



American Heart
Association
Let's Live.

Heart Failure Facility Lead Workshop

Let the Data Help You: Effective Abstraction and Utilization

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Disclosures

No financial relationships with any
commercial interests

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Objectives

At the completion of this presentation, the participant will be able to:

1. Identify the most appropriate data collection model for his/her facility.
2. Describe the use of the GWTG HF tool and/or basic excel for benchmarking , as a comparative data set, for real time reporting and for building reports.
3. Describe the benefit of using the defect free scores, composites and perfect scores to evaluate HF care.
4. Identify best strategies for reporting data and outcomes to clinical and administrative stake holders in his/her facility.

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Data Collection Models

- American Heart Association: Get With The GuidelinesSM
- Hospital Compare website
- Institute for Healthcare Improvement (IHI)
- Colorado Hospital Association: Report Card
- Build your own excel

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Data Collection

- Determine what works best in your organization
- May have to modify/change your data collection method over time
- One size does 'NOT' fit all!

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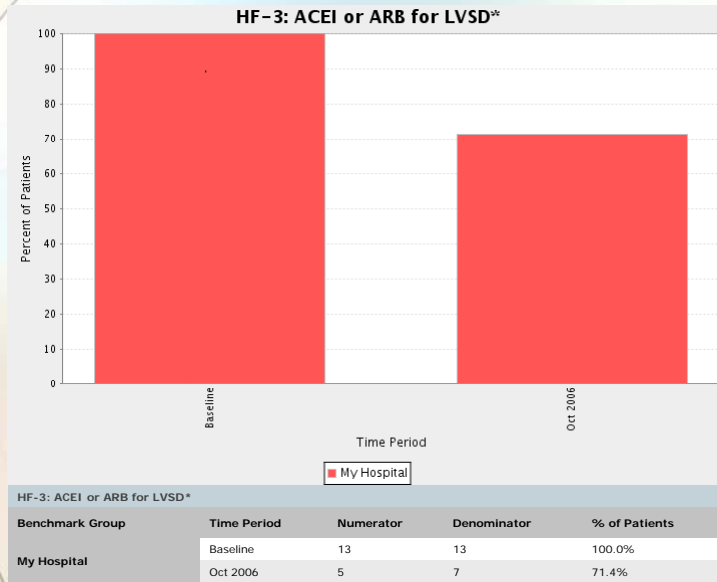
Get With The GuidelinesSM Heart Failure Patient Management Tool



- Real time reporting tool
 - Allows for rapid-cycle, continuous quality improvement
- A series of resources designed to effectively measure and improve quality of care
 - Compare your performance over time
 - Tool for benchmarking against comparative data sets
 - Reports confidence levels
 - Reports Composite / Defect-free measures / Perfect care

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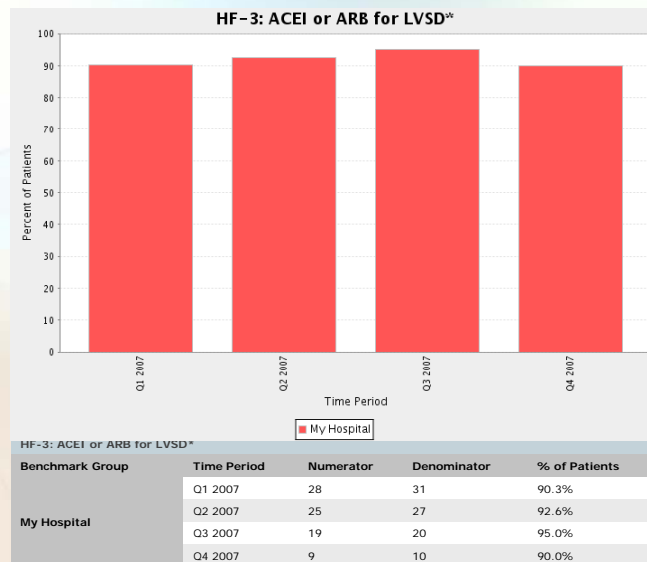
Baseline Comparison



Source: GWTG HF The Patient Management Tool™ system provided by Outcome, Cambridge, Mass.

