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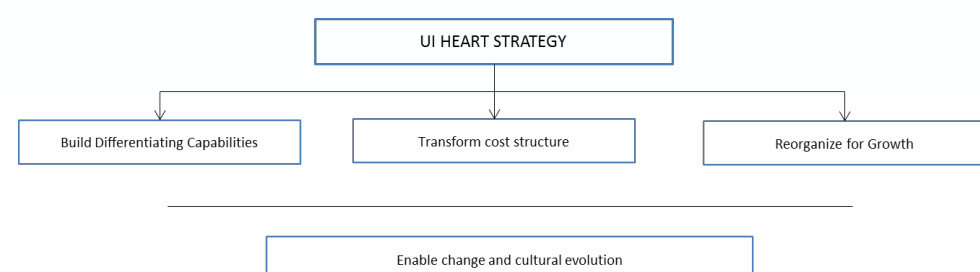
Background

The ongoing transition from traditional fee-for-service payment models to value-based models has facilitated a closer alignment and partnership between multiple care providers across many disciplines at the University of Illinois Hospital and Clinics. This burning platform calls for the delivery of high quality patient care in a more efficient and less manner. One of the leading and repeating problems in a cardiovascular service line was a loosely coordinated care delivery model that our team decided to review in greater detail.

Methods

- Standardized care pathways
- Created comprehensive order sets
- Implemented “Meds to Beds” program
- Implemented multidisciplinary discharge rounds
- Instituted transitional care appointment scheduling prior to leaving the hospital

Figure 1. UI HEART Strategy Necessary First Step in any Service Line Development



Methods

Figure 2. Building Blocks of UI Heart Program Essential Elements in building Functional Service Line

