

Redefining the AS Patient Care Pathway

Phase 1: Model Share

Deborah Heart and Lung Center in Browns Mills, NJ

Background & Rationale

- Specialty hospital with active and expanding structural heart program
 - Increased TAVR volumes by 30% in the last year
- Need for increased collaboration among clinic providers and structural heart team to get patients on the appropriate care pathway
- Desire to provide immediate and complete care to an at-risk population

Methods

- Conduct concurrent and retrospective data searches through non-invasive cardiology databases
- Refine definitions for moderate and severe stenosis with clear documentation on echo reporting
- Improved clinical processes for patient follow up and treatment based on echo findings
 - Scheduler education resulted in patients having appointment at discharge
- Adjusted protocols for referral pathway

Results

- Increased patient awareness and engagement
 - 20 % more scheduled and completed screening echocardiograms since 2019
- Improved communication among providers
 - Worked with referring providers to decrease time to referral, resulting in a 10 % increase in referrals to structural heart program
- Improved patient care and outcomes
- Follow-ups post procedure have improved by 25%



Conclusion & Peer Suggestions

- We have been able to better identify patients with AS to provide options for their treatment
- Quarterly Peer Review for Structural Heart Program
 - Increased interdisciplinary collaboration
- Providing templates in our EMR to ensure both data completeness and that guideline-based care is given
- Look across the spectrum of care to incorporate schedulers, providers, and the full clinical team to help improve processes

Contact Information

Muhammad Raza, MD
Structural Heart Champion

Joanna Mulcahy
Process Improvement Registry Manager
mulcahyj@Deborah.org
609-893-1200 x5230