

**Integrating Secondary Prevention CVD Guidelines into a Hospital Setting**  
**Jean R. Setzer, PhD**  
**University Health System**  
**Michelle Ingram**

**Problem:** Racial and ethnic minorities with severe cardiovascular disease experience a lower quality of healthcare than non-minorities.

**Evidence:** University Health System is using the SMART (Specific, Measurable, Actionable, Relevant, and Time Specific) approach to the implementation of secondary prevention guidelines. This is part of a Robert Wood Johnson program, *Expecting Success: Excellence in Cardiac Care*.

**Strategy:** The Health System has developed an admission order set integrated into its electronic medical record (EMR) for all acute myocardial, acute coronary syndrome and health failure patients.

**Practice Change:** Changes made to increase adherence to guidelines included mandated EMR admission and standard orders, a nursing discharge contract, smoking cessation education, and plans for concurrent chart review and provider notification of discrepancies prior to discharge.

**Evaluation:** Twenty-one measures including the Centers for Medicaid and Medicare core measures and composite measures of ideal care were used to evaluate improvement.

**Results:** Significant improvement in care processes occurred over a 16 month period after investment in staff education, adaptation of EMR, and monitoring by quality assurance structures.

**Recommendations:** Standardization of guidelines using structured texts and focused leadership is essential components to sustained improvement.

**Bibliography:**

1. K.A. LaBresh et al., "Get with the Guidelines for Cardiovascular Secondary Prevention:Pilot Results," *Archives of Internal Medicine* 164,no. 2 (2004): 203-209;
2. R. H. Mehta et al., "Improving Quality of Care for Acute Myocardial Infarction: The Guidelines Applied in Practice (GAP) Initiative," *Journal of the American Medical Association* 287, no. 10 (2002): 1269-1276.
3. T. Pearson, "The Prevention of Cardiovascular Disease: Have We Really Made Progress?" *Health Affairs* Vol. 26, no. 1 (2007): 49-60.
4. B. Smedley et al. (editors), **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**, The Institute of Medicine; The National Academies Press (2003).