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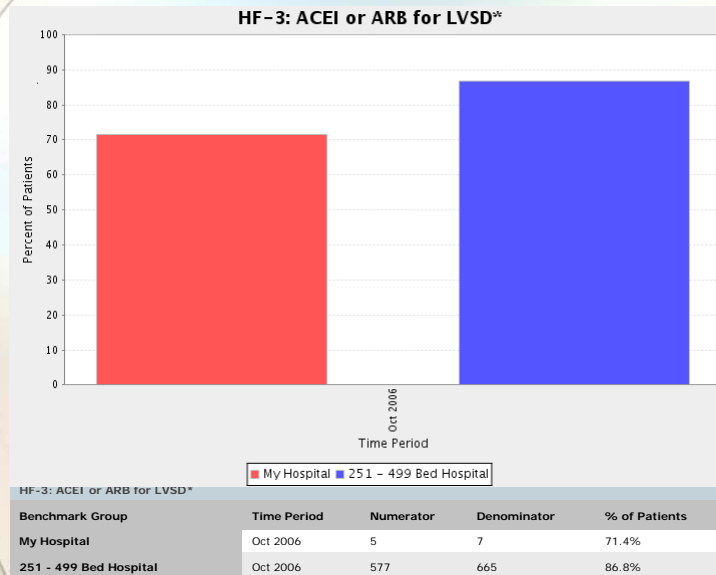
Compare Performance Over Time



Source: GWTG HF The Patient Management Tool™ system provided by Outcome, Cambridge, Mass.

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Comparative Data Set



Source: GWTG HF The Patient Management Tool™ system provided by Outcome, Cambridge, Mass.

Composite Performance Measures

- Calculation gives hospitals sense of overall average performance
- Calculated by number of times patient received performance intervention, dividing by the sum total of interventions for which patient was eligible
- Heart Failure Composite Calculation:
 - *# receiving discharge instructions + # receiving LVF assessment + # receiving discharge ACE/ARB (LVSD patients only) + # receiving discharge smoking counseling + # receiving discharge BB*

Source: calculation developed by CMS

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Defect-free Care Measures

- Shows what percentage of patients received **all interventions** for which they were eligible
- Defect free care can be calculated for individual patient or for a hospital
 - Patient received defect-free care if they received all interventions for which they were eligible
 - Hospital's defect-free care measure shows percentage of patients who received defect-free care

Source: calculation developed by CMS

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Perfect Care Measures

- Helps hospitals evaluate the quality of care they provide HF patients
- Based on 6 interventions
- The calculation for HF:
 - *% of HF patients receiving all 6 interventions **divided** by # of components provided or documented as contraindicated*

Source: calculation developed by JC

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Comparison defect-free / composite data sets

- Same time frame
- Same data set
- Different results



Total Patients % Defect-Free Patients
My Hospital:
01/01/2007 - 12/31/2007 145 / 169
85.8%



Total Patients Composite Score
My Hospital:
01/01/2007 - 12/31/2007 169
93.0%

Source: GWTG HF PMT powered by Outcome

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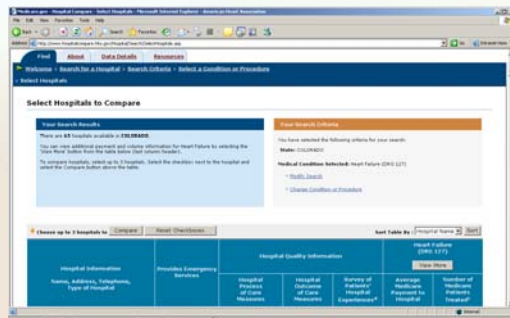
Hospital Compare Website



Hospital Compare - A quality tool for adults, including people with Medicare

Hospitals and health care professionals can use this information to do the following:

- Review the performance of hospitals in your area
- Identify opportunities for quality improvement
- Answer patients' questions and educate them about their hospital choices

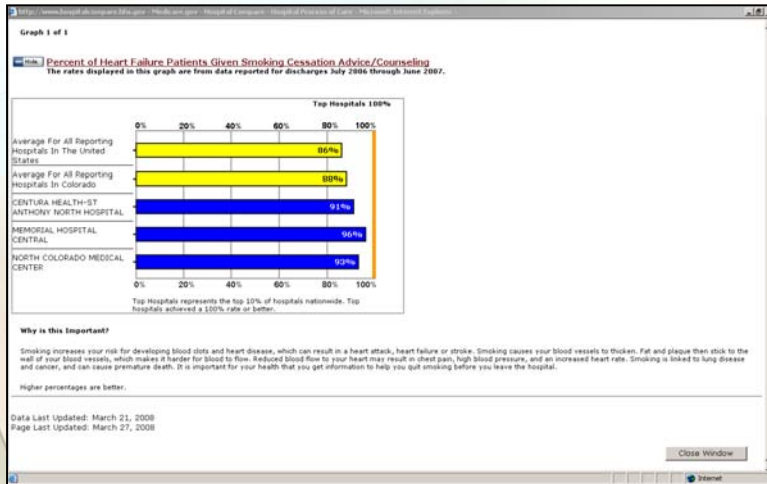


Source: <http://www.hospitalcompare.hhs.gov>

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Available data from Hospital Compare Website

Compare Hospitals



Source: <http://www.hospitalcompare.hhs.gov>

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IHI Website

Track you own data

The **Improvement Tracker** allows you to track any of the measures in the Topics area of IHI.org (or create your own custom measure). Just select your measure, set your aim, and enter your data. The Improvement Tracker automatically graphs your data. It lets you create customized reports for various audiences — your team, your CEO, your community.

Source: <http://www.ihl.org/ihl/workspace>

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Sample graph built from IHI website

Definition

The number of diabetic patients in the registry with a blood pressure reading less than 130/80, divided by the total number of diabetic patients in the registry. Multiply by 100 to get the percentage.

Goal

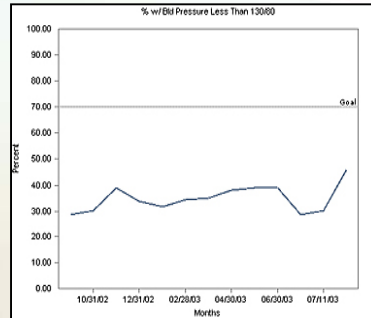
Greater than 70 percent of patients have a blood pressure reading less than 130/80.

Data Collection Plan

On the last working day of the month, search the registry for all patients with a diagnosis of diabetes mellitus whose last blood pressure reading is less than 130/80. Also count the total number of patients with a diagnosis of diabetes mellitus.

Aim:

Improve care to patients on the FPS with CHF by having 100% with documented assessment of LV function.

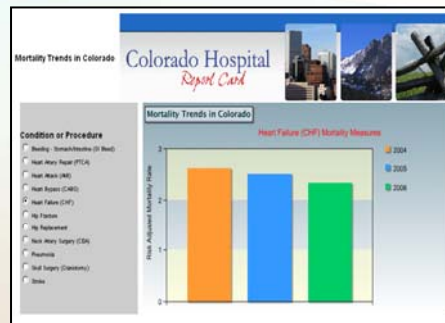


Source: <http://www.ihl.org/ihl/workspace/tracker/#203>

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Colorado Hospital Association Report Card

- Mandated by House Bill 06-1278
- Requires public reporting of clinical outcomes and data for a wide range of quality improvement measures.
- The Colorado Hospital Report Card has the primary purpose of ensuring that statewide hospital data and clinical outcomes are made available to the general public in a clear and usable manner.

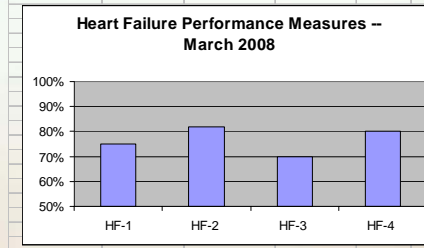


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Build your own excel

- Build basic excel 'template'
(sample of basic excel spreadsheet
'built' for you and available in HF
toolkit)
- Insert numbers per month /
graph automatically updates

Measure	Numerator	Denominator	Rate	8-Mar
HF-1	30	40	75%	75%
HF-2	18	22	82%	82%
HF-3	7	10	70%	70%
HF-4	4	5	80%	80%



Strategies for Reporting Data

Data Preparation Rules

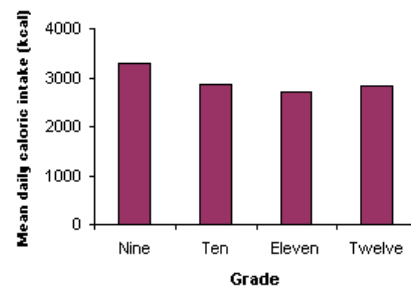
- Data presented must be:
 - Factual
 - Relevant
 - Display in appropriate graph format
- Before presentation always check:
 - The source of the data
 - That the data has been accurately transcribed
 - The figures are relevant to the problem
- Know your audience

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Bar Graph

When Bar Graphs are Useful

If you can break your data into discrete groups like those shown here, then a bar graph is appropriate. Bar graphs are useful for graphing non-continuous data, such as data from different experimental groups.

