

# Acute Coronary Syndrome

## Instrument Panel Outcomes

<b>STEMI</b>	2005 N=54	2006 N=60	2007 N=52	2008 N=??	Hospital Compare
*Door to Balloon Time (≤90 Minutes)	38%	55%	75%	89%	79%

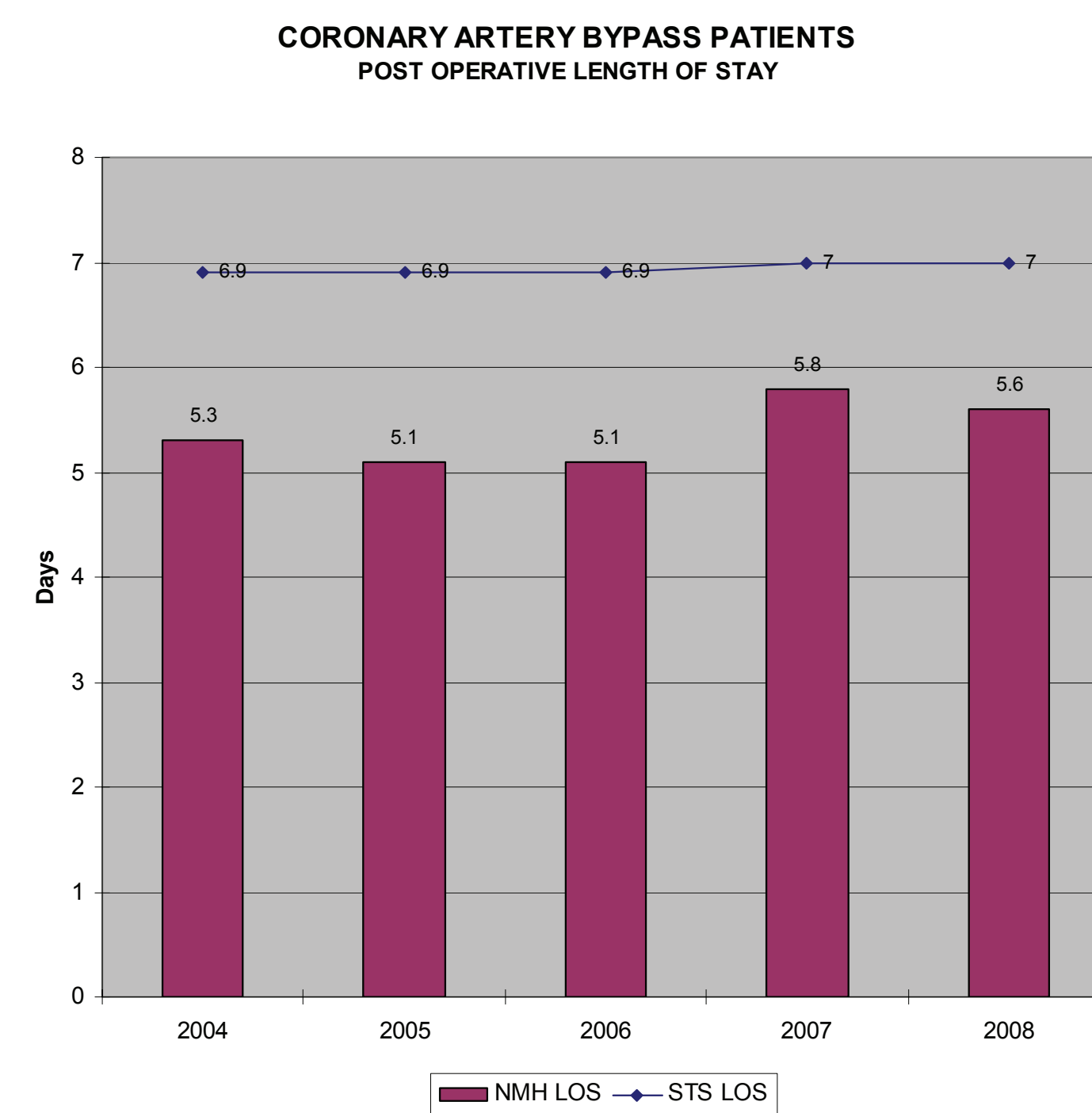
<b>AMI</b>	2008 N=211
*ACE Inhibitor – Discharge	91.7%
*Asprin – Early Use/Arrival	99.0%
*Asprin – Discharge	98.3%
*Beta Blockers – Early Use/Arrival	96.5%
*Beta Blockers – Discharge	96.4%
*Smoking Cessation	100%
*Mortality	(18)5.1%

