A Champion Emerges and a Quality Improvement Initiative is Born

Mary Jensen, RN-C, is Clinical Coordinator Cardiac Rehabilitation at Presbyterian/St. Luke's Medical Center, a 680-bed, private community hospital located in Denver. In August of 2001, she attended an informational meeting with Dr. Thomas Crisman, a Cardiologist from the facility, regarding a new American Heart Association (AHA) quality improvement initiative called Get With The Guidelines-Coronary Artery Disease (GWTG–CAD). This AHA sponsored, in-hospital program provides medical staff proven processes and a variety of resources to achieve consistent guidelines-based care for cardiovascular patients. As Jensen tells it, “At the end of the meeting, after learning about GWTG, Dr. Crisman and I looked at each other and said ‘seems like the right thing to do.’” And so, GWTG was born at Presbyterian/St. Luke’s with the Cardiac Rehab team and Mary Jensen as program champion and a couple of physician co-champions to support the group when necessary. In just over one year thanks in large part to the initiative of Ms. Jensen and the Cardiac Rehab team, AHA’s GWTG–CAD program made a dramatic impact on patient education and care, as well as secondary prevention and staff morale, helping the hospital achieve almost across-the-board improvement in every benchmark (see sidebar).

The Process Begins and is Proven

Because of her unique perspective as Cardiac Rehabilitation Clinical Coordinator, Ms. Jensen recognized the importance of educating heart patients about the disease and their role in the recovery process while they are still under her care -- preparing them for the transition from hospital to home and their life thereafter. “It is no secret that patients are more receptive to medical advice when they are hospitalized, just as scientific studies have demonstrated that secondary prevention programs seem to be more effective when introduced to patients before they leave” she says. Because of this understanding as well as her commitment to quality patient care, Ms. Jensen took on what many would consider the daunting work of implementing the program within the facility. Jensen describes herself as the “process person”, arranging meetings, creating bulletin boards to communicate guidelines and goals hospital-wide, reviewing order sets and informing staff of changes.

Once a program champion was in place, the next step was to establish a multidisciplinary team. The first meeting consisted of people who were considered to be key players. During the meeting participants would bring up others who would be good additions to the team and so the initiative grew. With a recent staff reduction within the hospital as well as everyone’s

<table>
<thead>
<tr>
<th>GWTG-CAD Performance Measures</th>
<th>Baseline %</th>
<th>Q1 '02 %</th>
<th>Q2 '02 %</th>
<th>Q3 '02 %</th>
<th>Q4 '02 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE inhibitor at discharge</td>
<td>56.67</td>
<td>68.94</td>
<td>72.14</td>
<td>84.93</td>
<td>86.61</td>
</tr>
<tr>
<td>Beta-Blocker at discharge</td>
<td>56.67</td>
<td>81.82</td>
<td>87.65</td>
<td>88.20</td>
<td>89.74</td>
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<td>Aspirin at discharge</td>
<td>93.33</td>
<td>98.04</td>
<td>95.93</td>
<td>95.72</td>
<td>95.68</td>
</tr>
<tr>
<td>Lipid lowering medication at discharge</td>
<td>73.33</td>
<td>84.31</td>
<td>90.86</td>
<td>90.48</td>
<td>89.36</td>
</tr>
<tr>
<td>Smoking cessation counseling</td>
<td>80.00</td>
<td>92.59</td>
<td>90.70</td>
<td>87.18</td>
<td>89.19</td>
</tr>
</tbody>
</table>

The hospital has been a GWTG Performance Achievement Award Hospital since 2001, recently reaching the highest position, Sustained Level, meeting performance requirements for 24+ consecutive months.
busy schedule’s efficiency was key. The team did not meet very often, and when they did care was taken to make the meetings productive. Jensen also figured out ways to integrate the program into every day routines.

The team then set their sights on determining their current baseline by collecting data from 30 charts, and refining their quality-improvement measures such as, discharge protocols, standing orders, chart reminders and measurement tools. “Each quarter we focused on a particular measure, starting with the ones that were our lowest performers.” Tackling a measure at a time allowed the group to focus on and strive for a common goal, and not get overwhelmed in the process.

Key to moving forward was providing blind reports on individual physician performance from the Patient Management Tool. The team and physicians agreed it was a valid way to track performance. Many physicians were surprised by the data and instantly wanted to backtrack to determine what went wrong. A nurse herself, Jensen was key to opening up critical communication between nurses and physicians in a non-threatening manner for the good of the patients and success of the program. “Most physicians embraced the data and worked with it. Occasionally there was a physician who we couldn’t get through to and that’s when our physician champions came in. They “speak each other’s language”, they can recite statistics to back up why things should be done a certain way, and they convinced other physicians to support the cause,” states Jensen.

Not long after GWTG processes were integrated into routine the hospital started to see improvement. “Initially I was surprised by the results and thought it was a fluke, but I kept checking and the numbers kept getting better. It is obvious the process works,” states Jensen. As with all teams, once positive results are recorded, morale is improved and the group gains momentum and the Presbyterian/St. Luke’s team was no exception.

One Person Can Make a Difference-A Team Makes it Happen
GWTG requires an 85%+ sustained adherence to guideline performance measures in order to reach Performance Achievement Award Level and gain national recognition. Presbyterian/St Luke’s Medical Center performance steadily increased over the course of a year achieving almost across-the-board improvement in every benchmark (see sidebar on page 1). The hospital has been a GWTG Performance Achievement Award hospital since 2001, recently reaching the highest position, Sustained Level, meeting performance requirements for 24+ consecutive months.

Over and above the impressive statistics has been the impact on people, both patients and staff. Patient education and care has seen great improvements as well as staff morale. Ms Jensen comments, “Staff is empowered and can see how they make a difference and that is a great motivator.” Satisfied with the results they achieved with Coronary Artery Disease, Presbyterian/St. Luke’s is now starting a new chapter embarking on the GWTG Heart Failure module. Mary Jensen is living proof that it takes one person to make a difference, regardless of the position they hold. She says “It is important to know that you do not need to be on the lecture circuit or a grant recipient for this to be successful -- it simply takes commitment, passion and teamwork.”

Ms. Jensen emphasizes the word teamwork. “Without a strong team commitment like what we have at Presbyterian/St. Luke’s none of this would have been possible.”

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.

To opt-into this series, 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.