UPMC Same Day Discharge of Percutaneous Coronary Intervention (PCI) Patients

Planned initiation at PUY/SHY: June 01, 2013

• Proposal: Implementation of a same day discharge program following percutaneous coronary intervention (PCI) for appropriate transradial access patients at UPMC Shadyside.

• Many data sources have demonstrated that same-day discharge is safe:
  – Coronary stenting has almost completely eliminated abrupt closure, especially beyond first initial hours.
  – Improved post PCI anticoagulation regimens
UPMC Same Day PCI Discharge

Reasons for Consideration:
1. Reimbursement changes
2. Increased use of observation status
3. Improved use of system resources
4. High census situations for monitored beds
5. Higher patient satisfaction

SUGGESTED Criteria for Same Day Discharge Post PCI

- PCI must have been done under elective circumstances (non-ACS) and utilized the trans-radial access approach.
- <80 years of age at the time of procedure: this criteria relative per MD judgment.
- Patient has a type A or B lesion(s)
- Anticoagulation regimen acceptable for same day discharge
- Patients must undergo a minimum of 2 hours observation post procedure before discharge.
- PCI procedure completed in a timeframe that accommodates individual campus capabilities for timely discharge.
- Patient demonstrates a return to pre-procedure baseline ambulation ability.
- Patient must be accompanied by a responsible person at the time of discharge and must have another person/caregiver to stay with overnight.
- Must have a working phone and live within a 30 minute drive from any hospital.
**SUGGESTED Exclusion Criteria (if one or more factors exist, should re-consider Same-Day Discharge)**

- Patient has suboptimal angiographic outcome or clinical complication(s) during PCI
- Angiographic evidence of thrombus
- Patient has more than 3 stents implanted during this PCI
- Patient has an INR >2, Platelet count <100,000 or Hematocrit <25
- Occlusion of major side branch during PCI of >1.5mm
- Patient has ejection fraction <30%
- Known allergy to PCI procedural medications
- Evidence of vascular complication(s), (e.g. dissection, hematoma, bleeding) peri-procedure
- Patient is pregnant
- Evidence of infection peri-procedure
- Patients with chronic renal insufficiency (defined as GFR <60)
- Use of >250cc of contrast during procedure

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**Post Procedure Guidelines**

- Radial band removed per standard protocol.
- Obtain post procedure EKG and pertinent blood work. Physician or Advanced Practice Provider to review labs, EKG, perform assessment of the patient and complete appropriate discharge documentation. If patient condition deemed not amenable to discharge, admit per standard protocol.
- Assure that patient has met all social criteria for discharge
- Assure that patient has a minimum of 2 doses of Plavix to utilize at home
- Assure that patient is pain free and ambulating at baseline.
- Document appropriate phone number for contact following discharge
Next Day Follow Up

• Patient to be contacted next day to assess status per departmental routine.
• Information to be collected:
  – Chest pain or cardiac symptoms since discharge
  – Access site pain, swelling, bleeding, redness or fever
  – Assure correct knowledge regarding initiation of Plavix
  – Remind patient regarding instructions for follow up physician appointment.

• Document all information from above appropriately.
• Page physician to relay any issues to be addressed.
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Discharge Meds for Cath Lab Patients (includes Same Day Discharge PCI)

Cath Lab Patient Flow

Schedule Cath Procedure

Receive Precall from SSU RN

Day of Cath: SSU

Day of Cath: Cath Lab

Post-Cath Dispo

Post-Cath Admit to 4S/4P

HUC puts Discharge Rx Icon on Smartboard

“Meds to Beds” Rx Service continues as inpatient via Concierge

Inpatient RN to call 3-DRUG (3784) if additional prescriptions written prior to discharge

Post-Cath Return to SSU

Concierge Delivers Rx to Patient on SSU

Tasks

SSU Offers Discharge Rx Service (RxS filled by Hillman Pharmacy)

Patient Interested? (Y/N)

Yes

SSU Initiates Cath Lab Coversheet Sheet

Place Coversheet on Front of Chart

Complete Coversheet indicating post-cath placement

Prescriptions written in holding

Fax Coversheet and Prescriptions to Rx Concierge@ 3-6548

Keep Coversheet and Prescriptions on Front of Chart

NO

Antiplatelet To-Go Pack Order Sheet completed

(Plavix, Brilinta, Effient)

Antiplatelet To-Go Pack Order Sheet to Pharmacy

Pharmacist enters To-GO pack order and sends TO-GO pack with PASS med Label to SSU

Provider gives To-Go pack to patient

KEY

SSU RN Task
Cath Lab RN Task
Provider Task
Floor RN
Pharmacist
Cardiac Catherization Discharge Rx
Coversheet
HILLMAN CENTER PHARMACY

Date __________

Patient Name ___________________________ Birth Date: __________

Allergies: ____________________________________________ ☐ See eRecord for Allergies

PLEASE BILL THESE PRESCRIPTIONS TO:
____ Patient’s Health Plan(s) ______ Self-Pay

REMIND PATIENT, THEY MAY HAVE A COPAY(S)

☐ Copy of insurance card(s) attached OR  ☐ Name/location of patient’s pharmacy ______________________________

CONTACT INFORMATION FOR PAYMENT* Credit or Debit Card Preferred:

Name: ___________________________ Phone: ___________________________

SU contact ___________________________ Phone: ___________________________

Cath Lab Section

Post-Cath Placement  ☐ Return to SSU  Anticipated Discharge Time __________ AM / PM

☐ Admit _______ (unit)

Once complete - fax coversheet and prescriptions to Discharge Rx Concierge (412) 623-6548

Number of Pages ______

☐ Coversheet  ☐ Prescriptions _____ (# total prescription number)

Attachments include: ☐ Copy of insurance card(s)
Faxed by (contact name): ___________________________ @ (time) __________

InPatient Section

Place Discharge Rx Icon  on Smartboard

Notify Discharge Rx Concierge @ 3-DRUG (3784) if additional prescriptions written prior to discharge

Questions Call: 3-DRUG (3784) or 412-623-5999 (Hillman Pharmacy)

Place coversheet in front of chart / Not a permanent part of the patient chart