\* Indicates Core Measures

# Cardiac Surgery Outcomes

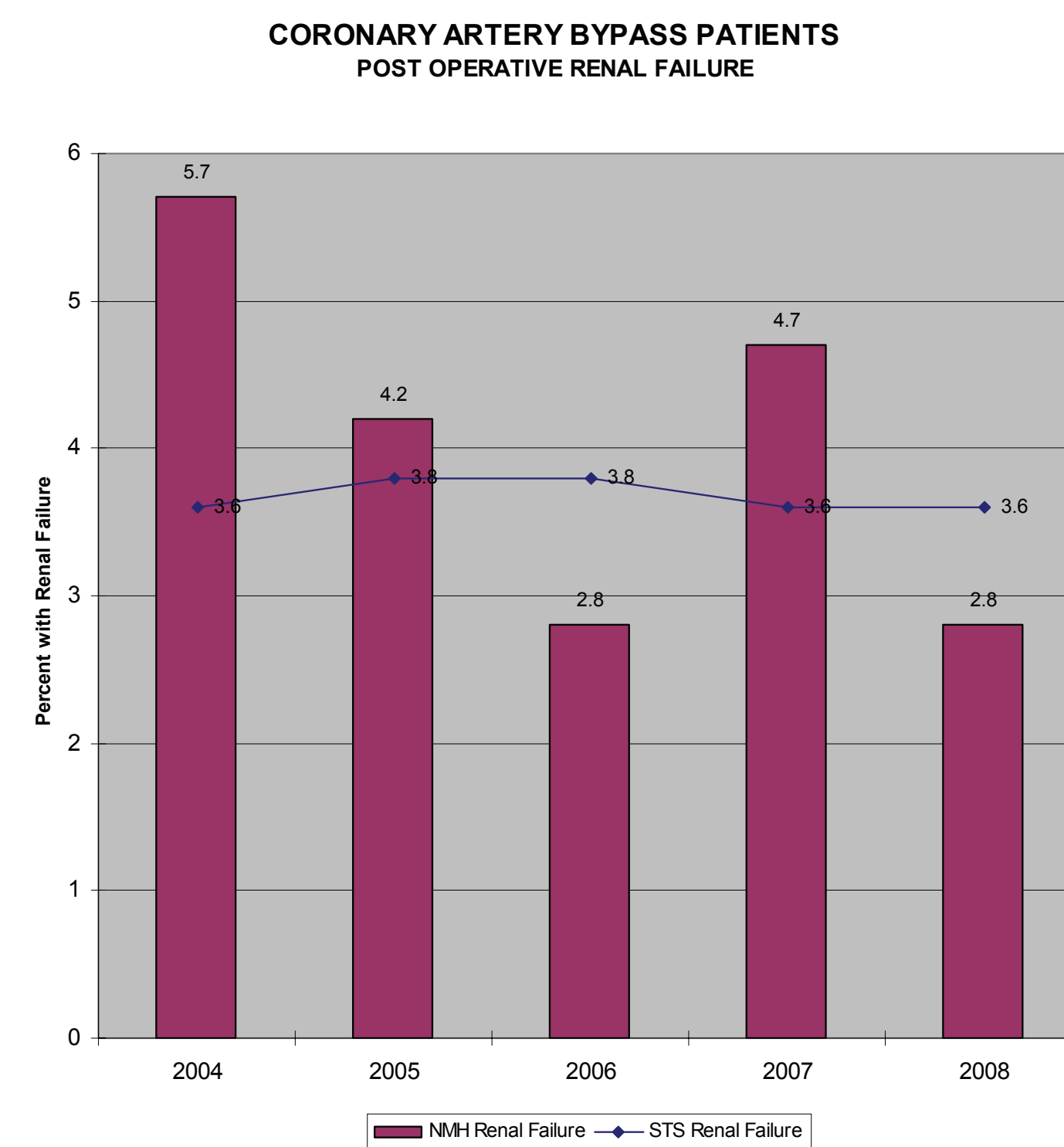
## Postoperative Length of Stay

Advances in nursing practice, combined with surgical and anesthetic techniques have positively impacted postoperative length of stay following isolated coronary artery bypass (CAB) surgery.



