Top Sites: How Do You Prevent Missing Data?

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  • Nothing to Disclose  
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  • Nothing to Disclose  
• Mel Runyan, MSN, RN-BC, CCRN  
  • Nothing to Disclose
Objectives

• Promote VAD team interactions to improve timely data entry

• Recommend interactions with the VAD team to improve accuracy of data collection

• Present examples of documentation tools designed to improve data entry for STS Intermacs

• Define Inter-Rater Reliability
Polling Question:

• How often do you interact with the VAD Care Team?
  • A. Daily
  • B. Weekly
  • C. Monthly
  • D. Only when invited
  • E. Never
Poll: How often do you interact with the VAD Care Team?
VAD Team Interactions

• Daily as a VAD coordinator or research coordinator, email
  • Email or EMR messaging with implants, discharge, and adverse events

• Weekly or monthly
  • scheduled huddles, selection meetings, rounds with OR and/or VAD Teams

• Quarterly
  • Quality or Performance Improvement meetings
Only When Invited / Never

• Communication with STS Intermacs Site Administrator

• Ask to present STS Intermacs Reports to the VAD Team

• Explain the potential value of the data for quality improvement

• Suggest ways for the VAD Team to support your data entry

• Request to attend weekly meetings to improve data accuracy and timely submission
Polling Question:

• Does the VAD Team have a structured communication or documentation tool to report implants, clinic visits, or adverse events?

  • A. Yes
  • B. Yes, but not utilized consistently
  • C. No
Poll: Does the VAD Team have a structured communication or documentation tool to report implants, clinic visits, or adverse events?
Structured Reporting of Patient Status

- Weekly patient huddles or rounds with VAD Team for both inpatients and outpatients
- Email or EMR communication tools utilized by VAD Team
- VAD Team EMR templates for clinic visits and adverse events
Example Templates
Patient: Joe Smith
MRN 000001
Admit date: 10/20/19
Implant date: 10/23/2019
Race: Caucasian
Primary insurance: ABC Insurance
VAD# ABC-012345
PC# XYZ- 0456789
Referring MD: Stephen Jones
Total # HM3: 100
Total # HM3 for 2019: 40
Total # of VADs for 2019: 40
Number of current VADs: 150

HAPPY IMPLANT DAY!

VAD Coordinator, BSN, RN-BC
Clinic Visit Template

• Follow-up appointments

• Adverse event Documentation
1). PUMP DATA

Primary controller serial number: PC

HM II:
Flow: 4.9 L/min, Speed: 9000 RPMs, PI: 7.7, Power: 5.2 Watts,

Primary controller
Back up battery: Patient use: 8, Replace in: 15 Months
Data downloaded: No
Equipment and driveline assessed for damage: Yes

Back up system controller: Serial number: 
Back up battery: Patient use: 8 Replace in: 9 Months
Programmed settings identical to the settings on the primary controller: Yes

Education complete: Yes
Charge the BACKUP controller’s backup battery every 6 months
Perform a self test on BACKUP every 6 months
Change the MPU’s batteries every 6 months: Yes
Have equipment serviced yearly (if applicable): Yes
2). ALARMS
Alarms reported by patient since last pump evaluation: No
Alarms or other finding noted during pump data history and alarm download: Pt has rare PI events. There are no speed drops recorded with the PI events. There are no alarms on his controller history. There are a small number of power cable disconnects that are not in pairs. Pt states he is still getting power cable disconnect alarms intermittently. He is marking his batteries when they cause an alarm. So far, the alarms cannot be traced to one or two batteries. They also occur on both controller cables. Pt was instructed to notify VAD Coordinator if he ever has an alarm that won't stop. He verbalized understanding.

Action Taken:
Reviewed data with patient: Yes
3). DRESSING CHANGE / DRIVELINE ASSESSMENT

Dressing change completed today: No
Appearance of Driveline site: Per pt, site is C/D/I, no redness, swelling, or tenderness.

