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## Appropriate Care Measures Final Report

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### Banner Good Samaritan Medical Center Appropriate Care Measures

**Starting Point:**

- AMI not specifically addressed by a multidisciplinary committee
- No existing Pneumonia committee or well defined leadership for this core measure
- Heart Failure team in existence for several years.




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**First Steps:**

- Heart Failure committee expanded to encompass AMI
  - Good participation in a well-established committee
- Pneumonia Committee formed
  - Physician participation by CMO, IM Physician, AMS Faculty, and 3<sup>rd</sup> Year Medical Resident.
  - Active participation by Case Management, Pharmacy, Nursing, Emergency Department, and Administration.




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**Pneumonia Team split into focused groups:**

1. Antibiotic delivery in less than 4 hours – members include Emergency Dept., Pharmacy
2. Pneumococcal vaccinations – members include Nursing, Physicians, Pharmacy

Groups combined for monthly status update meetings




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**Challenges and Obstacles:**

- Physician resistance to give order for Pneumovax administration; nursing resistance to administer without an MD order even after State Board of Nursing ruling that a hospital's standing order was valid.
- Lack of knowledge and ownership for performance results by Nursing, Medical Staff and Ancillary staff
- Difficulty in identifying the direct patient benefit of Evidence-Based Practice
- Bedside nurses' perception of increased workload



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**Challenges and Obstacles :**

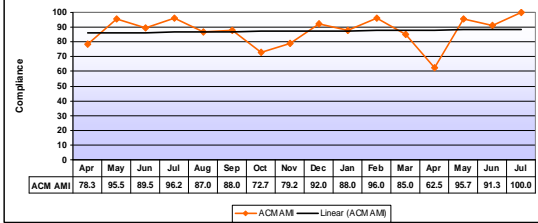
- Incomplete physician documentation of ACEI/ARB contraindications causing poor measure compliance
- No quick and easy way to track prior Pneumovax administration (EMR)
- Large number of physicians increases difficulty in gaining consensus on process and needed changes – Hospitalists (3 groups), Attendings, House Staff, Consultants
- Resistance to change



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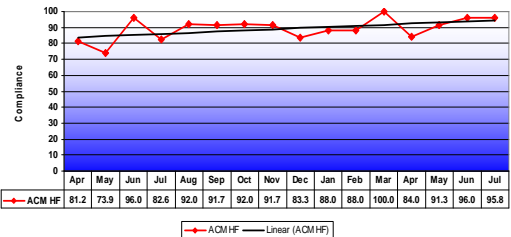
AMI (5 Measures)



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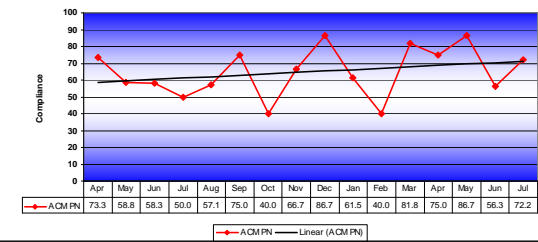
Heart Failure (2 measures)



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Pneumonia (3 measures)



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**What worked well:**

- Initiative nurse
- Preventive Health Screen in EMR
- Increased awareness of Pneumonia measures
- Continued emphasis on Cardiac measures

**Opportunities for change:**

- ACEI/ARB documentation
- Consistent performance in Pneumonia compliance
- Better utilization of pre-printed orders and forms
- Maintaining the gain

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**Thank you for your attention**

All data from Thomson Health Care Data, Inc

All data based on samples per CMS / JC sampling requirements