## Renal Failure

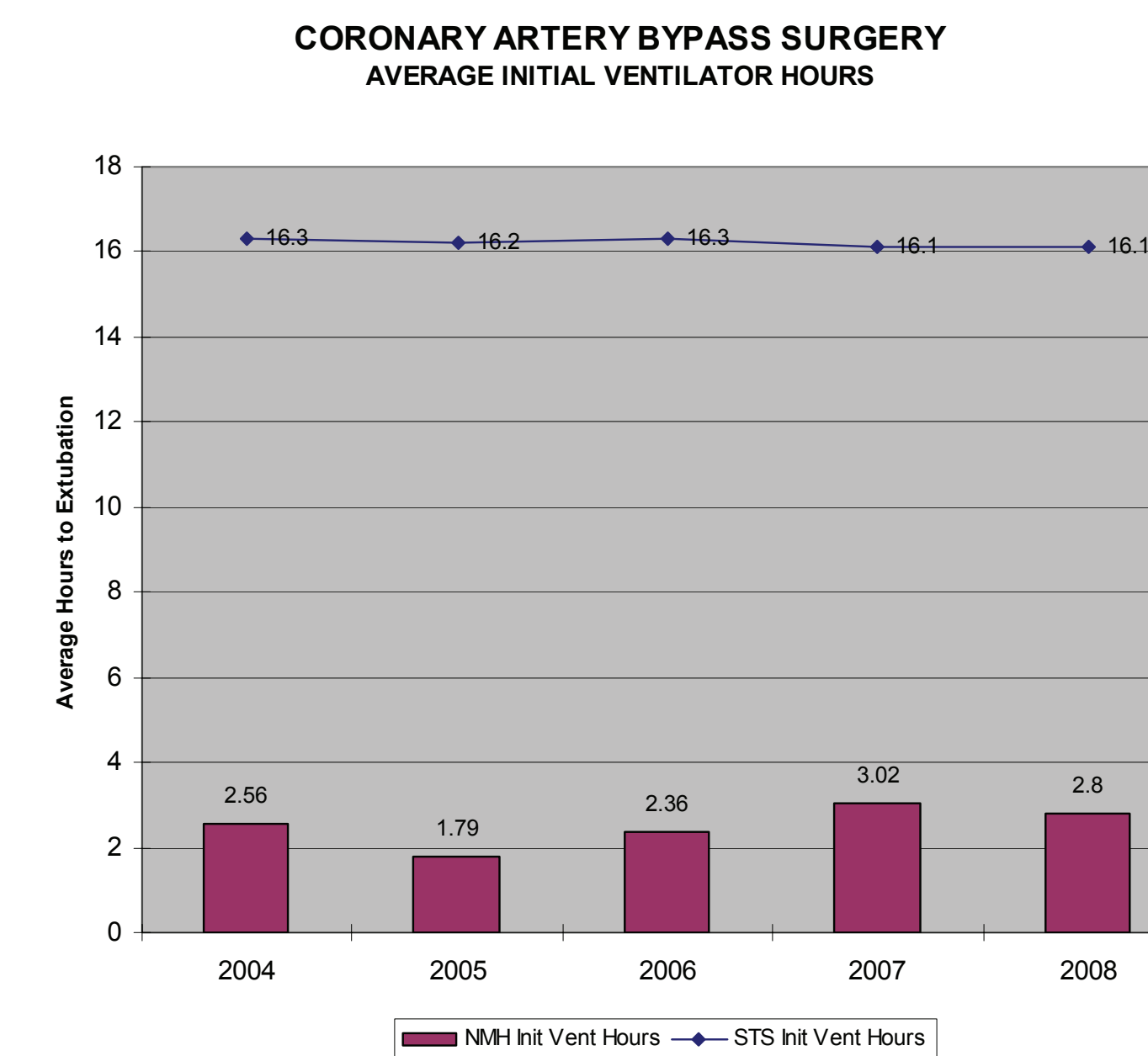
Acute renal failure develops in 5 to 30% of patients after coronary artery bypass surgery. Research studies demonstrate that renal failure is associated with a more complex clinical course, increased postoperative length of stay and mortality.



