



BMC2 NEWS

February 2021

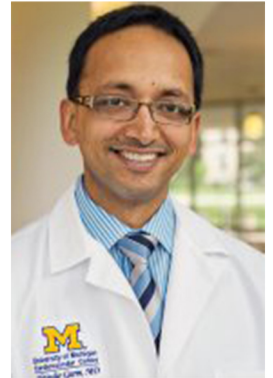
The Newsletter of the Blue Cross Blue Shield of Michigan Cardiovascular Consortium

A Note from Hitinder Gurm

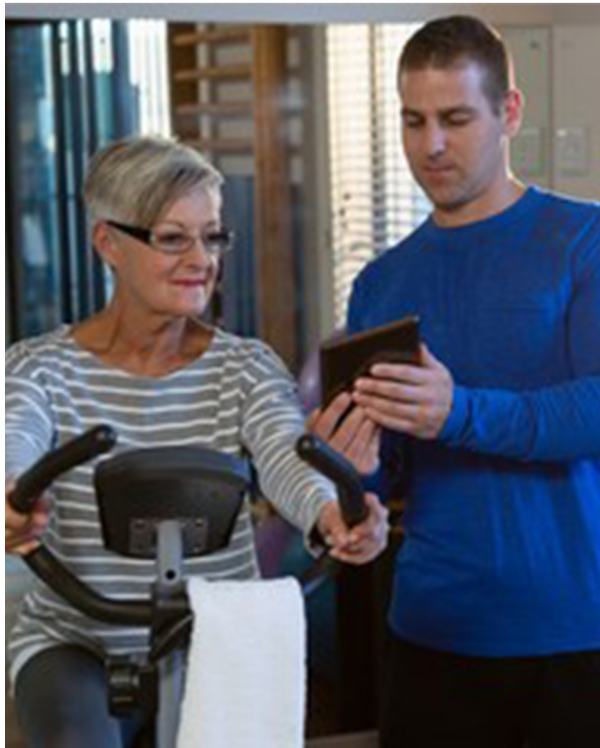
Our February newsletter debuts our new BMC2 branding including a new logo, fonts, and color scheme. We're looking forward to including the new style in our communications with you, including in our new website which will launch this spring.

2021 is off to a great start and we're excited about the future of BMC2 including our new efforts to incorporate the patient voice to help guide the future vision and strategy of BMC2. Please help us by referring your patients to join our new Patient Advisory Council. More information is included on the last page of this newsletter.

As always, THANK YOU for your on-going support of BMC2 and your commitment to the highest quality cardiovascular care.



Site Spotlight - McLaren Greater Lansing



Cardiac rehab not only improves patient outcomes, it can offer patients some sense of control over their situation, easing anxiety and increasing hope. The team at McLaren Greater Lansing had an 87.7% cardiac rehab referral rate in 2019 and was looking to improve.

They abstracted data, held a meeting, and discovered that the prisoner patient population, and those discharged during the evening and over the weekends, were getting missed. The policy for entering prisoner patient rooms was changed and they educated physicians, exercise physiologists, fellows, and residents on requirements to meet goals and assist with weekend discharges.

A standard phrase was developed to help ensure that patients are getting all the information they require and a standard packet was created to educate patients. It covers information on benefits of cardiac rehab, cardiac rehab locations in the greater Lansing area, and includes a walking plan as well as tips on recognizing the signs and symptoms of cardiac distress.

As a result of these efforts, McLaren Greater Lansing now has a cardiac referral rate of 96.6%.

Site Spotlight - St. Joseph Mercy, Ann Arbor

Surgical Site Infections, GI issues, and pneumonia are just some of the reasons that Vascular surgery patients may be readmitted after a procedure. The team at St. Joseph Mercy, Ann Arbor, has taken steps to reduce readmissions and has improved their rates from 16.7% in Q3 of 2019 to 2% in Q4 2020 and has continued to maintain that percentage.

The team, including the office manager, nurse manager, Physician Champion, Quality Excellence Leader, and Vascular PAs developed standardized discharge instructions for each procedure. They began including the vascular surgery office number on patient bracelets and encouraged them to call the office prior to going to the ER to better triage issues. They developed a standardized list of questions and answers for addressing common complications, and wound clinic appointments are made prior to discharge for those patients requiring one. Additionally, VS Quality Quick Reference Cards are distributed to all residents and PAs in order to make sure guidelines are followed.

Since the numbers have improved, additional measures have been put in place to ensure progress is maintained. First, quarterly meetings with nurse managers have also been implemented. Second, monthly data abstracts are emailed to surgeons for a more real-time glance at performance and opportunity to catch issues as they arise.

Featured Publication

A paper by Frank M Davis, Jeremy Albright, Michael Battaglia, Jonathan Eliason, Dawn Coleman, Nicolas Mouawad, Jordan Knepper, M Ashraf Mansour, Matthew Corriere, Nicholas H Osborne, and Peter K Henke was just published in the *Journal of Vascular Surgery*. *Fenestrated repair improves perioperative outcomes but lacks a hospital volume association for complex abdominal aortic aneurysms* looked at the results of open surgical repair (OSR) and fenestrated endovascular aneurysm repair (FEVAR) for the treatment of complex abdominal aortic aneurysms (AAA) and examined hospital volume-outcome relationship for these procedures. Study results found that FEVAR was associated with lower perioperative morbidity and mortality compared with OSR for the management of complex AAAs. Read more at [PubMed.gov](https://pubmed.ncbi.nlm.nih.gov/).

