

SVS VQI PSO Quality Quarterly Call

Betsy Wymer, DNP, RN, CV-BC

Guests: **Alexa Grant-Gorveatt BHSc BScN RN and
Renata Morton, BSc, BEd, BN RN**

Tuesday October 17, 2023
2pm ET

Today's Agenda

- Welcome
- Updates
- Guest Speakers
 - Alexa Grant-Gorveatt and Renata Morton
 - Optimizing Discharge Medications for Vascular Surgery Patients
- Q&A



Updates

- Currently at 59 charters
 - 13 are 30-day readmission pilot charter
 - If interested, contact Stacey Esposito at Stacey_Esposito@URMC.Rochester.edu
- Accepting poster abstracts for VQI@VAM2024
 - Email bwymmer@svspsso.org
- VQI@VAM2024 will be full 2 days
 - Place: Chicago, IL
 - Dates: June 18-19, 2024
- Next Quarterly Webinar October 31
 - Resume quarterly webinars in January 2024
- November 7 Webinar Smoking Cessation
- <https://www.vqi.org/events/>

Vascular Quality Initiative

Optimizing Discharge Medications for Vascular Surgery Patients

10.17.2023

Alexa Grant-Gorveatt and Renata Morton



Optimizing Discharge Medications for Vascular Surgery Patients : Outline

- Introduction
 - Nova Scotia Health, Alexa & Renata
- Background
 - Why we decided to do this project
- Project methodology/Stages
 - DMAIC method, Project sourcing → measuring/evaluating
- Successes/Challenges/Tips
- Video

Optimizing Discharge Medications for Vascular Surgery Patients : Nova Scotia Health



- Population of Nova Scotia - approx. 1 million
- Population of Prince Edward Island – 150,000
- Our hospital in Halifax provides care to all vascular patients in NS and PEI.
- Publicly funded – so timing of interventions and patient population vary from US

Optimizing Discharge Medications for Vascular Surgery Patients : VQI Team



Alexa Grant-Gorveatt
Data Manager at NSH
since VQI initiated in
Jan 2020.



Renata Morton
Surgical Clinical Nurse
Reviewer since 2022,
with VQI since 2023.

Problem Statement

At NSH only **80%** of post operative vascular surgery patients are prescribed optimal discharge medications.

By determining where **opportunities to improve exist**, we will implement interventions to address the **gaps** in prescribing.

We will then measure the outcome, utilizing the VQI database, with a target of **90%** of patients having medications prescribed at discharge.



Project Approach

How Will This Project Be Carried Out – DMAIC Process (Lean Six Sigma Methodology)

Phase	Activity	Timeline	Status
Define	Initial data sourcing	December 2022	Complete
Define	Project scoping	December 2022	Complete
Measure	Data analysis (root cause analysis to identify deficiencies)	Dec 2022 – Jan 2023	Complete
Measure	Stakeholder engagement (conversations with key process stakeholders to learn about how they interact with the process and where problems exist)	Dec 2022 –Jan 2023	Complete
Analysis	Additional data collection/analysis to support assumptions/speculation as required	Jan 2023	Complete
Analysis	Project team workshop(s) for proposal	Late Jan 2023	Complete
Improve	Develop solutions and recommendations	Jan 2023- April 2023	Complete
Improve	Implement functional changes and adjust as required	May 2023-Ongoing	Ongoing
Control	Measure and Evaluate	Ongoing	Ongoing
	Close-out		

Define: Initial data sourcing and project scoping

Phase	Activity	Timeline	Status
Define	Initial data sourcing	December 2022	Complete

- Analyzed VQI data
- Ideally the rate of prescription of both an anti-platelet and statin at discharge for post-op vascular surgery patients should be 100% unless medically contraindicated, which should be accounted for in documentation. At NSH the rate at which we prescribe anti-platelets and statin is approximately 82%. The procedures of specific interest are the procedures that have the lowest rate of prescribing, which are EVAR, OAAA and Supra inguinal Bypass.

Define	Project scoping	December 2022	Complete
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- Created detailed outline of the project, set timelines, goals and boundaries.