## Ventilator Hours

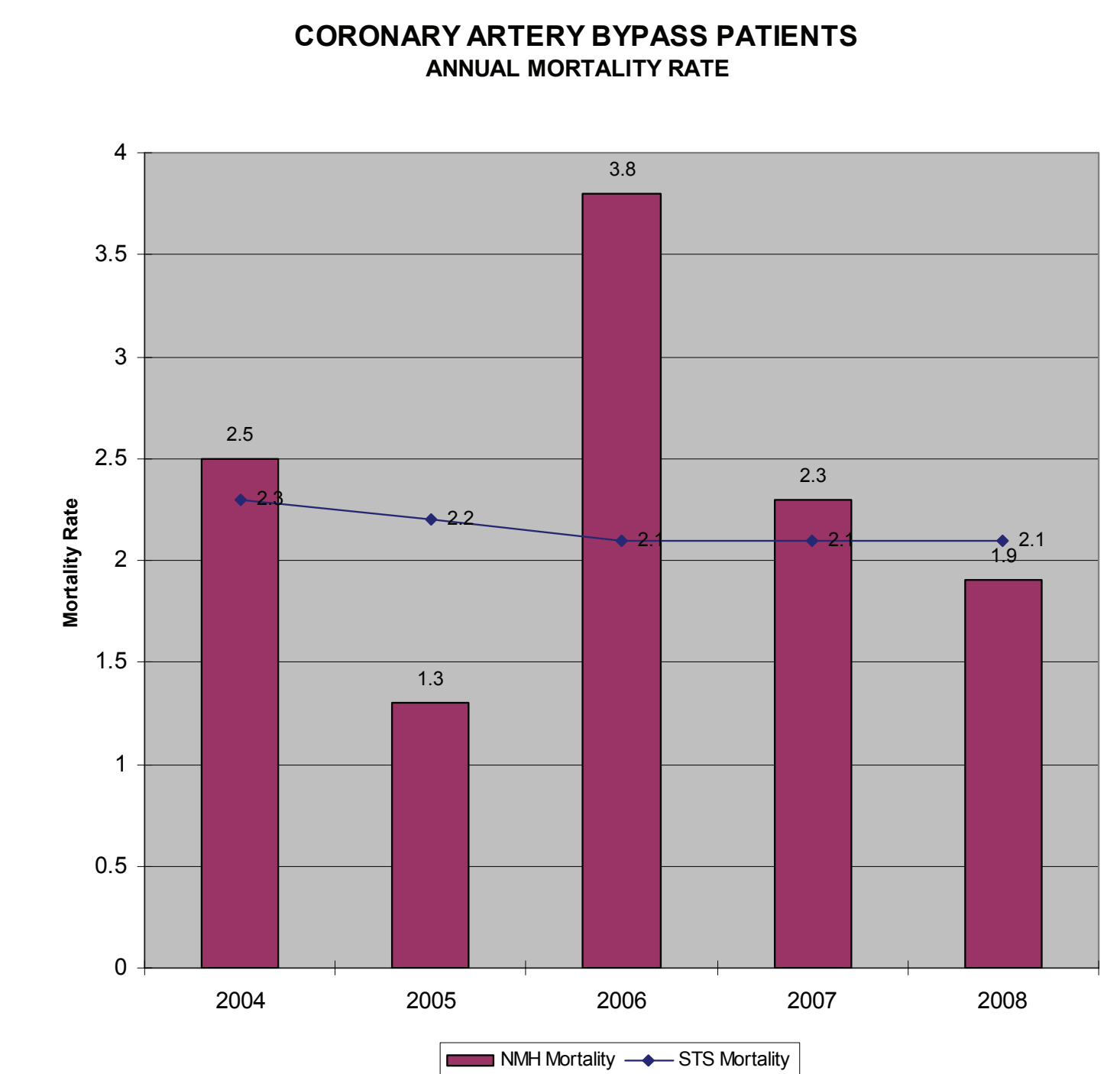
Patients are placed on a rapid wean ventilator and activity protocol in the recovery room following surgery. Patients transfer to a cardiac care unit after extubation, bypassing intensive care.

