

Virginia Cardiac Services Quality Initiative

Quarterly Quality Committee Conference Call – February 8, 2022: 12:00 p.m.

Attendees:

Carilion: Heather Miller

Centra: Cindi Cole

Inova: Leslie Johnson

Mary Washington: Beth Hart

Riverside: O'Brien Gossage

Sentara: Randy Fellman

UVA: Judy Smith, Samantha Hobbs

VCU: Angie Carneal, Maggie Crawley

Winchester: Amy Whittington

VCSQI: Sherri White, Eddie Fonner

Guests: Kaci Lentz, Pat Hobbs, Susan De Boer

Meeting Recording:

<https://www.dropbox.com/s/jas7x82x5az3jbw/VCSQI%20Quality%20Committee%202022-02-08.mp4?dl=0>

Meeting Minutes:

1. FAQs
2. AKI Letter to Administrators
 - a. Comparison of VCSQI hospitals
 - b. AKI Recommendations and Resources
 - c. Next meeting in March
3. Healthcare Disparities Workgroup
 - a. Meeting with Dr. Cleve Francis (Inova)
 - b. Working to analyze data, develop recommendations for staffing and patient education
4. Quarterly Meeting
 - a. Spring: March 17, 2022, 5:30pm – TVT
 - b. Interest in Data Managers' Workshop (virtual) with MCSQI
5. Open Forum (All)
 - a. How many data managers also abstract for TVT?
 - b. Different definitions between ACSD and TVT
 - c. Shared decision making:
 - i. UVA: Included in documentation that physician and patient discussed all options
 - d. Tracking of COVID in ACSD
 - i. E.g. vaccination status and dates
 - ii. COVID patients in VCSQI: LOS
 - e. ACSD Reports – complications will show denominators in two ways (all patients and % of complications)

FAQs

Questions: We have a patient with prior Left Vertebral Occlusions with distal reconstruction. the TM says we can count vertebral disease in the CVD section. Could the vertebral reconstruction count as a prior CV surgery? She seems like she was definitely higher risk but wanted to check with you about counting the vertebral reconstruction as a prior carotid surgery. I have always assumed that the carotids were NOT like the coronaries...where...once occluded, always occluded? "Left subclavian artery stent, L vert occlusion with distal recon,"

her carotids were clean by duplex study:

Right Carotid The right mid CCA is normal.

The right middle ICA is minimally to mildly stenosed (<39%).

The right ECA is normal.

The right vertebral flow is antegrade.

The right subclavian artery is triphasic.

Left Carotid The left middle CCA is minimally to mildly stenosed (<39%) with moderate homogeneous/ calcified plaque noted.

The left proximal ICA is minimally to mildly stenosed (<39%) with calcified plaque noted.

The left ECA is normal.

The left vertebral artery flow is antegrade.

The left subclavian is triphasic.

- Judy Smith (UVA)

Responses:

Your question was discussed with STS Surgeon Leadership. Code as SEQ 525. Do not code SEQ 560.

Vertebrals can count as CVD, but vertebral surgery does not count as prior carotid surgery.

- Melinda Offer, RN, MSN (STS)

Question:

PART TWO: When will the fix to the Prolonged Vent will be in the next release?

There is a glitch, and it shows up as missing even if you say NO to post op events. We are NOT supposed to fill it in as NO, but we need to leave it missing.

- Judy Smith (UVA)

Responses:

UPDATE: We resolved the issue with the Prolonged Vent. We, also, ran a script to correct those records where users set it to "No" when Complications was "No." Please review some records, to confirm. Let me know if you encounter any issues

- Yessey Falero (ARMUS)

Question:

What pre-op cardiac surgery education videos or tools do you utilize within your centers?

- Denise Cox (Sentara)

Responses:

We created a post-op education video with a software called Powtoon that we share with patients in house, and then link to their My Chart (which is their access to their EMR and can be reviewed after they leave the hospital).

We also created an education paper packet to be distributed in the office that explains the pre-op, intra-op and post-op phases/what to expect, etc.