Measure: Data Analysis

Phase	Activity	Timeline	Status
Measure	Data Analysis (root cause analysis to identify deficiencies)	Dec 2022 – Jan 2023	Complete

Brainstormed **possible** contributors to low prescription rates:

- Lack of knowledge/education for new staff and/or prescribers
- Changeover in personnel (no dedicated vascular surgery resident)
- Demands of the unit (busy, COVID etc..)
- Differing discharge locations (4.1, PACU, Off-service)
- Improper documentation of prescription or lack of documentation on rationale if not prescribed.
- Resistance from patients

Possible factors to explore in VQI data set (see next slide)

- Day of week (busyness, priorities, etc.)
- Time of Day (busyness, priorities, etc.)
- Discharge unit (education, awareness)
- Prescriber at time of discharge (education, awareness)



Measure: Data Analysis

Phase	Activity	Timeline	Status
Measure	Data Analysis (root cause analysis to identify deficiencies)	Dec 2022 – Jan 2023	Complete

Day of Week at Time of Discharge – Missing Meds

Day of Discharge	Count of Discharge Date	%
Wed	11	26%
Mon	8	19%
Thu	6	14%
Sat	6	14%
Fri	5	12%
Tue	4	10%
Sun	2	5%
Grand Total	42	

Day of Week at Time of Discharge - All VQI Patients

Location of Discharge	Count of Table
4.1	32
VRH	10
7.1	3
ICU	2
4.1 IMCU	2
7.1 IMCU	1
Grand Total	50

Time of Discharge

Hour of Discharge	Count of Table
12	8
13	8
14	7
11	4
15	4
19	3
10	3
16	3
8	2
18	2
9	2
17	2
23	1
Grand Total	49

Prescriber at time of discharge

Discharge Physician	Count of Table
Resident	20
Hospitalist	18
Surgeon	12
Grand Total	50

Disproportionate number of missing prescriptions for Antiplatelets and Statins at time of discharge by day of week compared to entire sample set.

Could be worth exploring why this is the case?

Could look at other factors as well, but will need to do some more data validation with the sample set to determine if variation exists

Measure: Stakeholder Engagement

Phase	Activity	Timeline	Status
Measure	Stakeholder engagement (conversations with key process stakeholders to learn about how they interact with the process and where problems exist)	Dec 2022 –Jan 2023	Complete

Name	Title	Role	Email
Vascular Surgery Team	Vascular Surgeons	Sponsor	
Alexa Grant-Gorveatt	VQI Data Manager	Project Lead	
Mary Martin	Heart Health Quality Lead	Project Advisor	
Thomas Parker, Mike MacNeil	Pharmacist	Project Advisor	
Janelle Richer	Health Services Manager	Project Advisor	
Bonnie Heckel	Clinical Nurse Specialist	Project Advisor	
Cheryl MacNeil, Jill McGrath	Clinical Nurse Educator	Project Advisor	
Renata Morton	Surgical Clinical Nurse Reviewer	Project Support	
Liam Shannon	Manager Planning & Development, Perioperative Network	Project Advisor	
Allyson Sawyer	Clinical Nurse Lead	Project Advisor	

Analysis/Improve: Team meeting to develop solutions

Phase	Activity	Timeline	Status
Analysis	Project team workshop(s) for proposal	Late Jan 2023	Complete
Improve	Developing solutions and recommendations	Jan 2023- April 2023	Complete

Ideas/Solutions stemming from project team workshop:

- Dedicated discharge nurse
 - Purchasing medication
 - Educational material (posters, pamphlets?)
 - Education for nursing staff
 - Notation on discharge medication requisition
 - Change in workflow for EVAR patients
 - Drop down options/reminder for DC E-Summary
- *Decided after speaking with stakeholders that further analysis wasn't needed.*



Improve: Developing solutions

Phase	Activity	Timeline	Status
Improve	Developing solutions and recommendations	Jan 2023- April 2023	Complete

The following solutions were feasible within given our restraints: resources, finances, time

Technological: Online video to educate patients on importance of medication. Changes to discharge e-summary

Educational: Two different ID Badge reminder cards one to educate nurses on DC medication, one to educate new prescribers.

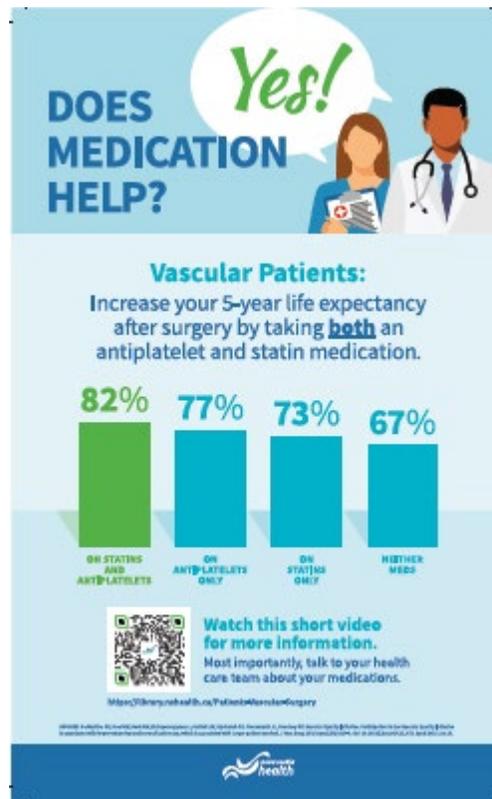
Communication/Knowledge sharing: Patient poster that links to informative video. Staff to educate one another and patients.