*The mean intubation time in 2008 was 2.8 hours.*



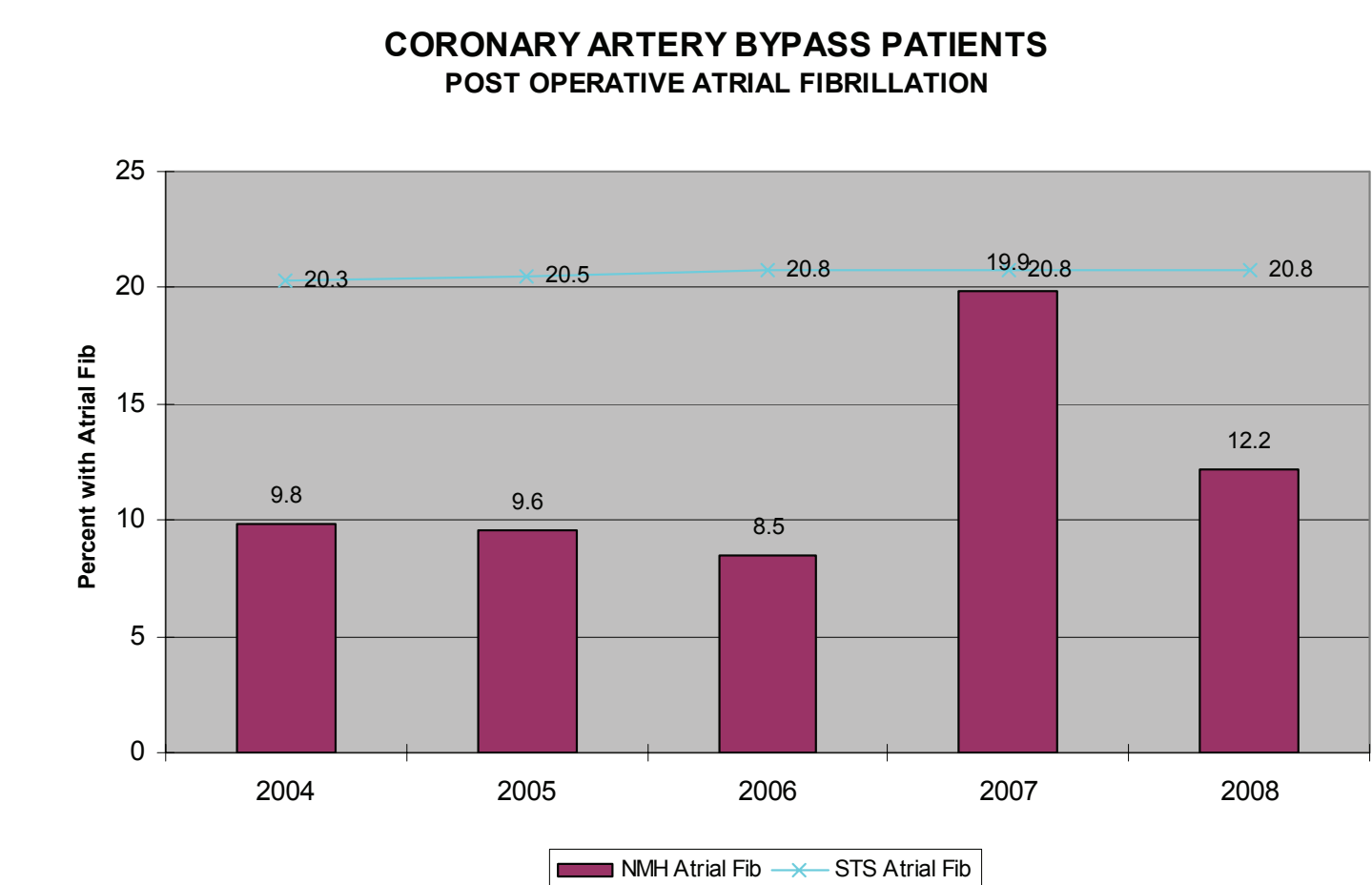
## Cardiac Rehab Referral

Inpatient cardiac rehab is initiated 24 hours after surgery. Outpatient cardiac rehab is started shortly after discharge.



## Atrial Fibrillation

Atrial fibrillation is a common complication after coronary bypass surgery and is associated with an increase in hospital costs and postoperative length of stay.