- O'Brien Gossage (Riverside)

We use an education video that was developed by our previous CNS. The reviews the complete process for cardiac surgery. It also introduces the patient to the team and the facility. The video is also supported by an educational binder with phases of care divided out for the patient. We give this to all patients preop and utilize the book throughout the surgical admission. We also have the DVD divided into short segment videos and available for nurses to play for patients/families during the admission through the hospital's educational portal.

- Charles M. Bullins (Carilion)

Good Morning,

At Mary Washington Healthcare we have created and continue to update an educational book that has a wealth of information including pre/post-op expectations, protocols and information about our Surgeons, Cardiologist, and our hospital. There are charts to monitor BP/Weight/FSBS once discharged. Info about Cardiac Rehab and Nutrition. The last time we updated, we tried to include any new information ("move in the tube") or extra information that we would give in printed form at discharge as appropriate. We also utilize pre/post op videos by Milner & Fenwick: Preparing for Heart Surgery & First Days of Recovery (pre-op) and Leaving the Hospital After Heart Surgery & Cardiac Rehab (post-op). Each video is roughly 15 minutes. As the Navigator I usually spend an hour preop and postop reviewing the POC and goals for recovery with Pt/Family.

-Barbie Schumm RN (Mary Washington)

Milner Fenwick series for pre and post op cvs,

- Mike Brown, CCP (Mary Washington)

We use a handbook for our ERAS patient and slip in additional education material depending on the type of surgery (i.e. CABG, valve, TAA, etc) we also have an electronic copy (CARDIAC (weebly.com)<<https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fuvaeras.weebly.com%2Fcardiac.html&data=04%7C01%7CSherri%40vcsqi.org%7C060dbaade9454308cf5208d9dc4a2e33%7C7bfde8d457cc475fb69244d109129c35%7C0%7C0%7C637783033427859850%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6Ik1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=b7Os7z1%2BzHyHsFHh7DGtF%2FIhaiXeehOC14Dxhy8U8ZQ%3D&reserved=0>>) and we use videos Patient Education Video Library (HealthClips) - Documentation Site (virginia.edu)<<https://nam11.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthsystem.virgi>

nia.edu%2Fdocs%2Fper%2Fhealthclips-video-library&data=04%7C01%7CSherri%40vcsqi.org%7C060dbaade9454308cf5208d9dc4a2e33%7C7bfde8d457cc475fb69244d109129c35%7C0%7C0%7C637783033427859850%7CUnknown%7CTWFpbGZsb3d8eyJWljoimC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=c1rfnDzUaVJCxTcFYbljNoBeQdTJsFyL5wYi8cLOWew%3D&reserved=0?

- April Howell (UVA)

Question:

If a patient is admitted for ACS, has a cardiac cath with no PCI options available, and is then deemed a surgical candidate, are they discharged home to wait on surgery if they are stable, or remain inpatient until surgery can be completed on that admission?

- O'Brien Gossage (Riverside)

We send stable patients home. I see our cardiologists only admitting patients they believe should be operated on within a few days—for instance, those with significant Left Main disease, severe ostial LAD disease. It does free up the cardiology beds when you send the stable patients home.

- Judy Smith (with help from my friends)

It depends. If left main, unstable,/NSTEMI, STEMI they remain in hospital till surgery. If cathed and elective we send them home for 2 weeks to let dye wear off them bring back as same day surgery.

- Linda Halpin (Inova)

Generally if it's "stable" coronary disease on their elective cath, we'll see the patient for a consultation in the post-cath unit and arrange for elective surgery. However, we defer to the cardiologist to determine if the patient is stable for discharge. If they need preop studies/labs, we do those during the cath admission. Patients admitted from the ED with a positive stress/NSTEMI's who have CAD will be done during this admission most of the time. The exception to that would be a COVID positive patient with a troponin leak/NSTEMI – we have been trying to allow them to recover and come back for elective CABG.

- Charles M. Bullins (Carilion)