

TEAM

Carolinas HealthCare System (CHS)—with more than 900 care locations—is one of the most comprehensive, not-for-profit health care systems in the United States. In 2012, CHS Pineville, a community hospital in Charlotte, North Carolina, developed into a tertiary care center and launched a comprehensive cardiovascular program that included interventional procedures such as percutaneous coronary intervention (PCI) for ST-elevation myocardial infarction (STEMI) patients and open heart surgery. The CHS Pineville Cardiovascular Team provides care from ambulance to transitional/post-discharge care, and extends across EMS, the ED, the Cath Lab, the Cardiovascular Intensive Care Unit (CVICU), and the inpatient cardiac unit (3 Tower). The team is composed of nurses, physicians, Cath Lab techs, and ancillary staff, as well as other clinical support departments.

SITUATION

The patients cared for by the CHS Pineville Cardiovascular Team have experienced a sudden, life-threatening event. As patient survivability depends upon effective teamwork across the continuum of care, the work among team members must be highly synchronized. CHS Pineville's Cardiovascular Team wanted to provide a coordinated, compassionate experience for patients that extended beyond healing the body, to healing the mind and spirit as well. An integral part of achieving this goal was to identify multiple avenues for ensuring that the patient voice resonated throughout the team's care and communication.

ACTIONS

The Cardiovascular Team implemented several initiatives to bring the patient's voice into the care process, improve coordination between departments, and help establish a cohesive team approach to care across the continuum:

- **Cardiac Patient and Family Advisor Council:** Monthly meetings ensure that the patient's voice is heard and incorporated into new cardiac initiatives (e.g., developing patient education and videos).
- **Communication Boards:** Boards are posted in every patient room and highlight the patient's needs, care plan, and interests/hobbies.
- **Daily Leader Rounding:** Leaders round daily on every patient to ensure patient needs and fears are addressed. Administrators supplement these rounds with their own weekly rounds on patients.
- **Code STEMI Nurse:** To resolve fragmentation and communication issues across departments, a critical care nurse immediately goes to the ED or Cath Lab when a patient arrives.
- **Cardiac Navigator:** To build relationships between patients and the care team early in the process, a Cardiac Navigator goes to the Cath Lab on weekdays to provide patient and family support.
- **Post-Discharge Follow-Up:** After discharge, patients receive a follow-up phone call from the Cardiac Navigator to discuss medications and follow-up appointments. They also receive a card from the staff with messages from the interdisciplinary team involved in their care.
- **Virtual Handoff Meeting:** The Cardiac Navigator, the patient, and the home care nurse conduct a virtual meeting before discharge. This seamless handoff is relationship oriented and benefits safety and quality.

IMPACT

The impact of the Cardiovascular Team's work to establish a cohesive team across the continuum is reflected in the patient experience. The CVICU achieved the 98th percentile for both Friendliness/Courtesy of ICU Nurses and Attention to Special/Personal Needs. The Cath Lab and 3 Tower reached the 88th and 89th percentile, respectively, for Likelihood to Recommend. Team engagement for these care areas is high as well, with the CVICU and 3 Tower achieving Tier 1 department status and the Cath Lab achieving Tier 2 department status.

The Cardiovascular Team's clinical measures also are impressive, with Door to EKG time of 4 minutes (Goal: 10 minutes), Door to Reperfusion time of 57 minutes for walk-in patients (Goal: 90 minutes) and 86.3 minutes for patients that transfer from another facility (Goal: < 120 minutes), and Cath Lab Arrival to Reperfusion time of 17.8 minutes (Goal: < 30 minutes).