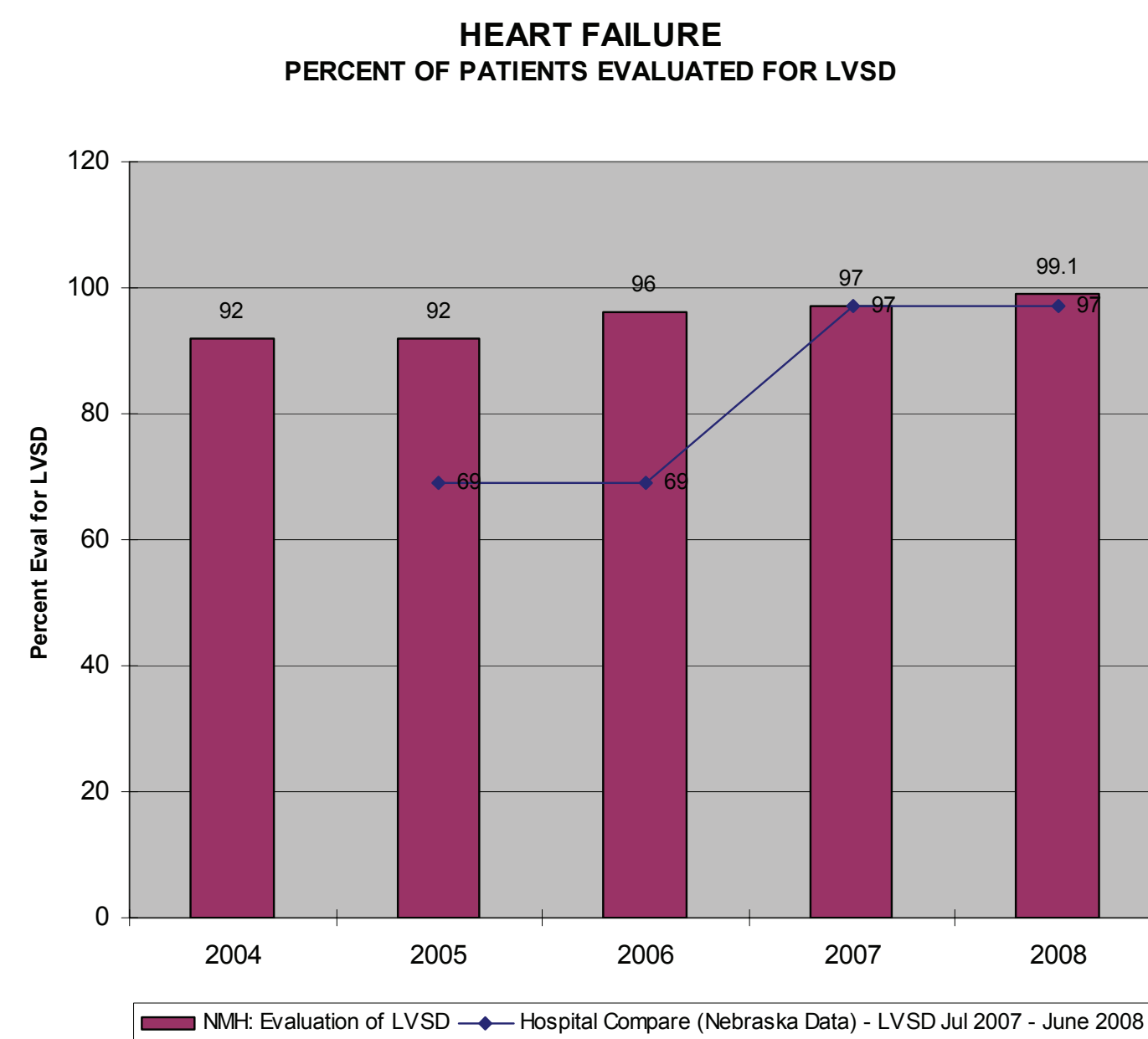
# Heart Failure Outcomes

## Length of Stay

Extended length of stay for patients with heart failure can result in increased complications, morbidity and mortality. Heart failure LOS in 2008 was 5.4 days.

## Left Ventricular Systolic Function

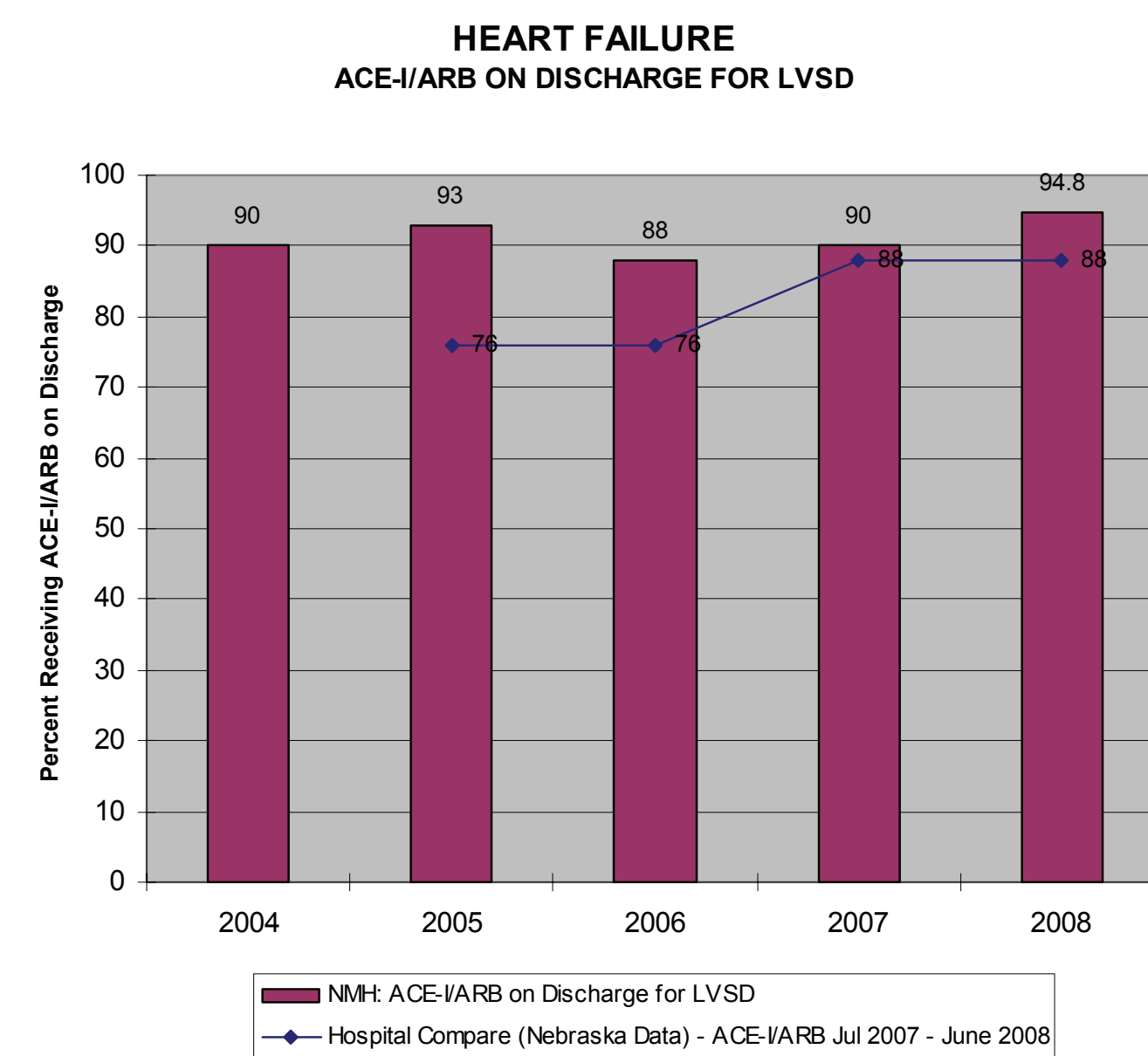
National guidelines advocate the evaluation of Left Ventricular Systolic Function (LVSD) as the single most important diagnostic test in the management of all patients with heart failure. Appropriate selection of medications to reduce morbidity and mortality in heart failure requires the identification of patients with impaired left ventricular systolic function.



