Integrating Secondary Prevention CVD Guidelines into a Hospital Setting
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**Problem:** Racial and ethnic minorities with severe cardiovascular disease experience a lower quality of healthcare than non-minorities.

**Evidence:** University Health System is using the SMART (Specific, Measurable, Actionable, Relevant, and Time Specific) approach to the implementation of secondary prevention guidelines. This is part of a Robert Wood Johnson program, *Expecting Success: Excellence in Cardiac Care.*

**Strategy:** The Health System has developed an admission order set integrated into its electronic medical record (EMR) for all acute myocardial, acute coronary syndrome and heart failure patients.

**Practice Change:** Changes made to increase adherence to guidelines included mandated EMR admission and standard orders, a nursing discharge contract, smoking cessation education, and plans for concurrent chart review and provider notification of discrepancies prior to discharge.

**Evaluation:** Twenty-one measures including the Centers for Medicaid and Medicare core measures and composite measures of ideal care were used to evaluate improvement.

**Results:** Significant improvement in care processes occurred over a 16 month period after investment in staff education, adaptation of EMR, and monitoring by quality assurance structures.

**Recommendations:** Standardization of guidelines using structured texts and focused leadership is essential components to sustained improvement.

**Bibliography:**