

Quality Improvement Lessons from Get With The Guidelines

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American Heart Association | American Stroke Association®

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QI is everyone's responsibility!



Essential to the success of this project is the involvement of many different hospital departments.

It is important for each department to identify with the project and understand their role in making it successful!

- ✓ Emergency Room know that the patient presenting with chest pain requires URGENT time sensitive care starting with an ECG within 5 minutes of arrival to the Emergency Department.
- ✓ Nursing staff knowledge of the guidelines for heart failure care and ability to provide education to the patient and family about signs of symptoms of worsening heart failure and what to do!

Communication, Communication, Communication!



All team members should have clear expectations of their role and responsibility for the BPC Project!

PI in the Project Leader Role is recommended to have regular team meetings to share project progress- data entry activity, brainstorm with team to solve process issues, and as time goes on sharing reports so team can see where they are doing well and where they have room for improvement and contribute to the discussion regarding how to drive improvements

Healthcare providers should know about the project to assist in identification of appropriate patients so that data abstractors can be notified, as well, be familiar with the guidelines to facilitate administration of necessary therapies

Communication, Communication, Communication!



Data Abstractors should be providing regular reports to the Project Leader and team regarding data issues like patient records having missing information or conflicting information so that potential solutions can be discussed and implemented

- *It is important that the reports should not be focused on specific individuals but rather on general data collection issues identified.*

Remember as a team member you are each contributing to the success of the project while driving change in the Brazil health care system! More important is that you are making a difference for the patients in your hospital!

Data drives change!



Utilize the robust reports available through the BPC data base and ask yourself these questions:

What measures are the highest performing?

- ✓ Can you tell why you are doing well?
- ✓ Is there a 'lesson learned' that can be applied to a different area of the patient care flow to drive improvement there?

What measures are the lowest performing?

- ✓ Can you tell why there is low performance?
- ✓ Develop a Plan/Do/Study/Act process to implement and monitor performance
- ✓ Which individuals on your team will take responsibility to manage the change process?

Setting Goals – Reaching Milestones



It is recognized that some measures will need more improvement than others.

Begin by selecting one or two measures to focus on that you believe the team will see improvements in a relatively short timeframe (meaning 3-6 months)

Success helps motivate the team to take on the more difficult challenges of the lower performing measures.

Now identify a measure that is very low performing and develop your strategy to drive change and set goals of performance and timeframe.

Sustaining improvements



When you make a decision regarding a process change that has been demonstrated to truly improve performance then be thoughtful to how to implement that change department or hospital wide so that it will sustain long term performance.

- ✓ Multi-disciplinary team should meet to develop the plan for broad implementation
- ✓ Department Leader or Hospital Administrator, as appropriate, should be debriefed regarding the proposed change and the rationale for the change as represented by the results of the process improvement test of change.
- ✓ All hospital individuals who will be impacted by the change must be provided education as to why, how, and when so that they can be a part of the successful change process.
- ✓ Reports back to all involved regarding successful implementation and/or challenges with implementation provided every month for first 6 months or until process has been adopted and is stable within the hospital.



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