Driveline stabilization: Method: Centurion
[ Teaching reinforced on need for stabilization of Driveline. ]
Adverse Event Tool
VAD Event

**Patient Name:**
**MRN:**
**DOB:**
**Network Affiliation:**

**Reference:**
**INTERMACS Adverse Event Common Categories:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemolysis</td>
<td>Respiratory Failure</td>
</tr>
<tr>
<td>Right Heart Failure</td>
<td>Venous Thromboembolism</td>
</tr>
<tr>
<td>Device Malfunction</td>
<td>Wound Dehiscence</td>
</tr>
<tr>
<td>Major Bleeding</td>
<td>Arterial Non-CNS Thromboembolism</td>
</tr>
<tr>
<td>Major Infection</td>
<td>Other SAE</td>
</tr>
<tr>
<td>Neurological Dysfunction</td>
<td>Hepatic Dysfunction</td>
</tr>
<tr>
<td>Cardiac Arrhythmias</td>
<td>Renal Dysfunction</td>
</tr>
<tr>
<td>Pericardial Fluid Collection</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>Psychiatric Episode</td>
</tr>
</tbody>
</table>

**Adverse Event Status:**
Date of Event: 7/12/2019
Description of Event

**Re-hospitalization**
Was this an occurrence of re-hospitalization? Yes –
Is this re-hospitalization at your hospital? Yes

Date of Admission: 7/11/2019
Discharge Date: 8/25/19

**Primary reason for hospitalization:** Fluid Overload

**Intervention:**
Other: Intubation and Vent Support and Bronchoscopy

**Clinical Observations:**
<table>
<thead>
<tr>
<th>Blood Pressure: BP: 105/65</th>
<th>PAP: No data recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doppler Opening Pressure: na</td>
<td>PCWP: No data recorded</td>
</tr>
<tr>
<td>Arterial Pressure: No data recorded</td>
<td>Cardiac Output: No data recorded</td>
</tr>
</tbody>
</table>
### Labs:

#### Lab Results

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INR</td>
<td>1.76</td>
<td>07/12/2019</td>
</tr>
<tr>
<td>INR</td>
<td>1.30</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>INR</td>
<td>2.30</td>
<td>07/02/2019</td>
</tr>
<tr>
<td>PROTIME</td>
<td>13.2</td>
<td>10/13/2015</td>
</tr>
<tr>
<td>POCINR</td>
<td>2.9 (H)</td>
<td>12/18/2014</td>
</tr>
</tbody>
</table>

- Experienced Neuro Event since time of implant? Yes:
  - Modified Rankin Scale: No data recorded
  - NIH Stroke Scale: No data recorded

- **Explant:**
  - Was Device Explanted for any reason (includes exchanges or "turned off")? No

- **Infection:**
  - Yes
  - New onset? No

- **Bleeding:**
  - (*Note: Transfusions for anemia and hemolysis are not considered bleeding events*)
  - No
Neuro:
Was there a neurological dysfunction? No

Device Malfunction / Failure / Thrombus:
Was there a device malfunction / failure? No

Suspicious Pump Thrombosis? No

Patient Outcome of Device Adverse Event: Death

Additional Adverse Events:
(Note: examples include cardiac arrhythmia, pericardial effusion, hepatic or renal dysfunction, MI, psychiatric episode, respiratory failure, venous or arterial thromboembolism, or wound dehiscence)
Were there any additional adverse events? No

Death:
Did the patient die? Yes  Date of Death: 8/25/19
Was the device functioning normally? Yes
Associated Operation: No
Post mortem device explant? No
Did the device go to the manufacturer? No
Location of death: In hospital
Timing of death: Unexpected
Primary cause of death: Nervous System: Neurological Dysfunction

Plan:
Patient passed from unrecoverable stroke due to hemorrhage

Signed by LVAD COORDINATOR **
DATE TIME
Polling Question:

• Do you have inter-rater reliability at your facility?

• A. Yes
• B. No
• C. What is inter-rater reliability?
Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: Do you have inter-rater reliability at your facility?
Inter-Rater Reliability

• Having a second person double-check a percentage of data points to verify accuracy
  • Typically a member of the VAD or Performance Improvement team
  • Pre-determined number of new implants, follow-ups or readmissions
  • Performed on a monthly or quarterly basis

• Readmission data can be validated by comparing data entered to a report from the EMR
• Communication

• Communication

• Communication

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