2021 BMC2 VS Peer Review

This peer review will include Elective Infrainguinal Open Bypass cases that were performed for Indication of Claudication Only where a PTFE prosthetic graft is implanted. Coordinators will be able to log onto the BMC2 website and retrieve their case lists on March 1, 2021. Physician reviewers will receive their initial email to enroll into the peer review on May 10, 2021. The deadline for the external peer review is June 7th. The deadline for the internal peer review is July 9th, 2021.

Final Best Practice Protocol for Access Now Available

The Arterial Access for Invasive Cardiovascular Procedures Best Practice Protocol has been completed and is now available on the [BMC2 website](#). For the purposes of the Best Practices Protocols, recommendations will focus on the most common arterial access sites: femoral and radial. Additionally, the Enhancing Lab Radiation Safety BPP will be distributed to BMC2 PCI collaborators in the next week and we look forward to your feedback.

Staff Spotlight - Sheryl Fielding

Sheryl Fielding is BMC2's Clinical Quality Improvement Leader for Michigan TAVR. Part of the team since 2010, Sheryl works from her 100-year-old house in Downtown Ludington. Sheryl works with the TAVR sites across the state to ensure they are meeting CMS and TVT requirements, performs chart reviews and site visits, educates coordinators, and helps Vascular Surgery and PCI with special projects.

Sheryl was working with project directors Dr. Gurm, Dr. Grossman, and Dr. Chetcuti in the cath lab at Michigan Medicine when she learned about the opportunity to work at the BMC2 Coordinating Center. She was drawn to the job by the opportunity to work with, and travel to, hospitals across the state to improve patient care and learn about processes and procedures different than those at Michigan Medicine.



In a typical day, Sheryl works with TAVR coordinators to understand challenging cases and MI TAVR and TVT reports. She creates meeting presentations for Michigan TAVR and participates in continuing education for TAVR from industry, societies, and journals. She also collaborates with coworkers to plan and complete projects.

She enjoys collaborating with the national TVT registry and interacting with the coordinators and TAVR teams at the sites to solve problems and understand the current state of TAVR. Sheryl looks forward to the return of in person meetings.

A huge fan of the outdoors, Sheryl loves the beach, sunsets, kayaking and hiking in the Ludington State Park. She also reads non-stop and loves football.

BMC2 Meetings

The VS Monthly Coordinator Meeting was held on the morning of February 17th. Rebecca Fleckenstein went over the 2021 VS Peer Review process details can be found on page 2 of this newsletter. There is a new definition for Open Thrombectomy. As of February 17th, the definition includes:

- Open Thrombectomy of the upper and lower extremities
- Urgent or emergent case
- Indication of Acute Limb Ischemia (ALI)
- The surgeon made an arteriotomy (an incision) into the artery or graft
- Thrombus was removed manually or with a Fogarty
- The Open Thrombectomy was not performed at the same time as another VS or PVI procedure
- Not an outcome of another procedure within the same hospitalization or discharge

Upcoming Meetings

March 11th, 10 am - 11 am - PCI Coordinator Monthly Meeting, Zoom. Dr. Gurm and Kelly Desormeaux from Munson will present on hydration.

March 11th, 6 - 7 pm - PCI Virtual Physician Meeting, Zoom. A review of data.

May 14th, 12 - 3 pm - VS Virtual Meeting, Zoom. Please note that this meeting was to be held at Boyne Mountain but will now be held remotely.



Welcome New Coordinators

New VS Coordinator:

St. Joseph Mercy, Oakland - Connie Riopelle

Retirements

Congratulations and Happy Retirement to Teresa Fitzgerald, BSN, RN, Manager, External Quality - Beaumont Health!

Do you have something to share via our newsletter? We want to hear from you! Email Elizabeth Walker at ehorn@umich.edu.

Call for Participation

NEW – Patient Engagement at BMC2

BMC2 is looking to incorporate the patient voice into BMC2-PCI activities and we need your help! In the coming months, we'll be creating a patient advisory committee to improve the effectiveness and relevance of PCI quality improvement interventions. Patient representatives will join BMC2 meetings as speakers and discussants, and also join regular advisory council meetings. What we learn may shape our work in the future.

We are seeking 10 patients that represent the diversity of our State. Can you recommend a patient to this group? There is no up-front commitment and patients will be compensated for their time.

We're looking for patients who:

- Have been an active participant in their care
- Ask thoughtful questions during appointments
- Are good listeners
- Would likely be confident to speak among a group of patients

When you approach potential patients, share that we want the Patient Advisory Council to help us improve the quality of care for PCI patients, and that activities may include the following:

- Quarterly teleconference or zoom meetings of the patient advisory council
- Attending BMC2 meetings as speakers/discussants
- Advising on tools to help improve care delivery

Send patient's name and contact info to Annemarie Forrest, avassalo@umich.edu; or Pam Benci, plf@umich.edu



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Support for BMC2 is provided by Blue Cross and Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and BMC2 work collaboratively, the opinions, beliefs and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.