

ACADEMY FOR EXCELLENCE IN HEALTHCARE

IMPACT ASSESSMENT PAPER

Executive Summary

Bridge Builders at Society of Cardiovascular Patient Care and Community Health Systems

The Society of Cardiovascular Patient Care (SCPC), an institute of the American College of Cardiology (ACC), is a nonprofit organization dedicated to improving the care and outcomes of patients worldwide with suspected acute coronary syndrome, heart failure, and atrial fibrillation through innovative cross-disciplinary processes, including accreditation services. The accreditation program provides hospitals with the tools to improve and transform their cardiovascular care by ensuring that systemic quality-of-care measures are met by hospitals and that the requisite protocols, processes, and systems are in place.

As a hospital approaches the anniversary date of a previous accreditation, it seeks reaccreditation. SCPC recognized this as a multi-year gap in *active* order-set advancement among hospitals. (Order sets are standardized guidelines for a specific diagnosis or type of care that have been developed by physicians based on medical literature for evidence-based standards.) Community Health Systems (CHS), an operator of 159 mostly rural and suburban acute-care hospitals in 22 states, collaborated with SCPC on an improvement project to bridge the gap. The resulting “Bridge Builders” project examined the causes behind the gap and how SCPC could assist providers continually *after* an accreditation and help them to more readily achieve their next accreditation.

In September 2015, an SCPC/CHS improvement team attended training at the Academy for Excellence in Healthcare at The Ohio State University and learned about lean techniques that could help them evaluate and address the reaccreditation issue. The improvement team examined the success rates for all hospitals with Chest Pain Center (CPC) accreditation. The CPC accreditation requires a consistent approach for acute coronary syndrome (ACS) patients based on guideline-driven medical therapy (GDMT) and recommendations from ACC/AHA peer-published research and best practices; it is a hospitalwide initiative to improve quality outcomes. The team found that 96 percent of hospitals seeking a Cycle IV CPC accreditation achieved it. But of the 4 percent that were not recommended for accreditation and which had to be remediated over six months to satisfy the requirements for accreditation, 95 percent of those hospitals had been accredited previously. The impact herein is that hospitals build processes to get to accreditation as an endpoint, and fail to continue the ongoing processes during the years of their accreditation. The improvement team also found that 46 percent of all accredited hospitals had not submitted data in the interim, and 12 percent submitted data that was late or inaccurate (see *Healthcare System Data Submission Findings*). Among those that had submitted data, many metrics were getting worse while patient volumes were increasing, which could potentially affect quality of care.

The team also saw little interaction between hospitals and SCPC after an accreditation: only 59 hospitals of 703 submitted metrics to SCPC; less than 1 percent contacted the SCPC “Ask the Expert” support line; and less than 8 percent attended a webinar designed to support guideline dissemination and best practices. The improvement team’s problem statement for the AEH project was “After accreditation, hospitals reduce or stop conformance with Guideline Driven Medical Therapy (GDMT) as well as accreditation standards.”

Through the SCPC’s contact with hospitals they defined a 5-Whys approach to uncover the root causes behind CPC reaccreditation lapses: Many hospitals realized their CPC data was declining, and others did not know how to address deficits and/or often relied on old guidelines data from cardiovascular registries. Many cited staff turnover (i.e., the person responsible for the initial accreditation had moved on). Other reasons for failed reaccreditation included other hospital priorities; voluntary nature of the three-year cycle; and healthcare focus on acute illness. The improvement team also identified issues related to SCPC’s role, including SCPC staff not assigned the task of continuing an accreditation relationship; no infrastructure to support ongoing communications; and competing strategic priorities.

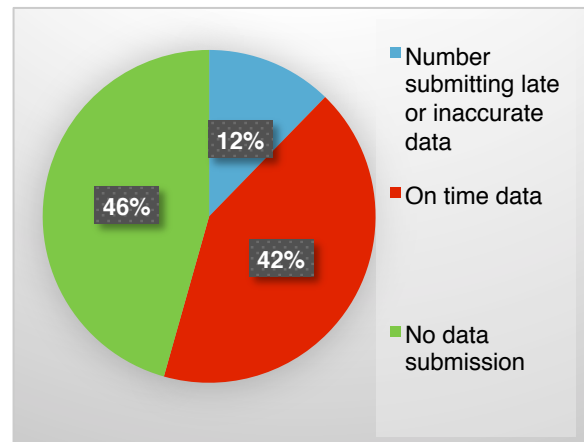
The improvement team established a goal to maintain relationships between hospitals and SCPC. They developed the “Bridge Program,” which included online worksheets that incorporated CPC criteria that providers needed to maintain on an *ongoing* basis; startup webinars to engage providers in the program; support from cardiovascular service line or executive champions with process-improvement initiatives and with data reporting and alignment; and ongoing support from SCPC staff.

The Bridge Program was introduced to 49 hospitals that did not meet Cycle IV accreditation; one national healthcare system made the program mandatory, and 10 additional hospitals asked to be included in the program. By February 2016, the program had achieved 54 percent data compliance from participating hospitals. SCPC was planning to expand the Bridge Program to all CPC Cycle IV hospitals accredited in the previous 12 months.

Read the full study of the Bridge Builders project, which illustrates how a healthcare provider and an accrediting body had a similar awareness of a problem and then contributed to a solution in different but collaborative ways. The project also underscores that continuous improvement is not “an event” or a goal but an ongoing journey that, ideally, involves every individual in the organization on a daily basis.

About the Academy for Excellence in Healthcare: AEH blends in-person class time with hands-on project work, interactive simulations, and recurrent coaching, all aimed at helping healthcare teams spark actionable change at their organization. To learn more about AEH, contact [Margaret Pennington](#), Faculty Director, or [Beth Miller](#), Program Director.

Healthcare System Data Submission Findings



Source: SCPC and CHS