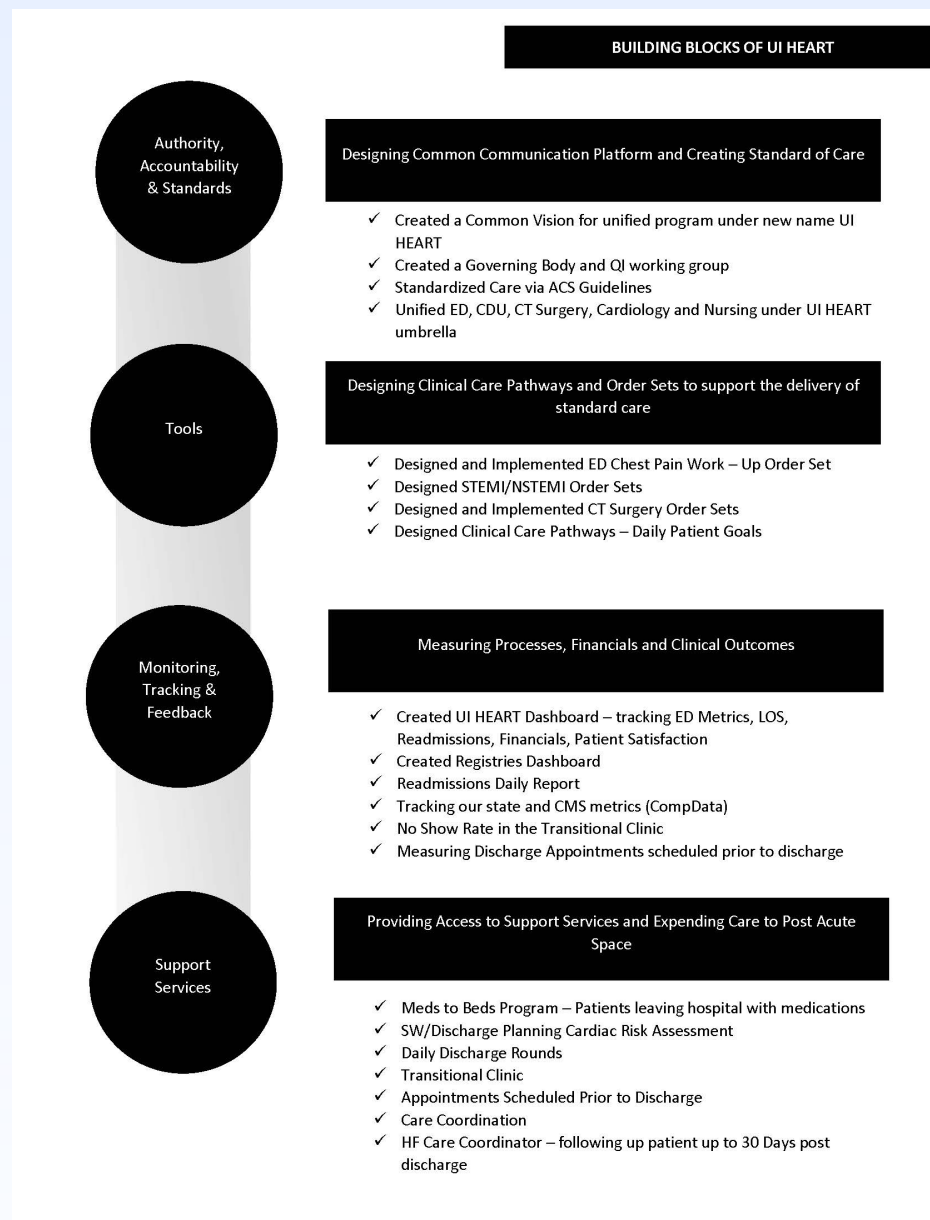


Figure 3. UI HEART Dashboard Tracking Process and Outcome measures are critical to sustaining any improvement practices

UI HEART DASHBOARD FY18/19	
	Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18
Emergency Department Metrics (Sources: Center)	
Average Time to ECG (in minutes)	
Percentage of STEMI patients with 90-minute door-to-balloon	
Inpatient Metrics (Sources: Center Reports, Vizient)	
Percentage Follow-up appointments made prior to DC	
Number of patients with high SW utilization	
30 Rolling Quarterly Rate - CABG	
30 Rolling Quarterly Rate - CABP	
30 Rolling Quarterly Rate - AMI	
30 Rolling Quarterly Rate - PCI	
30 Rolling Quarterly Rate - HF	
Post-Acute Care Metrics (Sources: Center, Vizient)	
Follow-up Care (30-day rate)	
Re-admission at 30 days - CABG	
Re-admission at 30 days - AMI	
Re-admission at 30 days - PCI	
Re-admission at 30 days - HF	
CUSTOMER SERVICE METRICS (Sources: Press Ganey, HCAHPS)	
Recommended Hospital (Score)	
Accommodated Hospital (Score)	
Good Understanding of Managing Health (Score)	
Good Understanding of Managing Health (Score)	
FINANCIAL AND VOLUME METRICS (Sources: Vizient)	
30 Day Direct Costs - CABG	
30 Day Direct Costs - AMI	
30 Day Direct Costs - PCI	
30 Day Direct Costs - HF	
Number of CABG Cases	
Number of AMI Cases	
Number of PCI Cases	
Number of HF Cases	
* New Measure FY19	
HF & Shock MSMD 292,292,293	

Results

Figure 4 and 5. AMI LOS and Readmission Control Charts (as tracked by MS DRG's)