Functional: Potential for automated drop-down menus in discharge e-summary, notation for contraindication on discharge summary if medications not prescribed.

Improve: Solutions

Phase	Activity	Timeline	Status
Improve	Developing solutions and recommendations	Jan 2023- April 2023	Complete

Patient Edu Posters



Nursing Reminder Cards

Educating Vascular Surgery Patients: Antiplatelets and Statins

Antiplatelets

Generic Name	Brand Name
Acetylsalicylic Acid (ASA)	Aspirin
Clopidogrel	Plavix

Statins

Generic Name	Brand Name
Rosuvastatin	Crestor
Atorvastatin	Lipitor

How do they work?

APs and Statins work better together.
APs make your blood less sticky and prevent arteries, stents, and grafts from being clogged by blood clots.
Statins help block the production of cholesterol in your liver and help remove it from the bloodstream. They prevent plaque from building up inside your arteries.

★ Before DC teaching, check med rec for AP & Statin ★

Improve: Project implementation

Phase	Activity	Timeline	Status
Improve	Implement functional changes and adjust as required	May 2023	Ongoing

- Plan “lightening quick” focus groups to introduce project to staff.
- Attend staff meeting to present project.
- Unit “Project Champions” who can be a resource for staff or patients. Responsible to help lead and encourage the implementation process.
- Leadership support to help support the project and outcomes.
- Goal is that the project materials will be:
 - Easily accessible to staff
 - Easy to understand and implement
 - Easily incorporate into current workload, not add to it

Improve: Project implementation

Phase	Activity	Timeline	Status
Improve	Implement functional changes and adjust as required	May 2023	Ongoing

Roles:

All Staff: Encourage patients to look at poster and view video.

Surgeons/HSM/Pharmacy: Support and encourage initiative

Nursing staff:

- Encourage patients to watch video, offer unit tablets if patients don't have a device.
- Review patient medications at discharge and ensure AP & Statin are prescribed and if not, that contraindication is documented.
- Use ID badge to help guide discharge teaching and answer questions patients may have.

Residents:

- Use ID badge to help guide discharge prescription.
- Notation on chart if AP and/or statin is contraindicated.

Clinical Lead/Charge Nurse/CNE:

- Remind team of initiative and support initiative.
- Ensure new staff are aware of initiative and receive ID badge reminder card.

Improve: Project implementation

Disseminated fact sheet via email to all staff summarizing the project and their role.

SPRING/SUMMER 2023



PROJECT OVERVIEW:

OPTIMIZING DISCHARGE MEDICATIONS FOR VASCULAR SURGERY PATIENTS

BACKGROUND

Best practice guidelines state that all vascular surgery patients should be prescribed both an anti-platelet and statin (AP & S) at discharge unless medically contraindicated (VQI, 2021).

When both medications are prescribed the combination has the potential to significantly improve:

- patient's long-term health
- 5-year survival rate
- increase graft patency
- reduce readmissions (De Martino et al, 2014).

At NSH the rate at which we prescribe AP & S is approximately 82%. The procedures which have the lowest rate and have chosen to focus on are EVAR, DAAA and Supra Inguinal Bypass.

PROBLEM STATEMENT

AT NSH ONLY 80% OF POST OPERATIVE VASCULAR SURGERY PATIENTS ARE PRESCRIBED OPTIMAL DISCHARGE MEDICATIONS. BY DETERMINING WHERE OPPORTUNITIES TO IMPROVE EXIST, WE WILL IMPLEMENT APPROPRIATE INTERVENTIONS TO ADDRESS THE GAPS IN PRESCRIBING AND MEASURE THE OUTCOME BY UTILIZING THE VQI DATABASE WITH A TARGET OF 90% OF PATIENTS HAVING MEDICATIONS PRESCRIBED.

SOLUTIONS

Technological: Online video to educate patients on importance of medication. Changes to discharge e-summary.

Education: Two different ID Badge reminder cards one to educate nurses on DC medication, one to educate new prescribers.

Communication/Knowledge sharing: Patient poster that links to informative video. Staff to educate one another and patients.

