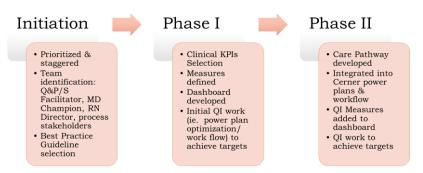


# AMI (non-STEMI), COPD, Heart Failure & Pneumonia

Kaweah Health's new Best Practice Team initiative started in October 2021 with the goals of reducing mortality, readmissions and length of stay. Lead by Dr. Michael Tedaldi as the Medical Director, our multidisciplinary teams have been working hard evaluating current practices, the newest evidenced based national guidelines and getting Kaweah Health power plans and processes aligned.

Our teams want it to be easy to get current best practices to patients that will positively affect their outcomes!

# The Best Practice Team Approach



# Kaweah Health Best Practice Teams Outcome Dashboard FY 2021-22

|   | Goal                       | Baseline<br>(FY 2019) | 1Q - 2Q<br>2021* | 3Q 2021*      | 4Q 2021*      | 1Q 2022*      | FYTD<br>July 21-March 22* |
|---|----------------------------|-----------------------|------------------|---------------|---------------|---------------|---------------------------|
| Readmission<br>Medicare<br>Population   | AMI (non-STEMI) – 11.01    | 12.34                 | 12.5             | 7.14% (1/14)  | 12.5% (3/24)  | 6.67% (1/15)  | 9.43% (5/53)              |
|   | COPD - 12.87               | 16.09                 | 10               | 27.27% (3/11) | 28.57% (2/7)  | 22.22% (2/9)  | 25.93% (7/27)             |
|   | HF – 14.58                 | 18.22                 | 21.28            | 15.79% (6/38) | 12.20% (5/41) | 10.17% (6/59) | 12.32% (17/138)           |
|   | PN Viral/Bacterial – 11.30 | 14.13                 | 13.51            | 15.79% (6/38) | 15.39% (6/39) | 15.91% (7/44) | 15.70% (19/121)           |
| O/E Mortality<br>Medicare<br>Population | AMI (non-STEMI) - 0.71     | 0.75                  | 0.84             | 0.85 (n=16)   | 0.96 (n=13)   | 1.50 (n=9)    | 0.98 (n=38)               |
|   | COPD – 1.92                | 2.4                   | 0.93             | 2.73 (n=13)   | 0 (n=9)       | 1.49 (n=13)   | 1.87 (n=35)               |
|   | HF – 1.42                  | 1.78                  | 0.911            | 0.38(n=44)    | 0.62 (n=51)   | 0.78 (n=65)   | 0.87 (160)                |
|   | PN Bacterial – 1.48        | 1.85                  | 1.04             | 0 (n=6)       | 1.15 (n=13)   | 0 (n=9)       | 0.98 (n=28)               |
|   | PN Viral - 1.07            | 1.34                  | 0.64             | 1.25 (n=23)   | 1.65 (n=26)   | 1.21 (n=37)   | 1.38 (n=86)               |

\*Midas updated to version 4.0 with revised risk adjustment algorithm

## Benefits of Clinical Practice Guideline Implementation

Landmark Study - J.M.Grimshaw MRCGP, & I.T.Russell, PhDb, Effect of clinical guidelines on medical practice: a systematic review of rigorous evaluations, The Lancet, Volume 342, Issue 8883, 27 November 1993, Pages 1317-1322

... of the 59 papers that evaluated CPGs through rigorous research designs, all but 4 detected significant improvements in the process of care following the introduction of the guidelines... others showed substantial improvement in quality of care and 9 of the 11 papers that assessed the outcome of care reported significant improvements. The conclusion is that explicit guidelines do improve clinical practice.

## Articles

Effect of clinical guidelines on medical practice: a systematic review of rigorous evaluations

### Jeremy M Grimshaw, Ian T Russe

### Summary

Although interest in clinical guidelines has never been greater, uncertainty persists about whether they are effective. The debate has been hampered by the lack of a rigorous overieve. We have identified 59 published evaluations of clinical guidelines that met defined criteria for scientific rigiour. 24 Intersignated guidelines for specific clinical constituons. 27, studied preventive care, and 8 looked at guidelines for specific guidelines for specific but of of these studies detected significant improvements in the process of care after the introduction of guidelines and al but 2 of the 11 studies that assessed the outcome of care reported significant improvements.

We conclude that explicit guidelines do improve clinic practice, when introduced in the context of rigorou evaluations. However, the size of the improvements performance varied considerably. Lancet 1993; **342**: 1317–22 section, perioperative parenteral nutrition, and spina manipulations for back and neck pain. However, clinical applications have you to be subjected to hiss out of security index of the state of the section of the section of the subscription of the section of the section of the included or passars some for the published evaluations of clinical guidelines. Two reviews that did focus or guidelines were restricted to consensus statements<sup>14</sup> or to guidelines were restricted to consensus statements<sup>14</sup> or to guidelines in guidelines that method the section of clinical guidelines that met defined critical restorement.<sup>15</sup>

### Methods

Our definition of clinical guidelines is "systematically developed statements to assist practitioner decisions about appropriate health care for specific clinical circumstances".<sup>13</sup> Thus we excluded set

