

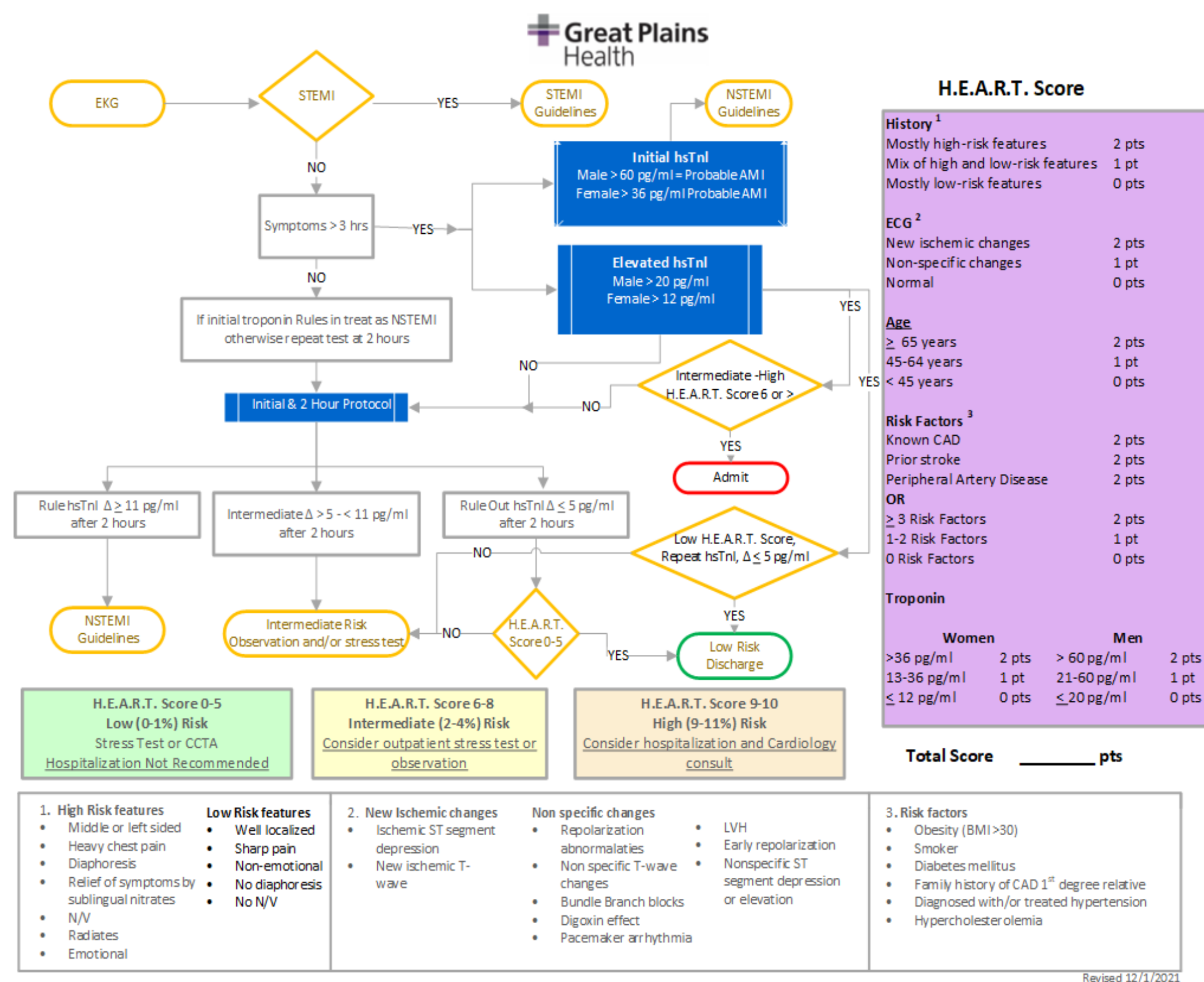
The Results are In; Improving Chest Pain Patient Flow in the Emergency Department



