

Integrating Evidenced Based Practice in a Newly Developed Unit Based Chest Pain Center

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Problem: Nearly 2,600 Americans die of Cardiovascular Disease each day, an average of 1 death every 34 seconds (AHA 2006). The (CDC) 2005 estimates that each year 400,000 to 460,000 people die of heart disease in an emergency department or before reaching a hospital, which accounts for over 60 percent of all cardiac deaths. In 2005 the estimated direct and indirect cost of CVD is \$393.5 billion. A multidisciplinary approach is essential for the prompt and efficient diagnosis and disposition of low risk patients with suspected acute coronary syndrome.

Evidence: A retrospective hospital based study demonstrated the need for creating a unit based chest pain center. Chest Pain Centers located in the emergency department present an effective alternative to triaging patients with chest pain providing rapid assessment and risk evaluation. ED chest pain visits 538/6655 (8.1%) were virtually identical to the US national statistics of Gibler et al. 50% of patients presenting with CP qualified to be stratified into a intermediated high risk group. Approximately 25% of the low risk CP was also admitted. Recent data revealed there have been 420 (approximately 45- 50 a month). Low Risk Patients with possible coronary ischemia who have been screened in the HH ED and admitted to the HH CPC, between March 29 and December 31, 2005.

Strategy: Based upon the results of the hospital based retrospective study a unit based chest pain center was developed. A multidisciplinary committee was established to evaluate quality outcomes.

Practice Change: All staff in the chest pain center was educated on the newly developed pathway. A process for monitoring clinical outcomes was developed.

Evaluation: Process was implemented to evaluate the appropriate usage of the pathways based upon the diagnosis and disposition of the patient from the emergency department.

Results & Recommendations: Results and recommendations will be forthcoming.

Bibliography

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