With all the things taking place at any one hospital, at any given time, it is hard to imagine that patients’ treatment would be closely monitored as they travel through the continuum of care within the facility. However, in-hospital, quality improvement programs such as Get With The Guidelines (GWTG) are bringing concurrent monitoring of patients to the forefront. GWTG allows participating hospitals to operate as they see fit whether concurrent or retrospective, however, as the program is implemented, many hospitals realize that if they are truly going to have an impact on patient care, it is necessary to monitor concurrently versus retrospectively. “Concurrent monitoring and data collection provides an opportunity to impact care at the time care is being delivered. It is a very powerful tool in that way,” states Carrie Horton, Clinical Nurse Specialist at Research Medical Center and GWTG Nurse Champion. This approach to patient care is producing outstanding results for Research Medical Center, a 500-bed community hospital located in Kansas City Missouri. Other GWTG participating hospitals are also reaping the benefits such as Seven Rivers Regional Medical Center, and Regional Medical Center Bayonet Point, both located in Florida. These hospitals range in size from 128 licensed beds up to 500 beds. Each has unique challenges related to concurrent monitoring, and each one has an individualized, systemized process in place based on their facility’s circumstances, to gather data concurrently and affect change immediately.

Retrospective to Concurrent Yields Results for Two Florida Hospitals
Before creating a new position to manage GWTG full-time (at that time the Coronary Artery Disease (GWTG-CAD) module), Regional Medical Center Bayonet Point’s GWTG program was managed by a couple of staff members who had other duties as well, and patient data collection was handled retrospectively. Patti Rossetti, an RN within the facility took on the newly created role of Quality Management Coordinator and immediately started backtracking to identify the issues and discover problem areas. She then implemented concurrent monitoring and data collection for the GWTG-CAD patients. Rossetti identifies the patients to monitor every morning by attending bedboard meetings and reviewing the lab results over the computer for troponin levels which indicates heart damage. She will also run a census report. She prints the Patient Management Tool (PMT) and carries it around as she reviews charts. She will then enter the data. Rossetti spends the vast majority of her time on the floor, not just collecting data, but also talking to and educating staff on the program.

Since the change to concurrent monitoring, their adherence to GWTG-CAD guidelines has increased dramatically, and Regional Medical Center Bayonet Point is performing at Performance Achievement Award level. Out of the eight discharge performance measures, the hospital is performing at 100% on four of them and > 90% on the other four. They have also implemented GWTG-Stroke. Ms. Rossetti comments “It is hard to meet and excel in the performance measures if no one is managing the program. You need someone out there. Someone who is visible. Someone who is excited about the program.” Ms. Rossetti believes it is quite effective to have someone manage the program full-time, as the results show at her facility, but knows that this is not possible
for all hospitals. She does, however, believe it takes commitment from at least one person—the program Champion who then works together with an interdisciplinary team, physicians and staff. “Because the CAD program is going well, we do more retrospective reviews than concurrent based on the fact that all of the guidelines continue to be met.” Rossetti is currently doing 100% concurrent data collection on stroke patients and preparing for the data collection on 30 patients to start her database for GWTG-Heart Failure (GWTG-HF).

Seven Rivers Regional Medical Center was another hospital that initially started out managing the program retrospectively. As Cyndi Heitzman, Chief Nursing Officer tells it “It was obvious early on in the process that we weren’t going to achieve results we wanted collecting the data retrospectively.” Heitzman commited her nursing leadership team to do concurrent monitoring as they are at the bedside all the time. She herself also takes on patients for monitoring. “There is absolutely no reason that Chief Nursing Officers can’t be an active part of the program,” she comments.

Seven Rivers Regional Medical Center takes an “all or none” approach to quality. Each nursing leader has a book with performance measurement tools in it (printed off of PMT) along with standardized letters that lists the performance measures with check boxes next to each one. If something is found to be missing in a patient’s chart, the nurse places the letter, which is signed by the hospital’s physician advisor in the chart for the physician. “We have gotten great results with the letter” states Heitzman. If for some reason the physicians wish to deviate from the guidelines (which is rare) the physician advisor will talk to him/her. This goes in to the physician’s credentialing filing. Ms. Heitzman explains, “We are a hospital that is proactive when it comes to quality. It is a true culture that you must foster.”

Seven Rivers processes are so well defined, that they consistently do 100% concurrent monitoring on all three GWTG modules. Ms. Heitzman heartily agrees with the comments of Patti Rossetti regarding a program champion. She says, “We have a team approach, but you absolutely have to have someone to champion the cause. Someone who can monitor the data and represent the program as a whole.” Heitzman regularly does chart audits to make sure things are running smoothly.

Technology & Team Approach to Concurrent Monitoring

Research Medical Center in Kansas City Missouri has always had a concurrent monitoring philosophy even prior to implementing GWTG. Carrie Horton, Clinical Nurse Specialist at Research Medical Center and GWTG Nurse Champion says “Our Cardiovascular Department had been active in monitoring outcomes for the previous seven years. We were doing it with paper and pencil. With GWTG we saw an opportunity to go to a computerized database.” This GWTG hospital participates in all three modules, and manages CAD and HF concurrently.

Unlike many other hospitals, Research Medical Center has wireless Internet connections and enters GWTG-CAD data directly in to the PMT via desktop computers. Heart Failure is handled slightly differently since there are more data elements and the patients are generally in the hospital longer, the performance measures are printed out from the PMT, filled out by hand and entered. At Research Medical Center, the Inpatient Cardiac Rehab team does all concurrent data collection for GWTG-CAD and GWTG-HF collection is done by a new position called Inpatient Heart Failure Coordinator. One of this position’s duties is concurrent monitoring of the GWTG-HF patients. Ms. Horton speaks of one of the challenges of handling data collection concurrently, “I think that the challenge is that we have a number of people doing data collection and entering the data. Since more than one individual is handling this, we have to frequently review the data and get back with people to make sure they understand the definition of the data elements.”

Ms. Horton’s advice to hospitals implementing concurrent data collection is not to be discouraged if you have challenges getting resources to do concurrent data collection. “Start out with at least a sample and then try to build momentum. Look to non-traditional resources for help collecting data. Lots of times we look to the bedside nurse first—but adding more duties at the bedside is not necessarily successful. Figure out what works for your hospital,” she says.

Although each of these hospitals operate quite differently, what is common is that they all made a strong commitment to quality and therefore manage GWTG concurrently to have the biggest impact not only on their performance numbers, but on patient care.

If you’d like to learn more about Get With The Guidelines, an e-mail series is offered to help implement this important and lifesaving program with a step-by-step guide.

Send an e-mail to guidelineinfo@heart.org.

For more information about GWTG and how to become involved, contact your local American Heart Association Quality Improvement Initiatives Representative or log on to www.americanheart.org/getwiththeguidelines.