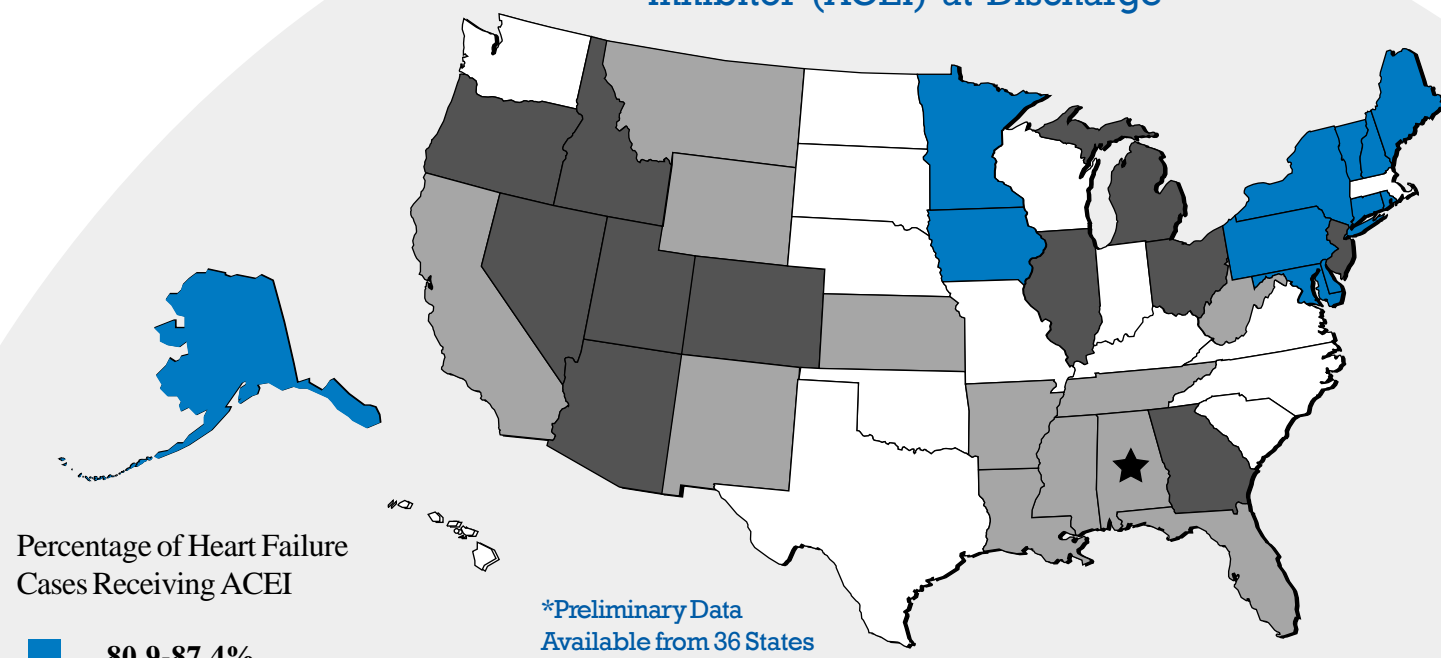


# Heart Failure

## Appropriate Use/Non-Use of Angiotensin Converting Enzyme Inhibitor (ACEI) at Discharge



- 80.9-87.4%
- 77.4-80.7%
- 71.1-75.8%
- Data Not Available

In January 1999, the Health Care Financing Administration (HCFA) launched the National Heart Failure (NHF) project, a major effort to improve the care provided to Medicare patients with heart failure. This effort is one of the national topics under Medicare's Health Care Quality Improvement Program (HCQIP).

The use of ACEI is considered the cornerstone of proper medical treatment for heart failure patients with systolic dysfunction. This practice recommendation has been defined in guidelines issued by two groups: the Agency for Health Care Policy and Research (AHCPR) and a joint committee of the American Heart Association and the American College of Cardiology (AHA/ACC).<sup>1</sup>

As the PROs work in collaboration with hospitals to increase the appropriate use of diagnostic testing and appropriate use or non-use of ACEI, education efforts for heart failure patients will be encouraged. Providers will be monitored for appropriate discharge instructions given to patients. These instructions include information regarding smoking cessation, weight monitoring, diet, activity level, follow-up appointment and instructions if symptoms worsen.

1. Konstam M, Dracup K, Baker D, Heart Failure: Management of patients with left-ventricular systolic dysfunction: Quick reference guide for clinicians, No.1. AHCPR Pub June 1994; No. 94-0613.