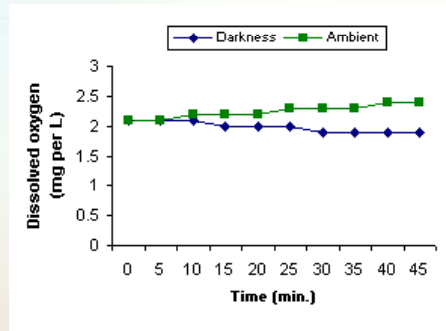


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Line Graphs

When Line Graphs are Useful

If your data are continuous (each point is directly related to the next and can be connected by an infinite number of intermediate points)



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Advantages of Reporting Data to Stakeholders

- They have an interest in seeing improvement
- They have the ability to identify and remove barriers
- They take the data "personally"
- They can close the loop from data to change in clinical practice
- They can be innovative in designing solutions

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Presenting Data to Nursing

- Patients benefit by increasing the likelihood of receiving the optimal and appropriate therapies by staff with greater knowledge and expertise.
- Better patient communication means higher patient satisfaction.
- Staff benefits from the enhancement of professional skills and knowledge.
- GWTG is proven to increase adherence to key indicators. These will improve your “hospital grade” on report cards.
- Can empower nurses, leading to higher nursing retention rates.

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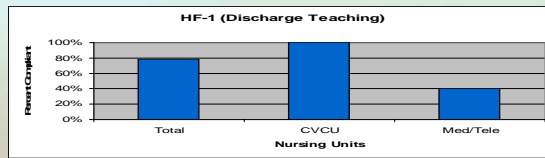
What types of data interest nurses?

- Comparison between different nursing units in the same hospital
- Trends showing progress on their unit
- Timely data
- Case studies

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Heart Failure Data January 2008

Measure	Numerator	Denominator	Rate
HF-1 Discharge instructions	11	14	78.6%
CVCU	9	9	100%
Med/Tele	2	5	40%
Ortho/Neuro & Oncology	No Data	No Data	NA
HF-4 Adult smoking cessation advice	2	2	100%
CVCU	2	2	100%
Med/Tele	No Data	No Data	NA
Ortho/Neuro & Oncology	No Data	No Data	NA



Heart Failure: The yellow Heart Failure Core Measures prompter, placed in the front of the orders section of the patient chart, summarizes all the HF Core Measures and serves as a reminder to physicians and RN's.

- **Heart Failure Discharge Education** For all patients with heart failure (whether primary or secondary diagnosis), place Heart Failure Action Plan in discharge section of chart and document by checking "Heart Failure Action Plan" (which lists the six areas of information) on the Discharge POF. Review Action Plan with patient/family prior to discharge.

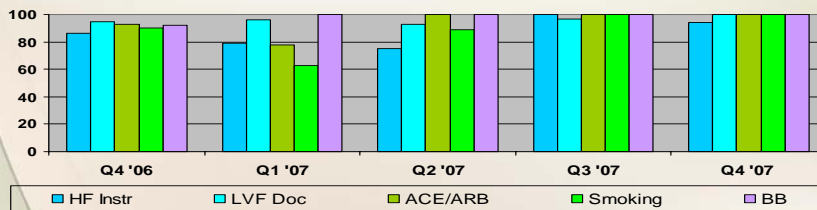
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In 2007...
LOS: 4.2 days
30-day readmit rate:
 Heart Failure: 4%
 All Cause: 21%
6 month readmit rate:
 Heart Failure: 16%
 All Cause: 63%

Overall Hospital Performance by Quarter

* 250 patients (15 mos) *4 deaths



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What types of data interest Doctors?

