Improved access to cardiac program data can be of tremendous value to cath lab leaders as they navigate the rapidly changing requirements related to quality and transparency in today’s healthcare environment. But, with the increasing access to this valuable information comes several challenges.

For example, the ability to report ‘real-time’ data provides items with the often needed urgency to attend to action plans, though accuracy of the information is more likely to be compromised. And, those individuals who are primarily responsible for pulling this information can get inundated with many detailed and granular requests, which can cause a loss of focus on broad data sets related to the cardiac program. The phrase “the paralysis of analysis” describes a common pitfall for organizations that may be data rich but lack the necessary infrastructure to effectively USE the data to develop meaningful benchmarks for effecting change…

Making meaningful use of the data collected for the cardiovascular service line often begins in the cardiac catheterization lab (CCL). In the CCL, using complex hemodynamic monitoring and documentation systems has long been the industry standard, and so the cardiac cath lab often has more patient- and procedural-specific data than any other hospital department. Also, there is often one or more cath department ‘gurus’ who can quickly query custom reports on any real-time data points. To further complicate matters, the amount of data mandated by outside agencies (such as the AMI Core measures) is most often recorded in the most complete format in the CCL. The Corazon team routinely encounters cath lab teams that generate strong metric reports, though the utilization of these reports to develop sound performance improvement plans is inconsistent. The CCL is one of the front-doors to the cardiovascular program; thus, real-time performance improvement is key to overall program success.

Corazon recommends the following high-level strategies for hospital or cath lab leaders working to use available internal data, as well as all available benchmarking information, to drive programmatic change:

1) Ensure the integrity of source data and the validity of resulting benchmarks in advance of integration into process improvement.

   If questions exist around data integrity, doubts relative to the goals for improvement or growth based on what is deemed as “flawed data” will arise, which hampers efforts to secure commitment for any process change. Understanding the source of the data and vetting this with involved administrative, physician, and clinical leaders in advance of any public dissemination is essential. The national use of the American College of Cardiology – National Cardiovascular Data Registry (ACC-NCDR®) provides one of the best means of source data, though hospitals should not wait for quarterly reports from the ACC-NCDR® to develop action plans, as this information is too dated. The data elements collected for the ACC database are often valuable from a quality improvement standpoint, so real-time custom reporting on these fields is essential. AMI Core measures are also an important source of data for cath lab improvement initiatives.

Assigning the task of gathering the necessary data from disparate systems and the creation of reports to one person will help to ensure accuracy and validity. In the cath lab setting, the role of data coordinator is often undervalued. The information produced by the data coordinator should be shared with the entire CCL team regularly so there is an acute awareness of actual (not anecdotal) performance. The person in this role should have a strong clinical knowledge of the procedures being performed in the CCL; and, depending on the CCL volumes, the role can be held by an active member of the CCL clinical staff in a part-time capacity.

2) Evaluate available data and benchmarking resources for synergies with organizational and service-line specific strategic vision and financial performance goals.

After validation of the identified data and benchmarking resources, we recommend distilling the information and identifying the key points that serve to support overall organizational goals as well as those of specific cardiovascular service line or cath lab. These are the metrics that should be continually monitored and tracked due to their impact on overall operations, and should assist in the creation of realistic goals based on the data.
For instance, measures of door-to-balloon time, length-of-stay for both inpatient and outpatient procedures, and turnaround time will give a big picture perspective of the program operations, along with a snapshot of performance at any given time. Using these and other important metrics can lead a program to understanding areas of strength, identifying areas that need improvement, and trends that may reveal areas that are just sustaining status quo. In the CCL, maintaining the same result of certain outcome measures is often a victory, especially when already achieving high results. For example, a door-to-balloon time that always meets the 90 minute threshold should continue to be reported, even if there is little variation in the outcome because this is so vital to cath lab operations.

3) Identify, develop, and prioritize goals as well as the source of supporting data to compliment strategic and operational benchmark targets.

Corazon recommends that the number of goals developed be limited to four or five. The risk of a dilution of effort or more often a failure to achieve results due to inadequate resources increases significantly when facilities have too many goals outlined. The goals must then be prioritized with clearly defined expectations for achievement, along with objective data targets. Identifying timeframes for completion as well as assigning responsibility for discrete tasks will help to ensure accountability of all involved. Cath lab directors, in conjunction with CV service line leaders or nursing/ancillary leadership, should assist with the development and prioritization of these goals. It is essential that these are shared with the entire clinical team working in the CCL.

4) Develop necessary dashboards and reporting forums to facilitate the rapid dissemination of information.

Measuring progress and success in goal achievement is essential to maintaining momentum and commitment of those involved. Time should be dedicated to developing meaningful dashboards that are routinely produced and shared in a public forum, such as departmental meetings or even the internal intranet. Corazon believes that report review in a group setting fosters an environment of teamwork, along with shared ownership and accountability, which can aid in the achievement of identified goals. This collaborative setting can also facilitate idea sharing for process improvement. Involving the key stakeholders – service line leaders, along with cath lab clinicians and physicians – will foster collaboration and communication, which can do much to ensure that momentum of the effort is initiated and maintained with enthusiasm.

5) Establish a process for ongoing oversight, modification of goals, data collection, and dissemination methods.

Implementation of a formal process improvement method requires significant effort at start-up...and significantly more effort on an ongoing basis! Benchmark goals must constantly be re-evaluated and assessed to ensure that they continue to be relevant to the overall organizational (and/or programmatic) direction. Corazon recommends that the benchmark targets be evaluated quarterly, at minimum. Whether data targets are grounded in clinical or operational outcomes, in order for the benchmarks to be meaningful, they must be tied to better patient care goals.

The cath lab manager and staff who invests the time and effort necessary to initiate and develop a benchmark-driven approach to process change and program improvement or expansion, will no doubt realize the value of these endeavors. In the exciting yet daunting environment of healthcare reform, process change has become a necessity and the data-rich environment of the cath lab is a great place to start. Decisions for service line or specialty program improvement should always be data-driven as a means to promote realistic goal setting and full endorsement of the metrics, particularly among physicians.

Most importantly though, as with any goal-setting strategy, the effort must be focused and sustained in an ongoing manner in order to fully achieve the targeted ("benchmark") results. The benchmark values or targets should be continually reassessed with the ability to be revised in order to maintain the achievement of goals and the accountability of those involved.

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