### Quality Indicators

- To increase the use of appropriate diagnostic tests to evaluate left ventricular systolic dysfunction (LVSD) in heart failure
- To increase the use of angiotensin converting enzyme inhibitor (ACEI) for heart failure patients with an ejection fraction (EF) less than 40%

# Coronary Artery Bypass Grafting (CABG)

The Cooperative Cardiovascular Project (CCP) began in 1994 in four states: Alabama, Wisconsin, Connecticut and Iowa. CCP initially had three focus areas: Acute Myocardial Infarction, Coronary Artery Bypass Grafting (CABG) and Percutaneous Transluminal Coronary Angioplasty. As data were compiled, the complexity of the issues related to CABG became apparent, and the need for a separate project on bypass surgery was recognized. As a result, the need to design a specific project related to Coronary Artery Bypass Grafting was established.

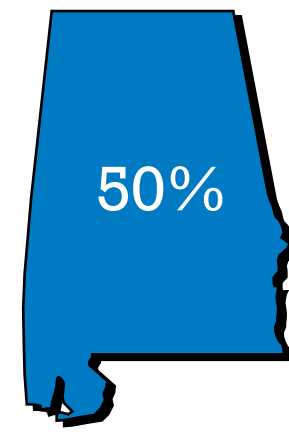
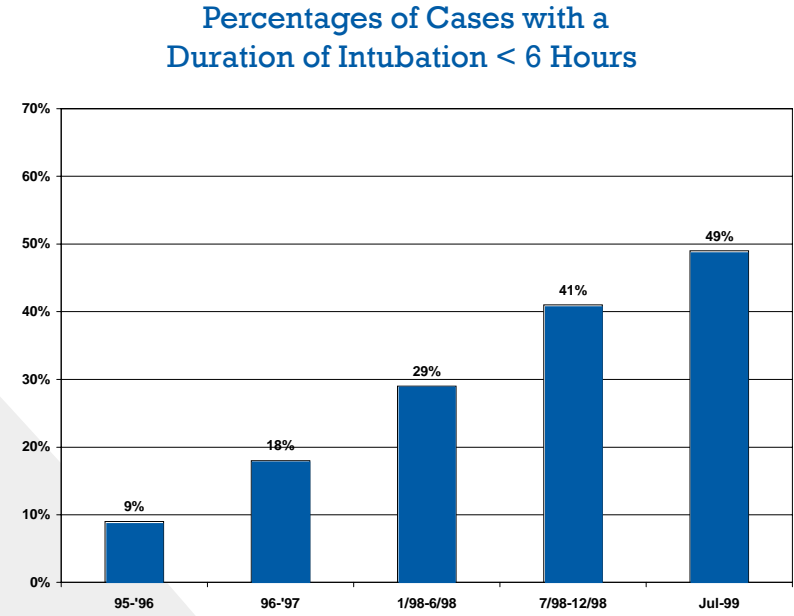
By January of 1997, plans were in place for a statewide meeting to kick-off the project in Alabama. All 21 hospitals across the state that provided CABG surgery chose to participate in this exciting, trend-setting program.

### Accomplishments:

- A survey of most participants indicates that much improvement has been made.
- Many agree that the CABG project is one of the most exciting in which they have participated.
- The Alabama CABG Study Group listed "the percentage of cases with a duration of intubation less than or equal to six hours" as the primary focus for the Alabama CABG Project.
- A goal was set by the study group that by December 1998, 50% of CABG cases in Alabama would have a duration of intubation less than six hours.
- From 1995-96 to July 1999, performance rates for the duration of intubation indicator improved from 9% to 49%.
- Phase one of the CABG project ended in the fall of 1999. Remeasurement data were presented September 30, 1999. More than 140 people attended the conference.
- Risk-adjusted data showed that Alabama had significantly reduced in-hospital mortality for CABG cases, while there were not significant changes in a national sample.

### Next Steps:

Plans have been approved to continue the CABG project into a new phase with a continued focus on intubation times. Additional indicators include peri-operative beta-blocker use and appropriate lipid evaluation and treatment. In addition to the new indicators, information will be collected for the following profile variables: documentation of doctor follow-up visit scheduled two weeks after discharge, length of time of surgery/time on pump and the percentage of patients that received erythrocyte or non-erythrocyte blood products.



Atrial Fibrillation Data Show Alabama Ranked Near the Bottom

# Stroke/TIA and Atrial Fibrillation

Stroke is the third most common cause of death. Atrial fibrillation and transient ischemic attack (TIA) are known risk factors for stroke. The objective is to decrease the morbidity/mortality rate related to stroke by improving quality of care for patients with atrial fibrillation, TIA and ischemic stroke.

