

Implementation of Discharge Checklists Improves Clinical Performance and Quality Measures Following Acute Myocardial Infarction

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Background:

ACC/AHA has set clinical performance measures (CPM) for care of acute myocardial infarction (AMI) patients¹. Despite set criteria, these standards are oftentimes not met. We aimed to improve adherence to CPM through the implementation of discharge checklists.

Methods:

Retrospective chart review of patients diagnosed with AMI three months prior to and three months following the implementation of discharge checklist was performed specifically analyzing adherence to set CPM. Discharge checklists were given to university cardiology teams outlining CPM guidelines for AMI patients (Table 1). Only patients treated by the university cardiology team were included in the final analysis. One-tailed two proportions Z-tests were used to analyze data.

Results:

A total of 34 patients were treated by the university cardiology team prior to checklist implementation, with 27 of these patients meeting all CPM guidelines (79.4%). Implementation of discharge checklist resulted in statistically significant improvement in CPM adherence, with 25 of the 26 total patients meeting all discharge benchmarks (96.2%, $p < 0.05$).

Conclusion:

CPM set by ACC/AHA are not always met during care of post-AMI patients. In our small sample size, implementation of discharge checklist resulted in improved benchmark adherence. Further measures should be studied to improve the adherence of discharge benchmarks, resulting in enhanced quality of care.

References:

[1] Jneid, Hani, et al. “2017 AHA/ACC Clinical Performance and Quality Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction.” *Journal of the American College of Cardiology*, vol. 70, no. 16, 2017, pp. 2048–2090., doi:10.1016/j.jacc.2017.06.032.

Tables:

Table 1. Clinical Performance Measures for Adults with Acute Myocardial Infarction

Clinical Performance Measures
<i>Low-dose aspirin</i>
<i>Dual anti-platelet therapy</i>
<i>High-intensity statin</i>
<i>Beta-blocker</i>
<i>Aldosterone antagonist (if LVEF $\leq 35\%$)</i>
<i>ACEi/ARB (if LVEF $\leq 40\%$)</i>
<i>Left ventricular evaluation</i>
<i>Tobacco cessation counseling</i>
<i>Cardiac rehabilitation referral</i>

LVEF, left ventricular ejection fraction; ACEi, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker