SCAI Quality Improvement Toolkit

Working on QUALITY, One Cath Lab at a Time

www.SCAI.org/QIT
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Vision

“We have talked for a number of years about the need for interventionalists to “own” the QI process in the cath lab.

SCAI QIT offers a unique opportunity for SCAI members to demonstrate their commitment to improving quality of care and to reassure our patients that their expectations of receiving the highest quality of care in the cath lab are being met.

It’s time for you to get involved. It’s time for you to get to work.”

– Christopher J. White, MD, MScAI
Outline

- Defining Quality in the Cath Lab
  - Operator and Staff Requirements
  - Procedural Quality
  - 2016 Cath Lab Best Practices
  - Facility and Environmental Issues
  - Care Coordination with Referring Physicians
Defining Quality in the Cath Lab
Purpose

To understand the domains that build the framework by which CCL physicians and staff can measure, review, and improve quality to enhance patient care.

Intended Audience

CCL directors, hospital administrators, interventionalists, nurses, technologists, advanced practice providers, SCAI QIT Champions.
3 Domains

Structural Domain → Process Domain → Outcomes Domain
Structural Domain

QA Committee

- Hospital QA Committee
  - 2-3 months

CCL QA Committee

- 2-3 months

Credentialing Committee

- Initial Credentialing
- Recurrent Credentialing

Generate and Review Monthly-Quarterly-Annual Reports

Procedural Logs, Outcomes, and CME Requirements

www.SCAI.org/QIT
### Process Domain

#### Direct Patient Care
- Quality of angiographic studies (peer review)
- Generation and completion of reports
- Handling of complications

#### Systems Related
- Pre-procedure checklists
- Charting adequacy
- Response times in emergencies
- Ancillary services adequacy

#### Guidelines Related
- Procedure indications
- Adjunctive medications
- Radiation and contrast safety
- Infection control

#### Cost & Utilization
- Availability and quality of supplies
- Staffing and personnel
- Length of Stay (LOS)
- Impact on ancillary services

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[www.SCAI.org/QIT](http://www.SCAI.org/QIT)
Outcomes Domain

Monitor outcomes

• Risk-adjusted mortality
• Procedure-related LOS, fluoro time
• Complications (30-day)

Data sharing & Reporting

• Aggregated and physician-specific data
• Cath lab statistics
• NCDR; state-mandated reporting

THE PURPOSE MUST BE QUALITY IMPROVEMENT
Resources & Support

- SCAI QI Committee Assistance: Info@scai.org
- SCAI QIT Updates: http://www.scai.org/QIT/default.aspx
- SCAI QIT Tip of the Month: http://www.scai.org/QITTtip/default.aspx
Acknowledgments

- SCAI President: James C. Blankenship, MD
- SCAI QI Committee Chair/Vice-Chair: Sunil V. Rao, MD and Kalon K. Ho, MD
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- 2016 QIT Update: Rajesh V. Swaminathan, MD; Jordan G. Safirstein, MD; Henry S. Jennings, MD; Jayant Bagai, MD; Craig J. Beavers, PharmD; Dmitriy N. Feldman, MD; Sunil V. Rao, MD

- 2016 Cath Lab Best Practices Expert Consensus Statement: Srihari S. Naidu, MD; Herbert D. Aronow, MD; Lyndon C. Box, MD; Peter L. Duffy, MD; Daniel M. Kolansky, MD; Joel M. Kupfer, MD; Faisal Latif, MD; Suresh R. Mulukutla, MD; Sunil V. Rao, MD; Rajesh V. Swaminathan, MD; and James C. Blankenship, MD

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