The quality indicators were developed by a national expert panel and based on published guidelines and the results of clinical trials. Contact AQAF for more information about the panel members or specific guidelines.

### Atrial Fibrillation Quality Indicator:

**Warfarin prescribed at discharge**  
Documentation of warfarin prescribed at discharge or a plan for warfarin after discharge for patients discharged in atrial fibrillation who have intermittent atrial fibrillation that do not have contraindications to warfarin. Preliminary data results for atrial fibrillation reveal that 50% of atrial fibrillation patients in Alabama received warfarin at discharge. **Of 36 states from which preliminary data are available, Alabama ranks 28th.**

### Stroke/TIA Quality Indicators:

- Quality indicator results for stroke/TIA are not available at this time.
- Antithrombotic prescribed at discharge**  
Documentation of an antithrombotic prescribed at discharge or a plan for an antithrombotic after discharge for patients with TIA/stroke that do not have contraindications to antithrombotics (includes aspirin, warfarin, ticlopidine, clopidogrel and dipyridamole).
- Avoidance of sublingual nifedipine in patients with acute stroke**  
No documentation of administration of sublingual nifedipine in patients with stroke and elevated blood pressure (>140 mmHg systolic or >90mmHg diastolic) during the first 24 hours following arrival.

### Project Status:

750 stroke/TIA and 750 atrial fibrillation inpatient fee-for-service Medicare acute care hospital discharge records for the period 7/98 - 12/98 have been requested. Data collection is underway for stroke/TIA, and final analysis for atrial fibrillation is near completion.

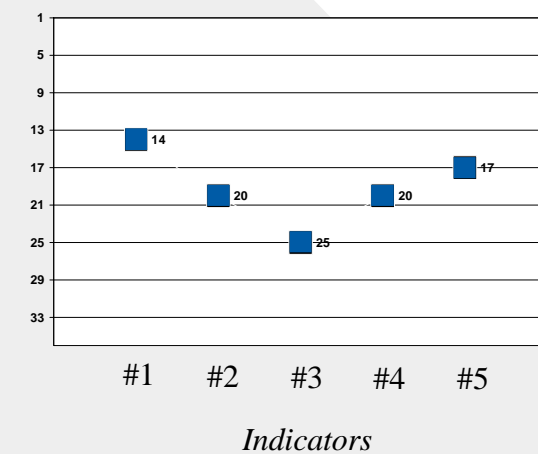
# Pneumonia

Pneumonia and influenza are the 6th leading causes of death in the U.S. More than 90% of these deaths are in the population aged 65 and above. The objective is to decrease the morbidity/mortality associated with community-acquired pneumonia in Medicare beneficiaries.

## Quality Indicators

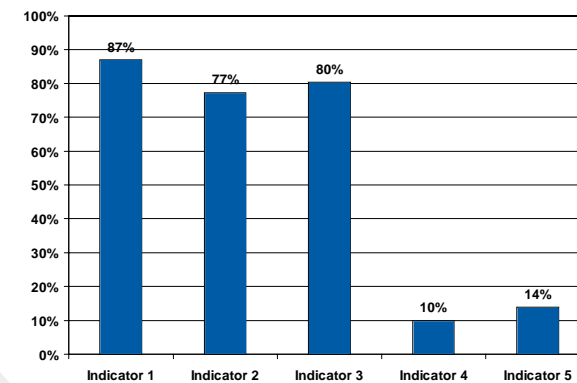
- 1) Timely antibiotic administration
- 2) Use of initial antibiotic therapy consistent with current guidelines
- 3) Blood cultures prior to the initial antibiotic dose
- 4) Hospitalized pneumonia patients screened for or given pneumococcal vaccination
- 5) Hospitalized pneumonia patients screened for or given influenza vaccination

Alabama Ranks Low Compared to Other States



Alabama Ranking Out of 36 States

Alabama Pneumonia Quality Indicator Performance



The quality indicators are based on a review of medical evidence by a national expert panel. Contact AQAF for more information about the panel members or specific guidelines.

## Project Status:

750 pneumonia medical records from Alabama have been requested. The sample is inpatient fee-for-service Medicare acute care hospital discharge records for the period 7/98 - 12/98. Analysis is underway. Final data will be available to AQAF in January/February.

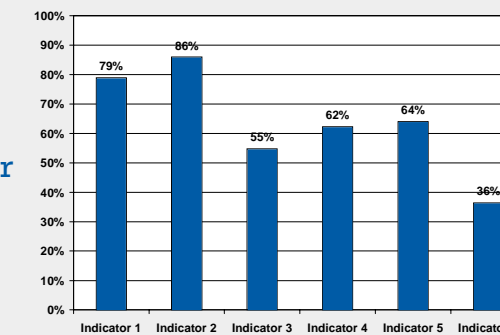
Alabama Quality Assurance Foundation / One Perimeter Park South, Suite 200 North / Birmingham, Alabama 35243-2354

# Acute Myocardial Infarction

The National Acute Myocardial Infarction Project focuses on strengthening appropriate care processes to improve patient outcomes. The goal of both the national and state level project is to lower the one-year mortality rate for Medicare beneficiaries following hospital admission for heart attack. Specifically, the goal is to decrease the one-year mortality from 31.4% (based on hospital admissions for heart attack from August 1995 to July 1996) to 27.4% over 5 years. This represents a decrease of 1 percentage point more than the background trend.

The American College of Cardiology and American Heart Association summarized the scientific evidence and published clinical guidelines for the management of acute MI in 1996<sup>1</sup> and an update in 1999<sup>2</sup>. The process objectives for HCFA's acute MI national project and the local projects are consistent with recommendations in these guidelines. The quality indicators are not clinical guidelines, but adapt information from the guidelines in order to measure performance.

Alabama AMI Quality Indicator Performance



## Quality Indicators

- 1) Early administration of aspirin
- 2) Early administration of beta-blockers
- 3) Aspirin prescribed at discharge
- 4) Beta-blocker prescribed at discharge
- 5) ACEI prescribed at discharge if left ventricular ejection fraction (LVEF) is impaired
- 6) Smoking cessation counseling during hospitalization
- 7) Timely initiation of reperfusion therapy (using a thrombolytic agent or angioplasty)

## Preliminary Data Show Alabama Consistently in Lower Third of Nation

The Health Care Quality Improvement Program (HCQIP) is designed to improve care in selected clinical areas prevalent in the Medicare population. Data from this national program show Alabama ranks consistently low in several clinical topics. The program is national in scope and is led by the Health Care Financing Administration (HCFA). The clinical topics to be addressed in the inpatient setting include pneumonia, stroke/TIA, atrial fibrillation, heart failure and acute myocardial infarction. Another component of HCQIP will focus on clinical topics in the outpatient setting: breast cancer, immunization and diabetes.

In order to reach goals set by HCFA, AQAF and health care providers across the state are partnering to improve care in all clinical areas. HCFA has recently provided Alabama with preliminary data on each clinical topic and quality indicator, which suggest room for improvement.

**The preliminary data for atrial fibrillation, pneumonia, heart failure and acute myocardial infarction in this newsletter are preliminary data subject to adjustment for quality control. They are not final, official indicator rates. In accordance with HCFA restrictions on non-disclosure, collaborators must not publicly disseminate the data.**

AQAF will provide facilities with information such as data, updates and suggestions for quality improvement projects through the *Quality Perspective*.

Designed to be a resource and reference, *Quality Perspective* is a valuable tool containing information about AQAF's quality improvement projects. A separate edition of the publication relating to outpatient care and quality improvement topics will be mailed on alternating months. Any information or comments should be mailed, faxed or e-mailed to the contacts and addresses listed in this publication.

In addition to the inpatient clinical topics, AQAF and Alabama health care providers are working on another quality improvement program with Coronary Artery Bypass Grafting (CABG) surgery. The program, an offshoot of the Cooperative Cardiovascular Project (CCP), has made significant strides in improving care for patients having CABG surgery. The major improvement achieved is the reduction in intubation time. All 21 Alabama hospitals that perform CABG surgery are participating in this program, and the excitement about the outcomes of the project has resulted in the extension of the project for the next three years. Updates on the CABG project will be included in the inpatient issue of the *Quality Perspective*.

## In This Issue...

- Preliminary Data Results
- Overview of Clinical Topics
- Quality Indicators Defined

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1. Ryan TJ, Anderson JL, et al. ACC/AHA Guidelines for the Management of Patients with Acute Myocardial Infarction: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Management of Acute Myocardial Infarction). *J Am Coll Cardiol* 1996;28:1328-428.

2. Ryan TJ, Antman EM, et al. ACC/AHA guidelines for the management of patients with acute myocardial infarction: 1999 update: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Management of Acute Myocardial Infarction).