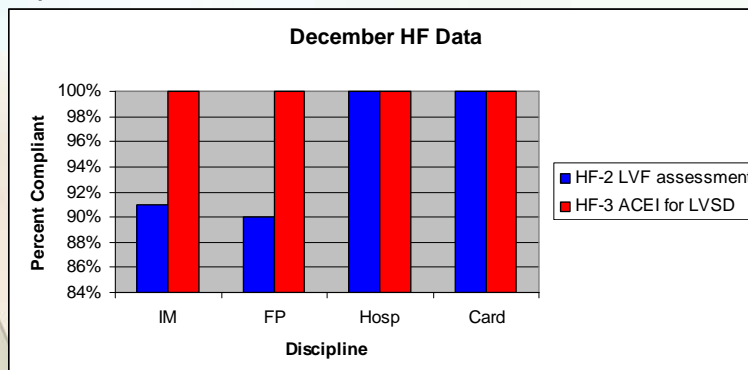
- Comparison between different hospitals in the same community
- Timely data
- Specific data
 - Unit specific
 - Patient specific
 - Provider specific
 - LOS/Mortality

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HF Medical Staff Update

Measure	Numerator	Denominator	Rate
HF-1 Discharge instructions	15	18	83.30%
HF-2 LVF assessment	23	25	92.00%
HF-3 ACEI for LVSD	8	8	100.00%
HF-4 Adult smoking cessation advice/counseling	2	2	100.00%

***2 patients had no documentation of LV function.**



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Presenting Data to Administration

- Evidence that a better-mapped care process and staff communication reduces patient length of stay (LOS).
- A 1.0 day reduction in LOS has an associated savings of \$1,500.00 to \$3,000.00*
- Evidence that adhering to guidelines reduces short term re-admissions by at least 10%.
- Hospitals benefit from performance measurements that demonstrate their determination to meet the increasing demand for public reporting of quality of care.
- Increase adherence to key indicators. These will improve "hospital grade" on report cards.

*Fonarow, G., (1999) CHAMP study results indicated 12-14% reduction in re-admission rates utilizing 4 of 5 key GWTG indicators

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What Administrators Want to Know about Your Data?

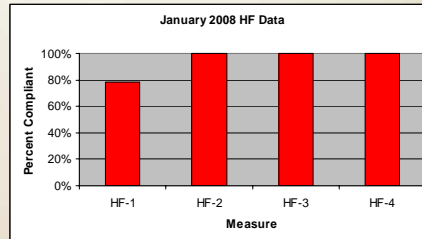
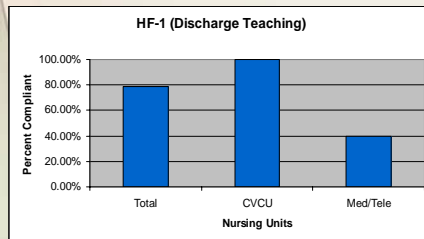
- Organizational trends-not specifics
 - LOS / readmissions/mortality
- Connect your report to organizational initiatives whenever possible
- Administrators will compare your data to other data sources
 - Understand how these data sources differ
 - Acknowledge the differences in sampled data

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Heart Failure Initiative Report to Administration

Total HF Admissions for January: 20
Average Length of Stay: 3.8 days (national average 5.2 days)

Measure	Numerator	Denominator	Rate
HF-1 Discharge instructions	11	14	78.6 %
CVCU	9	9	100%
Med/Tele	2	5	40%
ONC & ORTHO/NEURO	No Pts	No Pts	NA
HF-2 LVF assessment	19	19	100%
HF-3 ACEI for LVSD	7	7	100.00 %
HF-4 Adult smoking cessation advice/counseling	2	2	100.00 %



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Measurement is NOT enough – Quality Improvement is a Philosophy and a Culture

- Entry of data into the PMT alone will not result in increasing levels of improvement.
- PMT is a great tool – but like all tools if not used, or if it is used inappropriately, it won't be the solution to improvement.
- Continuous Quality Improvement is the critical success factor of any QI program.

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Incentives Reporting/Improving Data

- Prevention is Cost Effective, Quality Care
 - Value based reimbursement will provide economic incentives
 - Our patients will demand it
 - Accreditation agencies will require it
- It's the right thing to do!

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Questions?

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