



The Society for Cardiovascular Angiography and Interventions

President's Page

SCAI: Enhancing Patient Care Through Quality

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A primary objective of the Society for Cardiovascular Angiography and Interventions is to promote excellence in invasive and interventional cardiovascular medicine through physician education and representation, and the advancement of quality standards to enhance patient care. This focus on quality as it applies to the practice of invasive cardiology is unique to SCAI, and the Society has demonstrated its commitment to quality in several ways. The cornerstone of SCAI's quality improvement (QI) efforts is the QI Committee that initiates and coordinates SCAI's local, regional, national, and international QI efforts. Over the past 5 years the QI Committee has been on the forefront of QI efforts worldwide and its role in the Society will expand as cath lab teams increasingly focus on quality.

The QI Committee is one of 31 committees or task forces within SCAI. The specific task of the Committee is to provide guidance and recommendations for development of the Society's policies and positions related to healthcare QI initiatives, with emphasis on quality measures, public reporting of quality measures, pay-for-performance initiatives, interventional cardiology standards development, and radiation issues. It consists of a chairperson, a vice-chairperson, a staff liaison, an 11-member Executive Council, and 6 additional voting members. As with most SCAI committees, general membership is open to any member of the Society. The overall membership of the Committee has increased in recent years to a total of



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60 members. The Committee holds monthly conference calls and meets in person during the SCAI Annual Scientific Sessions. The guiding principles of the Committee are best summarized in the two-part position statement by Klein et al. published in 2011 [1,2].

Over the past 4 years, the Committee has developed 5 inter-related QI programs that fulfill the Society's mission to advance quality standards and improve patient care: 1) the SCAI Quality Improvement Toolkit (SCAI QIT); 2) the Cath Lab Best Practices Consensus

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Statement; 3); SCAI risk-assessment applications for bedside risk assessment; 4) the Quality Track at the SCAI Annual Scientific Sessions; and 5) the Cath Lab Leadership Boot Camp. Together, these programs provide a comprehensive educational QI initiative with practical tools to be used in daily practice.

In 2011, then SCAI President Christopher White, MD, MSCAI, envisioned a set of tools to improve quality in catheterization laboratories. This wide-ranging toolkit would include education about the basic concepts of quality (i.e. structure, process, outcomes), as well as integral elements of a quality-based cath lab clinical program. The target audience of this toolkit is clinicians, nurses, technologists, cath lab directors, and hospital administrators. A taskforce comprised of members of the QI Committee developed the “SCAI QIT,” a modular slideset that includes topics such as clinical requirements for operators and staff, benchmarking and risk adjustment, key cath lab conferences, facility and environmental issues including radiation safety, and cath lab best practices. Downloadable presentation materials accompany each module. A series of webinars (available at SCAI.org) reinforce the QIT and to date 593 attendees have been designated as “QIT Champions.”

A main source of content for the QIT was the SCAI consensus statement on catheterization laboratory “best practices” [3]. This consensus statement summarizes cath lab-specific recommendations to improve and maintain quality and patient safety pre-procedure, intra-procedure, and post-procedure. Included in the publication are checklists for pre-procedure patient evaluation and for the “time out” process. Recommendations for access site management and post-procedure follow-up are also outlined. The document is available to download at SCAI.org.

In order to implement “best practices” at the bedside, the QI Committee collaborated with the Blue Cross Blue Shield Consortium of Michigan to develop a set of smartphone applications to assess a patient’s risk for post-PCI mortality, acute kidney injury and transfusion using validated risk models developed using the Blue Cross Blue Shield of Michigan Cardiovascular Consortium database. In addition to these apps, which can be downloaded to Apple and Android devices, Dr. Kalon Ho, vice chair of the QI Committee, has developed similar web-based apps using the

National Cardiovascular Data Registry CathPCI risk models. Dr. Ho has also developed apps to assess procedure appropriateness for diagnostic cardiac catheterization and PCI that can be printed or pasted into the patient’s medical record.

Two other programs developed by the QI Committee in collaboration with other committees of SCAI include the Quality Track and the Cath Lab Leadership Boot Camp at the SCAI Scientific Sessions. The Quality Track is a program focused on QI that includes didactic lectures, case presentations, and debates by world-renowned experts in quality assessment. Interventional cardiology programs that have successfully implemented SCAI QI programs are highlighted. Related to the Quality Track is the Cath Lab Leadership Boot Camp. Originally conceived by SCAI Immediate Past President Charles Chambers, MD, MSCAI, the Boot Camp is a day-long symposium for cath lab directors and managers. It provides intensive training in management skills to help cath lab leaders overcome challenges posed by our evolving health care system.

The above summarizes the work of the QI Committee over the past few years. These efforts provide practical tools that can be used at the bedside to fulfill the Society’s objective to improve patient care. Integral to these achievements is the selfless participation of the Committee’s members who have dedicated time outside of their usual clinical and research responsibilities. It is this active participation that makes SCAI the leader in QI for interventional cardiologists, their cath lab teams, and their patients.

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