Implementation of an EMR-based cardiovascular discharge checklist to close gaps in care

Tyler J Gluckman  
Center for Cardiovascular Analytics, Research and Data Science (CARDS), Providence St. Joseph Heart Institute, Portland, Oregon, tyler.gluckman@providence.org

Maulin P. Shah  
Providence St. Joseph Health, Informatics, Renton, Washington, Maulin.Shah@providence.org

Elizabeth A. Widhalm  
Providence St. Joseph Health, Informatics, Renton, Washington

Daniel J. Weidert  
Providence St. Joseph Health, Informatics, Renton, Washington, daniel.weidert2@providence.org

Stephanie C. Fine  
Providence St. Joseph Health, Healthcare Intelligence, Renton, Washington, Stephanie.Fine@providence.org

See next page for additional authors

Follow this and additional works at: https://digitalcommons.psjhealth.org/other_pubs

Recommended Citation  
https://digitalcommons.psjhealth.org/other_pubs/29

This Poster is brought to you for free and open access by Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in Books, Presentations, Posters, Etc. by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact digitalcommons@providence.org.
Authors
Tyler J Gluckman, Maulin P. Shah, Elizabeth A. Widhalm, Daniel J. Weidert, Stephanie C. Fine, Jonathan V. Laius, Braden Batkoff, and Mark L. Sanz
Implementation of an EMR-based cardiovascular discharge checklist to close gaps in care

Ty J Gluckman\textsuperscript{a}, Maulin P Shah\textsuperscript{b}, Elizabeth A Widhalm\textsuperscript{b}, Daniel J Weidert\textsuperscript{b}, Stephanie C Fine\textsuperscript{c}, Jonathan V Laius\textsuperscript{c}, Braden W Batkoff\textsuperscript{b}, Mark L Sanz\textsuperscript{a}

\textsuperscript{a}Center for Cardiovascular Analytics, Research and Data Science (CARDS), Providence St. Joseph Heart Institute, Portland, Oregon; \textsuperscript{b}Providence St. Joseph Health, Informatics, Renton, Washington; and \textsuperscript{c}Providence St. Joseph Health, Healthcare Intelligence, Renton, Washington

Background

- Substantial gaps persist in the delivery of evidence-based care for patients with cardiovascular (CV) disease.
- While computerized clinical decision support tools have had varied success, the use of “hard stops” in electronic medical record (EMR) systems have several limitations.

Methods

- An interactive EMR-based checklist was implemented to drive best practices at hospital discharge for patients with heart failure or acute coronary syndrome and those undergoing percutaneous coronary intervention (PCI), coronary artery bypass graft (CABG) surgery, and/or valve surgery.
- The checklist shows, in a sidebar, the status of recommended clinical measures.
- ‘Smart’ data processing occurs in the background, color-coding measures, such that finished items appear green, those that don’t apply appear yellow, and those needing attention appear red.
- The checklist is unique in its ability to facilitate proper documentation in a discrete, reportable manner.
- It streamlines entry of diagnostic and therapeutic orders, risk factor counseling, and scheduling of follow up appointments.

Results

- In January 2017, 28 hospitals within our health system went live with the checklist.
- Rates of measure completion were highly variable, with the most common misses being failure to a) refer to phase 2 of cardiac rehabilitation, b) prescribe a high intensity statin, and c) provide tobacco cessation counseling.
- A process was set up for immediate notification to facilities for missed prescriptions for a P2Y\textsubscript{12} inhibitor after PCI.

Conclusions

- Evidence-based best practices remain significantly underutilized in patients with CV disease.
- Implementation of an EMR-based checklist facilitates easier identification of care gaps with the opportunity to drive individualized performance improvement.