Great Plains Health, North Platte, NE

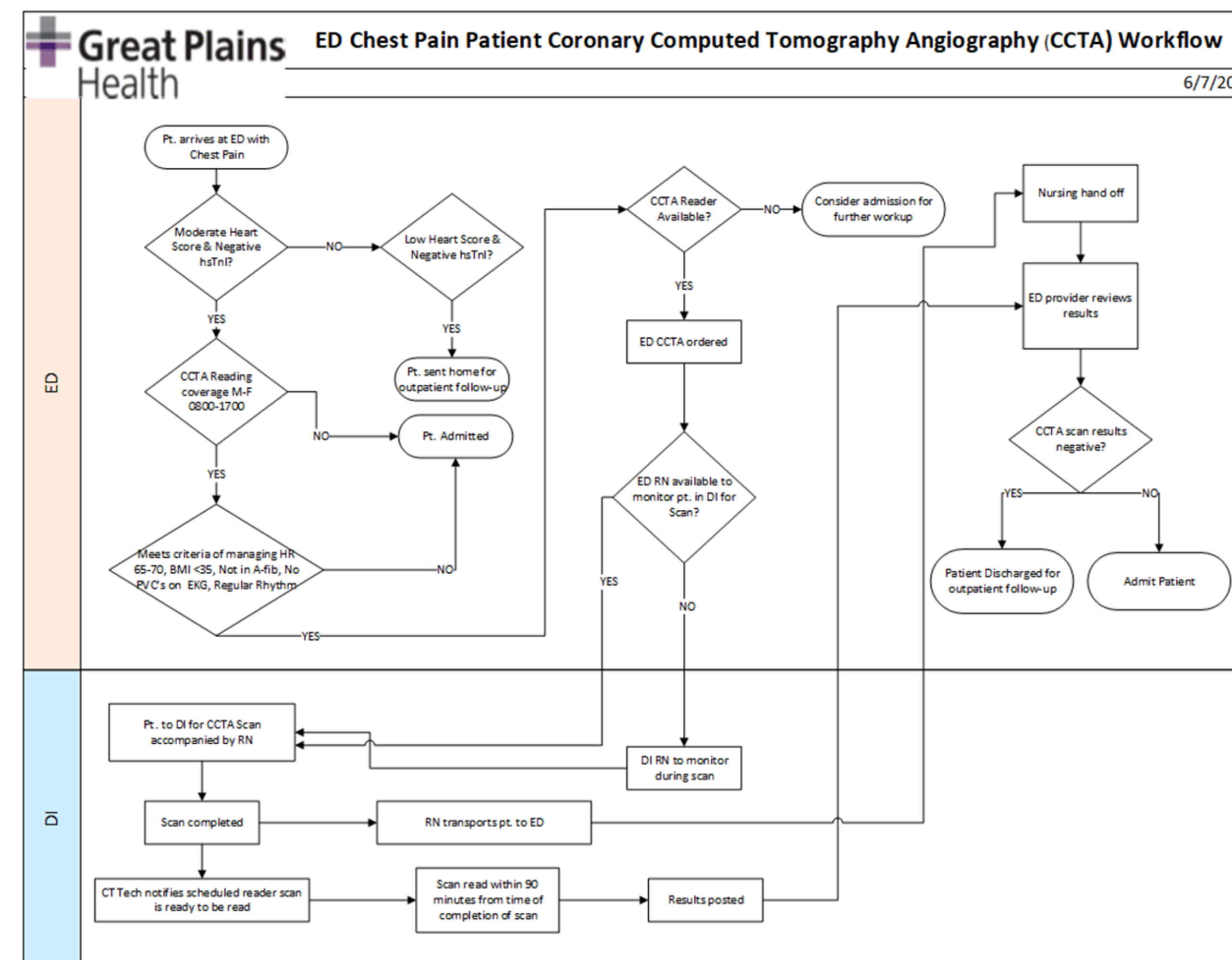
Background

- 24 ED treatment rooms in a 116-bed acute care hospital
- Cardiologist request for chest pain center.
- Leadership initiative to accelerate diagnosis of chest pain patients presenting to the emergency department through high-sensitivity cardiac troponin assay and a diagnostic pathway.



Plan

- Implementation of high sensitivity troponin assay testing.
- Utilization of risk assessment HEART tool and treatment algorithm
- Continuous monitoring of how CCTA imaging impacts the number of patients admitted to OBV/inpatient and requiring stress test prior to discharge and their LOS.
- Ongoing monitoring and assessment of the metrics with adjustment and ongoing PDSA cycles to fine tune the process and outcomes.