The incidence of documented LVSD or ejection fraction for heart failure patients in 2008 was 99.1%.

## ACE-I and ARB

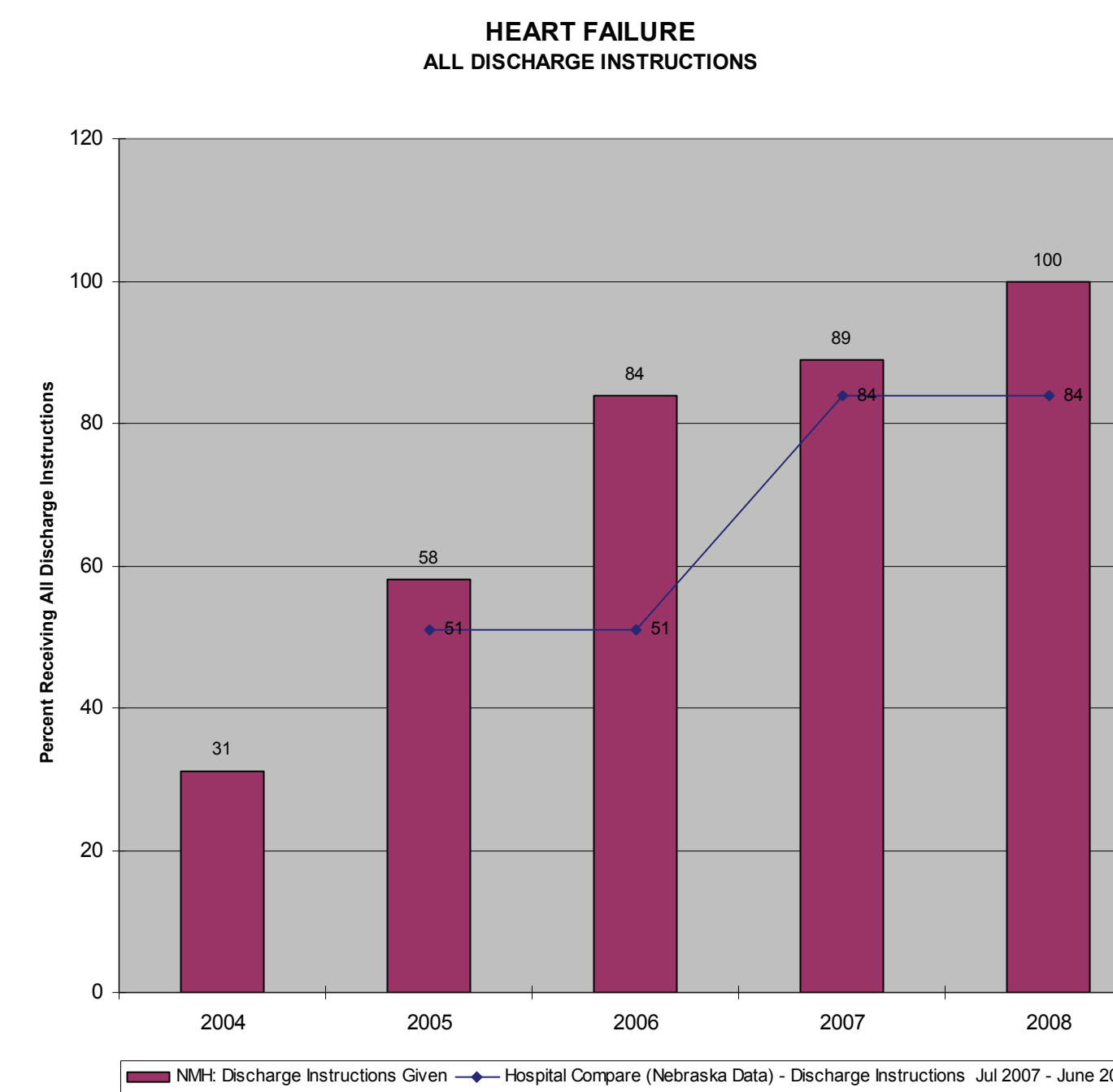
Angiotensin converting enzyme inhibitor (ACE-I) and angiotensin receptor blocker (ARB) are indicated for patients with left ventricular systolic dysfunction (LVSD). ACE-I/ARB therapy reduces morbidity and mortality in patients with heart failure and left ventricular systolic dysfunction.



