

MEMORIAL HEALTHCARE SYSTEM

Achieving Cardiac Excellence

Project goal: To achieve 100 percent compliance in CMS cardiac indicators, ensuring that patients receive the highest quality care, regardless of racial or ethnic background.

Reason for project: To assist in achieving the organization's overall system-wide quality improvement goals.

Sustained accomplishments: Continue to see at or near 100 percent compliance on all CMS cardiac indicators.

Contact: Rochelle Ayala, MD, FACP
Project Director, Expecting Success
Administrator and Chief Medical
Officer for Primary Care Services
RAyala@mhs.net

Organization: Memorial Healthcare System

Program: Achieving Cardiac Excellence (ACE)

Location: Hollywood, FL

Summary:

Prior to participating in the Robert Wood Johnson Foundation's *Expecting Success* project, Memorial Healthcare System established a goal of achieving 100 percent compliance in cardiac indicators regardless of patient background. Participation in *Expecting Success* helped Memorial to achieve this goal at a faster rate by working in a collaborative with other participating organizations. In addition, data from the project showed that despite the diverse population they serve, they had little to no racial or ethnic disparities in care at the outset and no disparities within the first 6 months of the project.

Q&A:

1. **Why did Memorial Healthcare System decide to participate in RWJ's *Expecting Success* program? Had you identified improving cardiac care among minority patients as a quality goal prior to your participation? If yes, how (i.e., quality reporting data, outcomes measures, HCAHPS, other data)?**

The *Expecting Success* program encompassed objectives that Memorial Healthcare System was already working to achieve. Memorial had been using CMS cardiac indicators as part of its quality improvement goals for the entire system. Being part of a national program focused on the same goals would enable the organization to achieve 100 percent compliance faster by working in a collaborative and learning from other organizations about different approaches and interventions.

Additionally, since Memorial is based in a multi-racial ethnic community, the project's focus on disparities was of special interest to us. Prior to participating in the program we had a sense that the organization provided high quality care regardless of insurance status or racial and ethnic background. Participating in the project provided a great opportunity to validate those expectations. By striving for 100 percent compliance with CMS indicators, the organization felt any disparities in care that were found would be eliminated.

2. **How did the organization create interventions that addressed gaps in cardiac care and implement them?**

Prior to its participation in the program, Memorial Healthcare System developed a framework to achieve 100% compliance with CMS indicators. Quality teams in all its facilities developed tools, including checklists that prompted quality nurses to flag for physicians any indicators they had not met before a patient was discharged.

For the *Expecting Success* program, an additional team of nurses – on the floor around the clock – reviewed patient records in real-time to ensure indicators were met before a patient was discharged. This increased number of quality nurses made a huge difference and bumped compliance to at or near 100 percent on all of the indicators.

Another focus area was PCI, or door-to-balloon time. This was a particular challenge because it requires coordination of care from the time a patient enters the Emergency Department with heart attack symptoms to a patient

procedure in the Cath Lab. Halfway through the project, CMS changed its this quality indicator from 120 minutes to 90 minutes, so extra effort went to coordinating those two departments. A system was developed that assigns sub-segment time limits for each link in the process and holds each department accountable for meeting this standard. As a result, the organization is at or close to 100 percent compliance with the PCI indicator.

3. Did you incorporate this program into the organization's broader quality improvement goals?

Yes. Prior to participating in the program, Memorial Healthcare System had established the 100 percent compliance in cardiac indicators goal and saw *Expecting Success* as a way to help facilitate that goal. Even though participation in the program would require quite a bit of extra work, it was important because it would help accomplish an already established organizational goal.

4. What was the initial time frame from conception to operational implementation of the program?

Entering the program, the organization had to develop an action plan that included "SMART" goals that were specific, measurable, actionable, relevant and time-sensitive. The goals were accomplished within the time frame of the project and we achieved at or near 100 percent compliance with all CMS cardiac indicators. The PCI goal took a bit longer partly due to CMS shifting the target time from 120 to 90 minutes but that goal was achieved within 18 months.

5. How has the data been used? What data would you recommend other organizations track?

Data has been used to develop new operational procedures. For example, a PCI Task Force tracks sub-segmental times within door-to-balloon time, which helps the ED and Cath Lab teams to identify parts of the process where they need to shave off minutes, so that the total door-to-balloon time is 90 minutes or less. Data continues to be tracked in this way for internal use.

With a goal of 100 percent compliance regardless of patient background, data has consistently shown no racial or ethnic disparities in care, since 6 months into the project.

6. Was there key data that drove the adaptation of interventions or the measurement of success?

Memorial Healthcare System found CMS cardiac indicators to be really good with objective measurements of whether or not an organization is following evidence-based medicine. With heart failure and acute myocardial infarction, there is a lot of literature that gives evidence-based guidelines and these recommendations have proven to make a difference in patient outcome.

7. Did your organization track similar data before participating in the program?

Yes. CMS cardiac indicators were tracked (and continue to be) monthly and reported quarterly as required by Medicare participation. Prior to participating in *Expecting Success*, no ethnic or racial data were tracked. Being based in such a diverse community, Memorial Healthcare System's approach to patient care emphasizes culturally competent and patient and family centered care. This is reflected in our data, which showed minimal racial and ethnic disparities at baseline, which were corrected within the first six months of the project.

8. Are there aspects of the program that you feel could be replicated by other health care organizations?

Yes. When institutions apply the same evidence-based quality procedures and protocols to all patients, regardless of their racial and ethnic background, then the overall quality of care will improve, and disparities will diminish and disappear. Memorial Healthcare System developed a Code Heart process, to achieve the door-to-balloon time goal of 90 minutes or less. Code Heart is a very precise and intense approach to getting a heart attack patient from the ED to the Cath Lab table as quickly and safely as possible, so that he/she can receive the life-saving intervention (PCI) within 90 minutes or less. Through the *Expecting Success* collaborative, we were able to share what we learned with other institutions, many of which have replicated the Code Heart process at their institutions.

9. Has there been a sustained improvement since your participation in *Expecting Success*?

Yes. Memorial Healthcare continues to see at or near 100 percent compliance on all CMS cardiac indicators.

10. What challenges or obstacles had to be overcome?

Because Memorial Healthcare System is a relatively large organization, there was an initial challenge of getting everyone on the same page; getting buy-in and participation from all of the necessary players; getting everyone educated as to what their role would be; explaining accountability. Once that was completed, everyone shared the same goal and had a burning desire to achieve it.

11. Were other stakeholders (i.e., community groups) involved?

As a level 1 trauma center served by multiple emergency services units, there was a lot of work with the local EMS. As First Responders, they play a critical role in emergency cardiac care. The Emergency Department director worked directly with EMS units, providing them with feedback and data on all of the heart attack patients they brought in, as well updates on the project's quality indicators.

12. What advice would you give others wanting to improve care in similar ways?

Data is very important. Set "SMART" goals and use the data to track progress. It is also important to bring together a team that is dedicated to accomplishing the set goals. Physician champions, physicians in leadership roles that believe the project is worthy and the goals are achievable, are critical to success. It is also important to secure administrative support. A strong commitment from the hospital CEO was a requirement in securing the *Expecting Success* grant and is crucial to the success of this type of multi-disciplinary program.