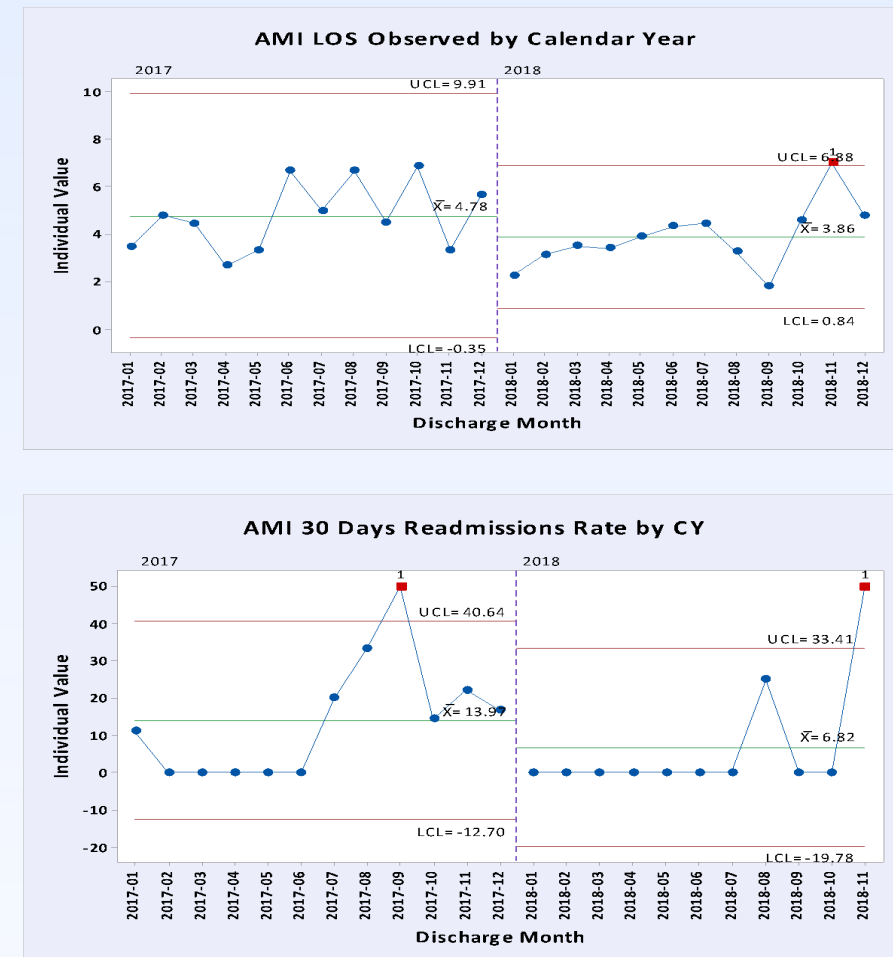
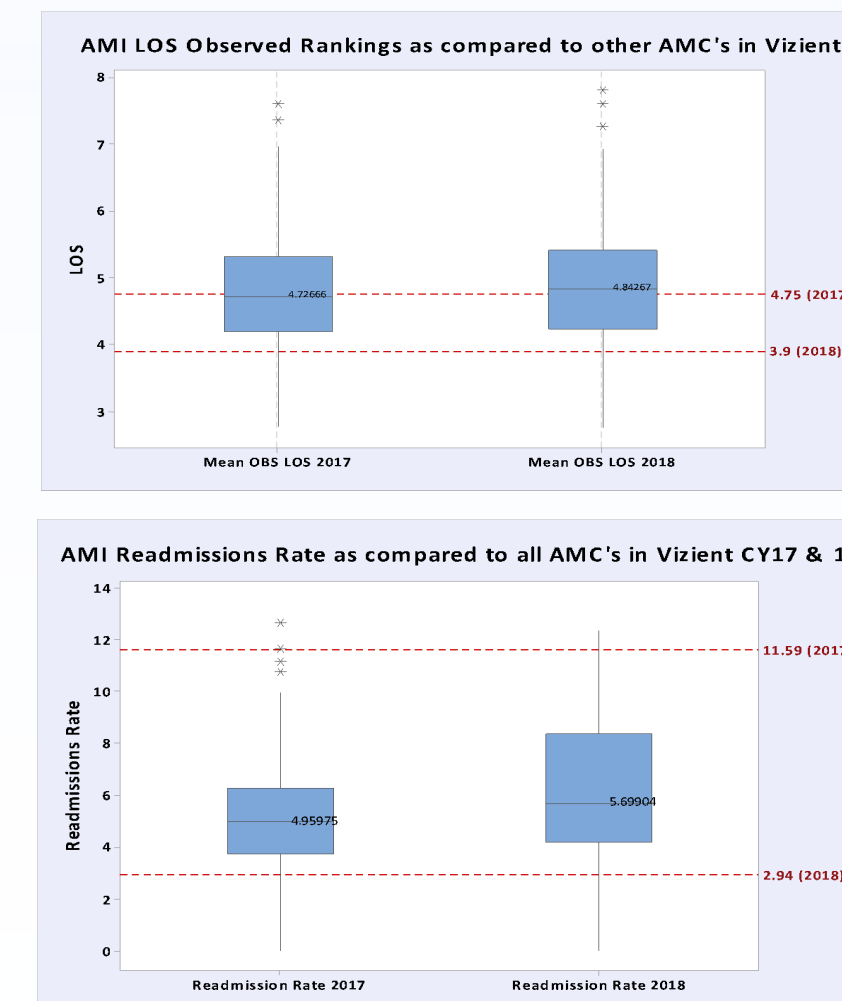


Figure 6 and 7. Box Plots depicting comparable performance UIH vs all Academic Centers reporting data to Vizient (UIH data in red dash lines). Distribution broken by Calendar Year



Summary

- Readmissions rate for AMI dropped by 47%
- AMI LOS has reduced by 18% as compared to our baseline prior to program development.
- Increased our compliance with post discharge appointments scheduled prior to discharge from zero to 90+%.
- MS DRG based ranks as compared to other AMC's hospital available in Vizient has shifted positively in the majority of our DRG groups.

UIH was also recognized in 2018 by American Heart Association with the Get With the Guidelines Heart Failure Target: HF Honor Roll Gold Plus Award



Team



Front row (from left): Elaine Roberts; Heather Prendergast, MD; Zaneta Ahuja; Carolyn Dickens; Stephanie Dwyer. Middle row (from left): Patricia Madden; Stephanie Hultz; George Kondos, MD; Lona Ernst Rizkallah; Thomas Perrone. Back row (from left): Malek Massad, MD; Adhir Shroff, MD; Keir Mitchell; Scott Uphouse; Amer Ardati, MD; Paul Gorski

Acknowledgments

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