Functionals: Potential for automated drop-down menus in discharge e-summary, notation for contraindication on discharge summary if medications not prescribed.

PROJECT IMPLEMENTATION: WHAT'S YOUR ROLE?

All Staff: Encourage patients to look at poster and view video.

Surgeons/HSM/Pharmacy: Support and encourage initiative.

Nursing staff:

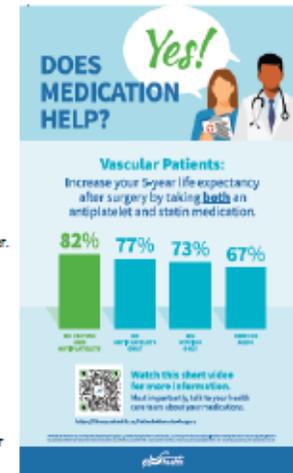
- Encourage patients to watch video on their downtime, offer unit tablets if patients don't have a device.
- Review patient medications at discharge and ensure AP & Statin are prescribed and if not, that contraindication is documented by prescriber.
- Use ID badge to help guide discharge teaching and answer questions patients may have.

Residents:

- Use ID badge to help guide discharge prescription.
- Notation on chart if AP and/or statin is contraindicated.

Clinical Lead/Charge Nurse/CNE:

- Remind team of initiative and support initiative.
- Ensure new staff are aware of initiative and receive ID badge reminder card.



Contact for more info: alexad.grant@nshealth.ca

Control: Measure and Evaluate

Phase	Activity	Timeline	Status
Control	Measure and Evaluate	June 2023-June 2024	Ongoing
	Close-out		

Outcome measures:

Patient/clinical level

- Review of VQI data, theoretically we should see higher rate of discharge prescription if project is successful.
- Levels of patient use/satisfaction (monitoring video view count, patient feedback)

Health provider level

- Informal chart/unit audits
- Feedback from staff, level of satisfaction with project

Successes/Challenges/Tips

Successes:

- In most recent Fall Regional Report our rate of AP & S at discharge was above 90%

Challenges:

- Technology – a lot of the patient population doesn't have a smart phone
- Nursing buy-in (due to time constraints, other priorities etc)
- Staff turn over

Tips:

- Continue to re-evaluate your implementation and think outside the box. We recently asked out pre-admission clinic to send the video link to all vascular patients who are being admitted for same day surgery and seen virtually.
- Library services has recently agreed to add the QR code for the video to pre-op pamphlets so patients seen in clinic, can have the opportunity to view the video before being admitted for surgery.

Solutions

Vascular Surgery: Information for Patients and Families

Library / Vascular Surgery: Information for Patients and Families / Home

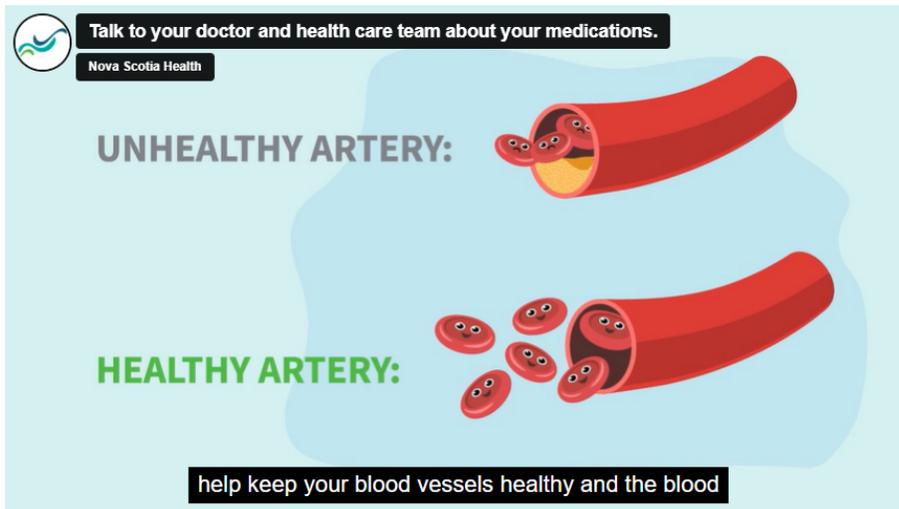
Home

How Medication Helps

How Medication Helps

Talk to your doctor and health care team about your medications.

Nova Scotia Health, 2023.



<https://library.nshealth.ca/Patients-Vascular-Surgery>

Questions/Comments

Thank you for your time!
We're happy to answer any questions/comments



Q&A