The incidence of documented ACE-I/ARB for heart failure patients in 2008 was 94.8%.

## Discharge Education

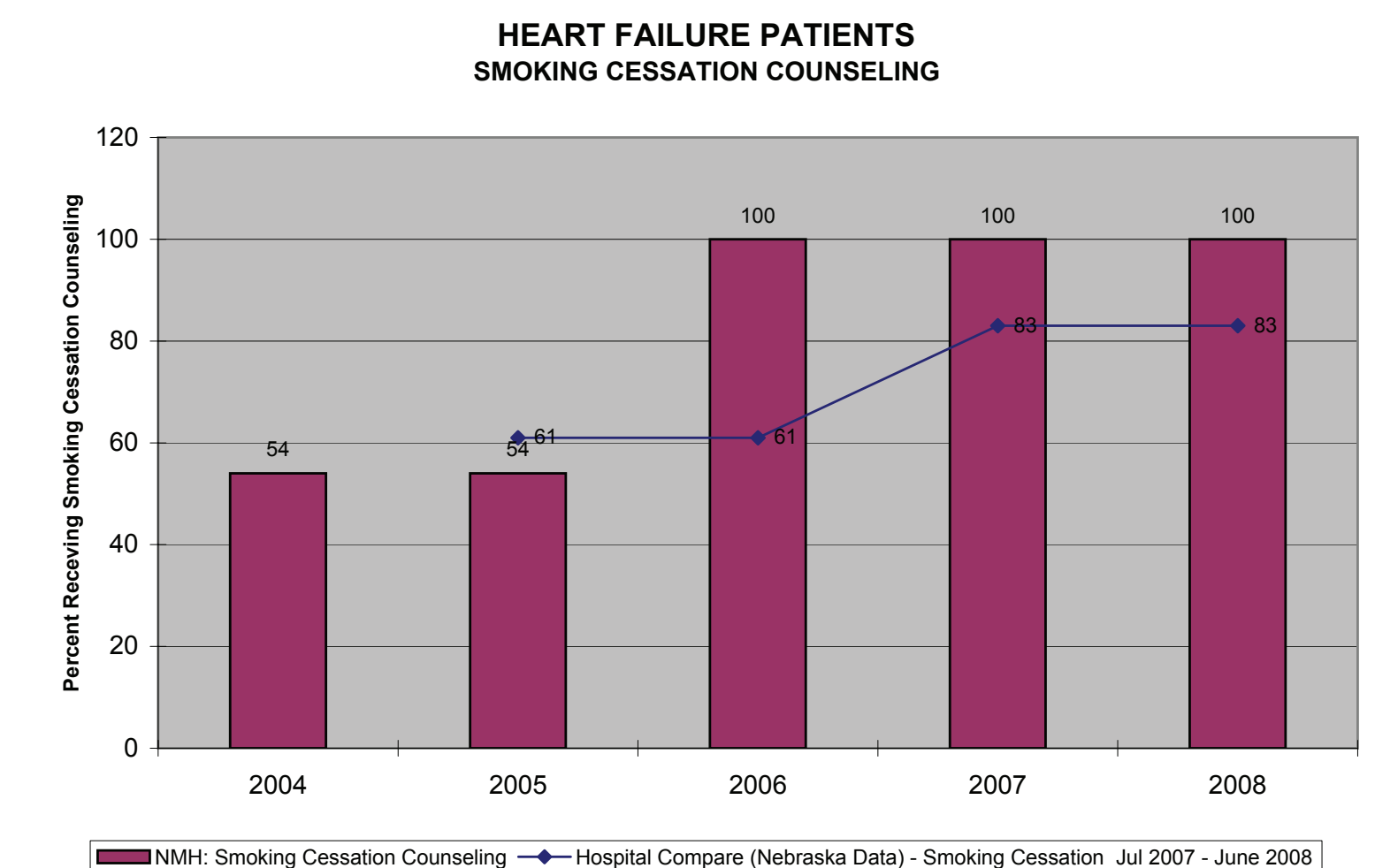
National guidelines strongly support the role of discharge education. Patient education at discharge correlates with a reduced incidence of readmission and improved quality of life.



The incidence of documented discharge teaching for heart patients in 2008 was 100%.

## Smoking Cessation

Smoking cessation reduces morbidity and mortality in all populations. Patients who receive even brief smoking-cessation advice from their health care providers are more likely to quit.



In 2008, 100% of heart failure patients who smoke received smoking cessation advice during hospitalization.