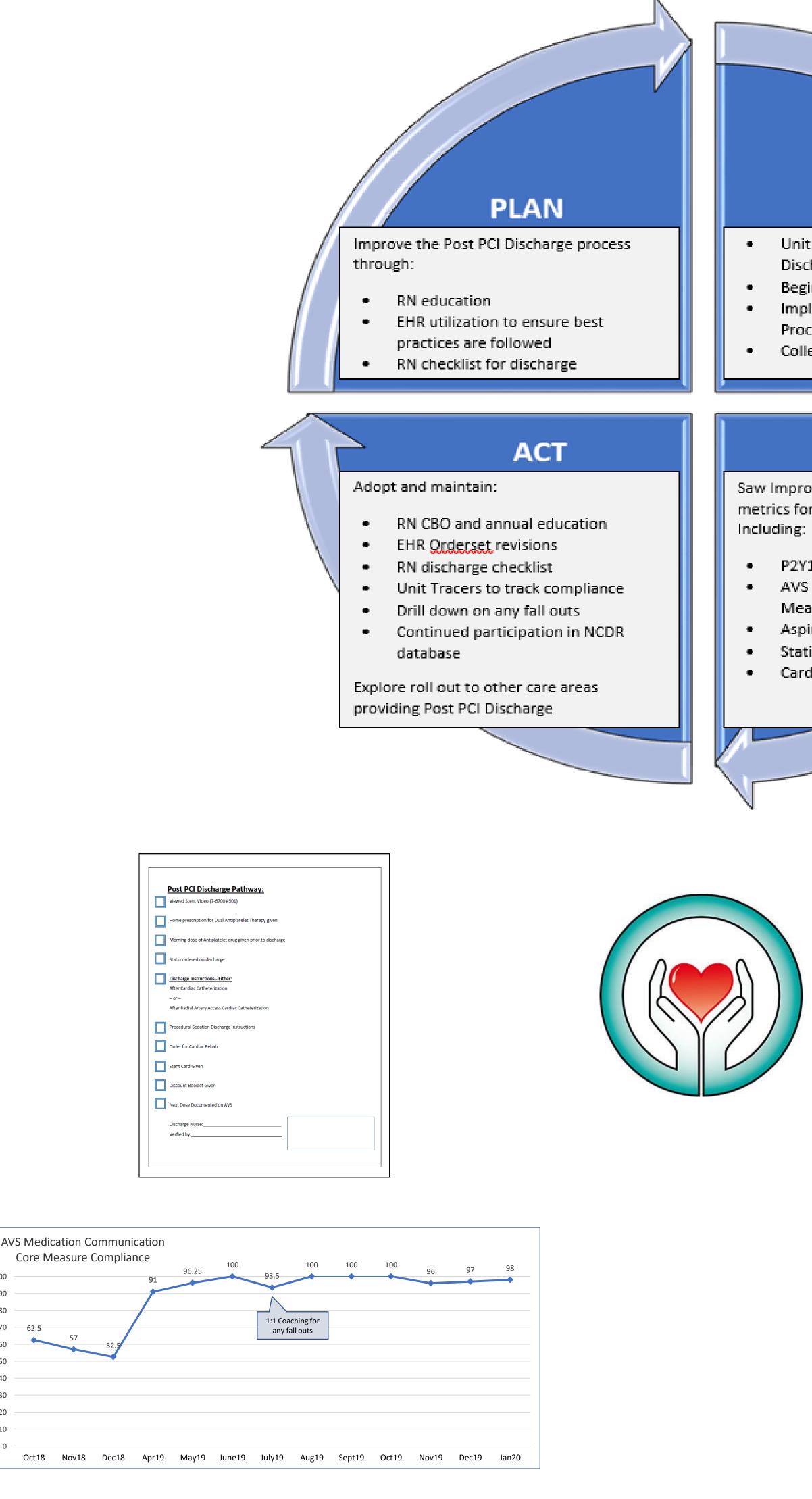
- Aspirin at discharge: 100%
- P2Y12 at discharge 100%
- Statin at discharge 100%

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PATIENT STORY

Our patient was brought into the Cardiac Outpatient Unit for a scheduled elective procedure. During his hospital stay he underwent a successful PCI procedure and was then discharged home.