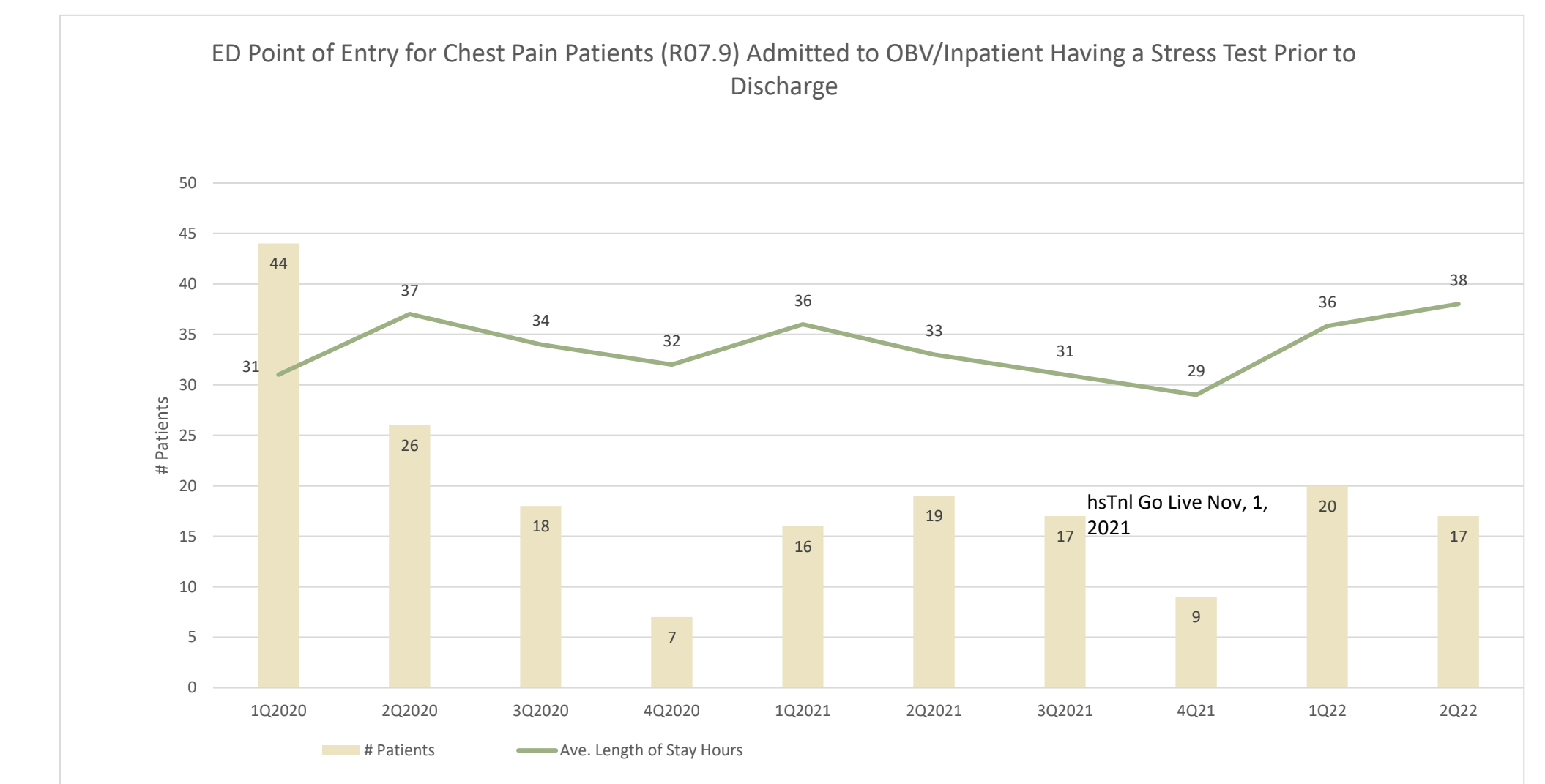


Measure

- LOS and patient visits to the ED with diagnosis of chest pain.
- ED 72 hour patient bounce back visit with diagnosis of chest pain.
- AMI Inpatient Readmissions.

Results

- Organization wide change to new high sensitivity troponin assay testing November 2021.
- Upgrade of the PACS (picture archiving & communication system) for CCTA interpretation.
- CCTA diagnostic study for ED chest pain patients introduced July 2022.
- The AMI readmission rate for March 2022 is 0.0%.



Next Steps

- Increase CCTA study interpretation to full coverage.
- Monitor the use of CCTA imaging, & number of patients admitted or sent home for outpatient follow up.

Aims

- Reduce the length of stay (LOS) of ED chest pain patients admitted to OBV/Inpatient status.
- Ensure best practice risk stratification of chest pain ED pts to minimize readmissions and bounce back visits

Team

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