Unfortunately, he was discharged home without vital antiplatelet medication required to maintain patency of his new coronary stent. He was subsequently readmitted with a cardiac event which required a second procedure.



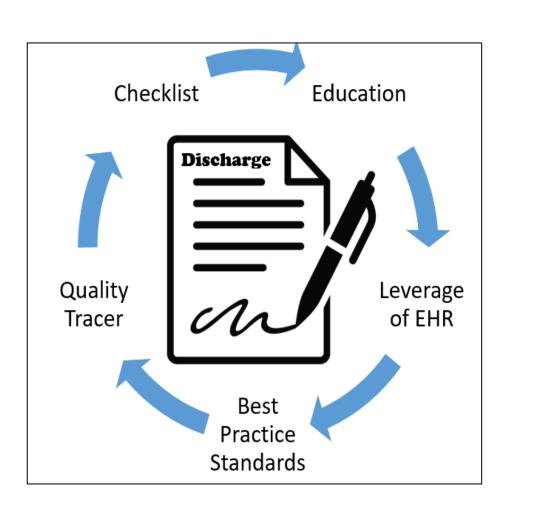
DO Unit RN education and Post PCI Discharge added to CBO Begin using RN discharge checklist Implement Cardiology Post Procedure Orderset changes Collection of compliance data

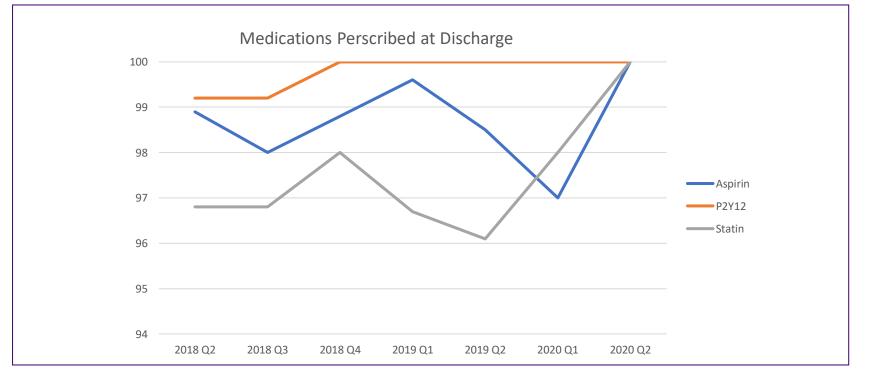
STUDY

Saw Improvements in all of the discharge metrics for which we collected data

- P2Y12 prescribed at discharge AVS Medication Communication Core
- Measures compliance Aspirin prescribed at discharge
- Statin prescribed at discharge Cardiac Rehab referral at discharge

revisions





LESSONS LEARNED

The most important thing we learned was the need for more education surrounding the post PCI patient population. We identified an education deficit present in our nurses.

Many team members did not know that dual antiplatelet therapy was required for the post PCI patient at discharge. The nurses did not know to call the question if the MD failed to order a P2Y12 medication for home.

We made revisions to our nursing orientation, annual education and post procedure order sets to address this deficit.

NEXT STEPS

Share our results.

Continue usage of Post PCI Discharge Pathway and continue monthly quality tracers to monitor compliance.

Consider applying these methods to other patient populations such as Post Atrial

Fibrillation Ablation Discharge.

ACKNOWLEDGEMENTS

Data from NCDR eReports Dashboard

VMC Quality RCA process

VMC IS Department for support in order set

COU Nurses adoption of new practices for QI

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