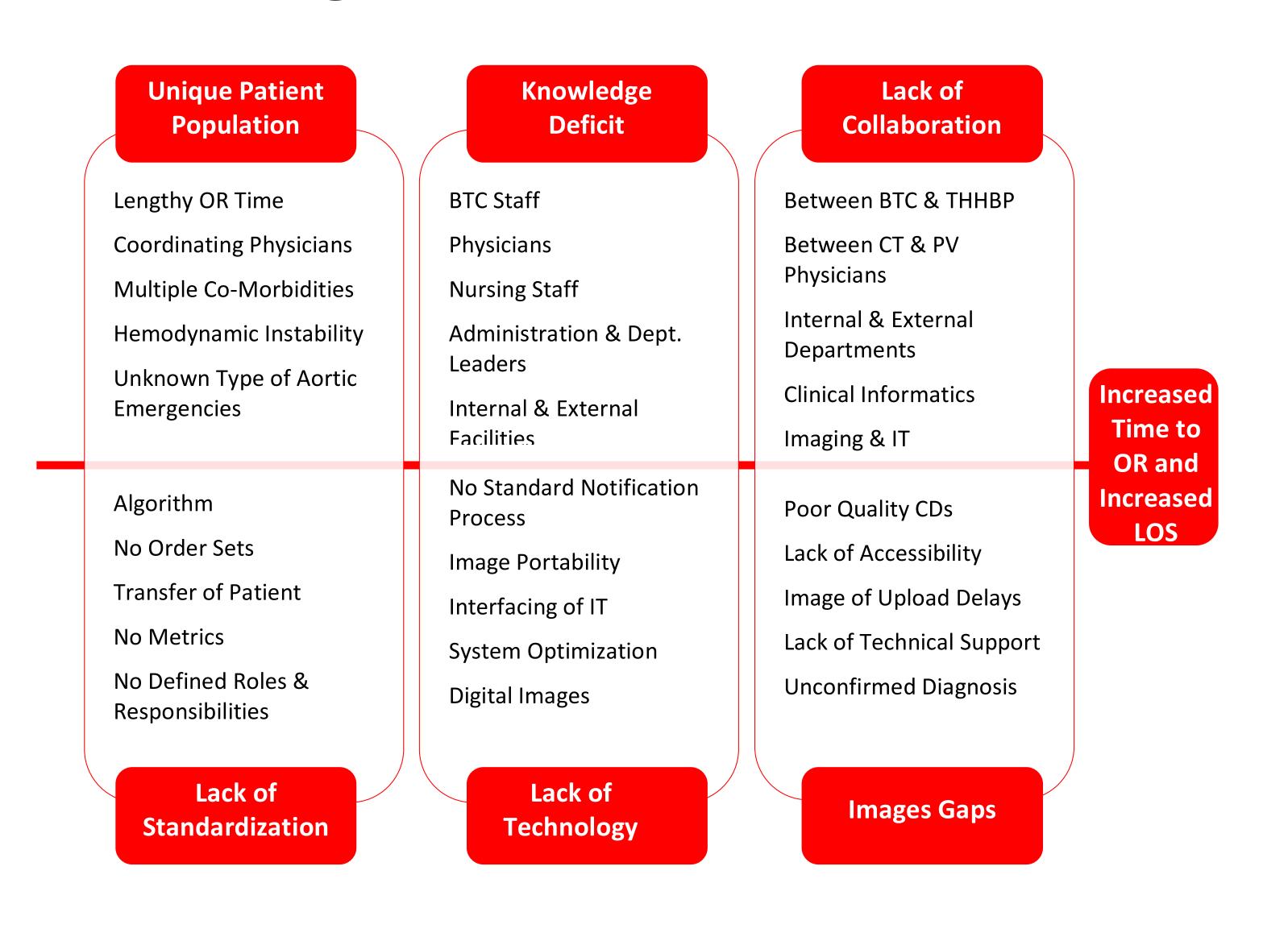


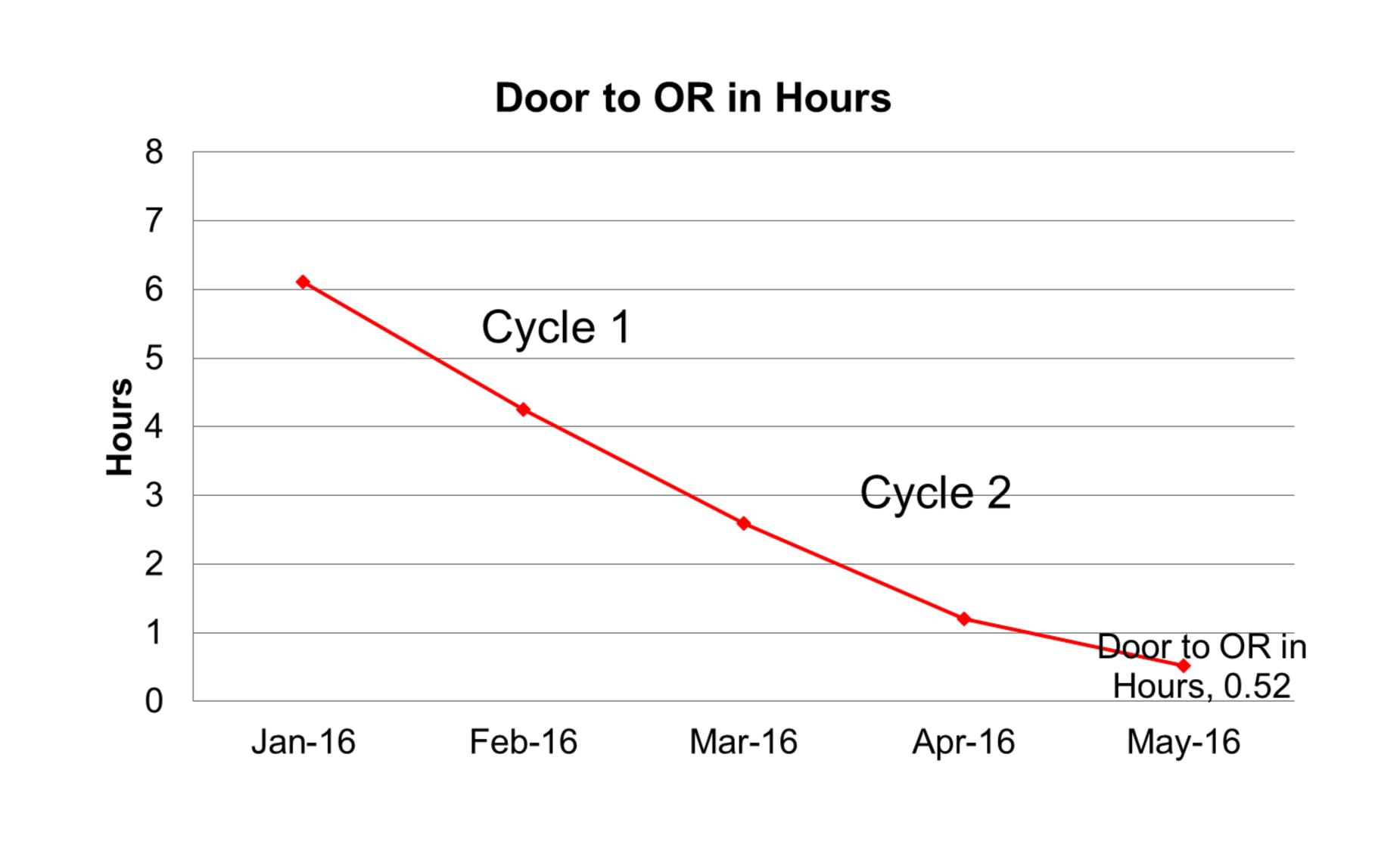
# CODE ACREA



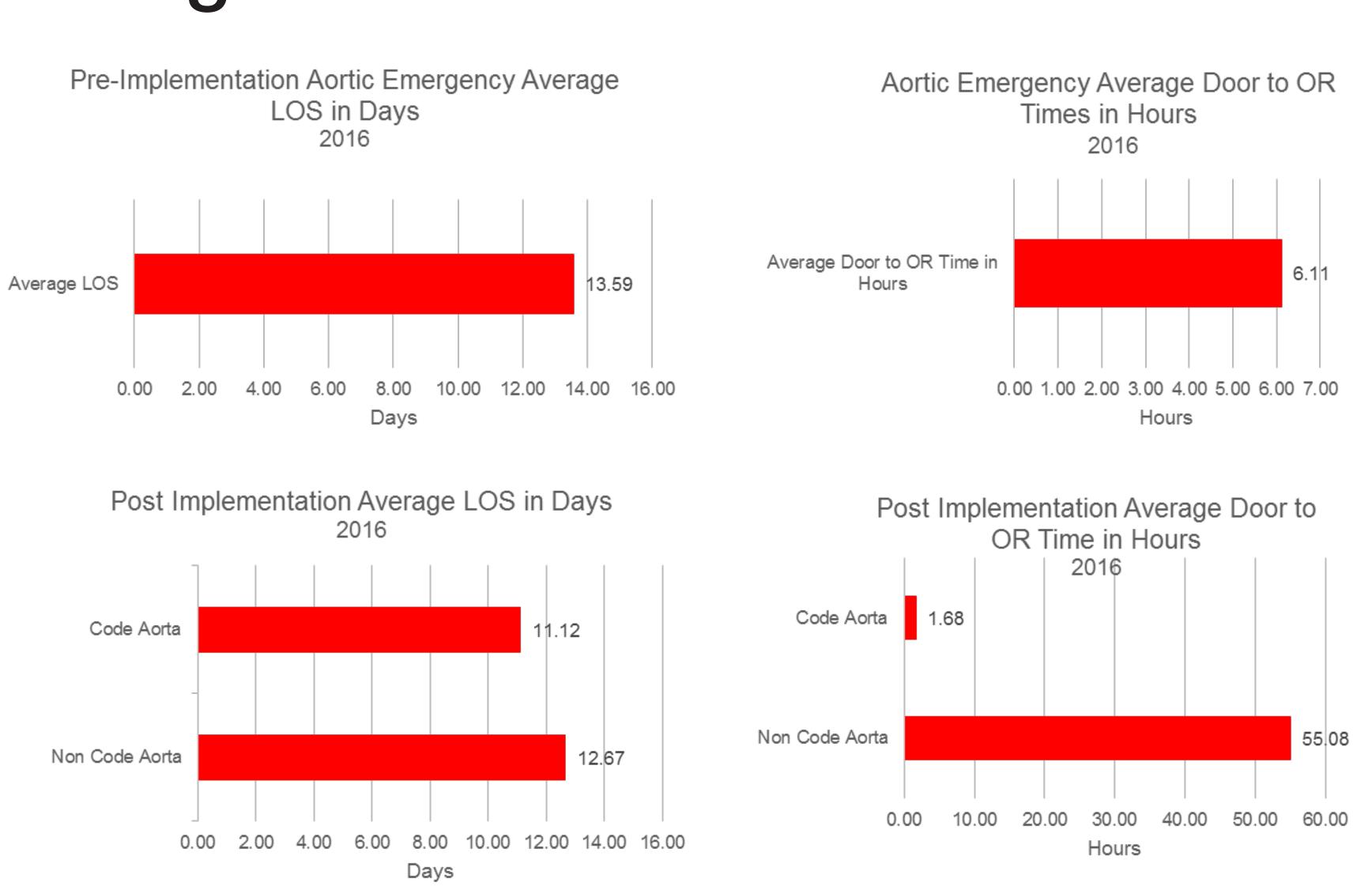
# Modeling and Prioritization



#### Decrease Arrival to OR Time



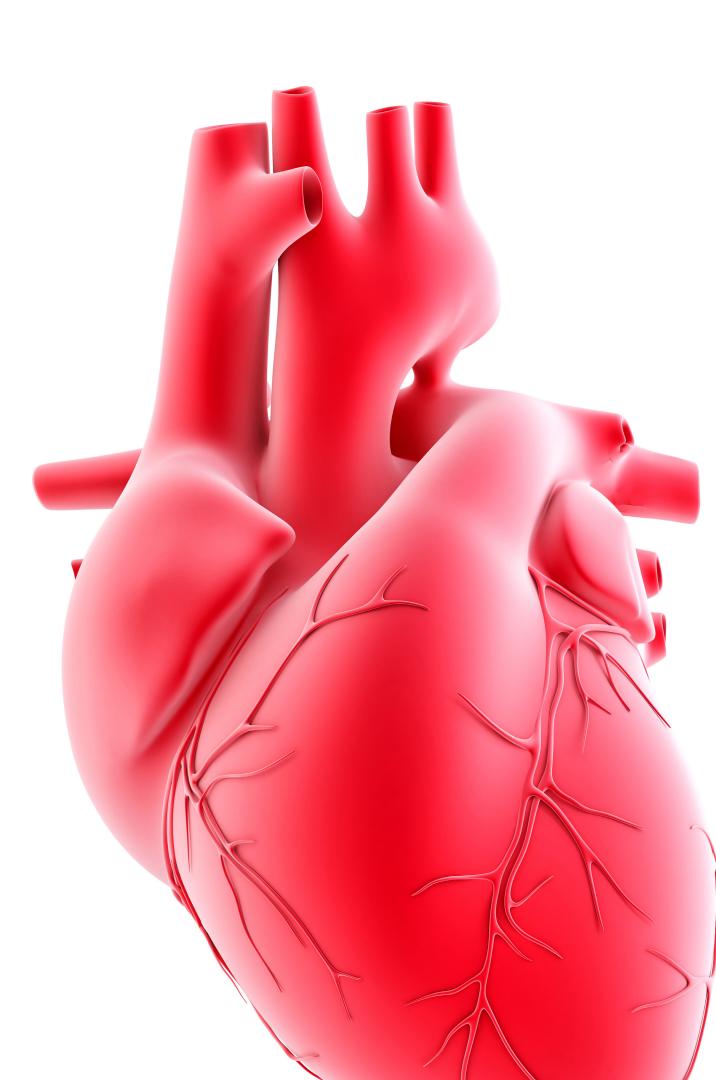
### Magnitude of Results



# PLANNING

#### Background

Aortic dissection is a type of aortic emergency that is associated with a high mortality rate of approximately 23% within the first 24 hours, 50% in 48 hours, and 75 % at two weeks out from time of diagnosis (Juan et al., 2015). As the result, the longer time to intervene into the Operating Room (OR) not only increases Length of Stay (LOS) but also increases the risk of mortality.



- Reviewed historical data on aortic emergencies from previous year.
- Identified opportunities to standardize processes & implementation of best practices for expediting care of patients transferring from referring facilities.

# DESIGN

- Involvement of clergy as part of Code Aorta team
- Ensuring safe passage of the patient
- Ensuring clinical competence of nursing staff
- Workflow Analysis
- Meeting with Key Stakeholders
- Developed Algorithm
- Developed order sets for aortic emergency
- Mock Trials
- Education to outlier facilities and circulating the Emergent Patient Transfer flyer as a communication to healthcare facilities in DFW and surrounding areas as a single point of contact to call for patients that are in need of emergent Aortic and Vascular care.
- Continuing Case Review

Coordinated mock "Code Aorta" utilizing a case scenario, including referring facility & stakeholders. December 31, 2015-January 28, 2016

MPLEMENTATION

Do: Code Aorta GoLive

#### Check:

Plan:

- Evaluated live activation of Code Aorta prior to schedules secondary mocks. February 1-February 15, 2015
- Bi-weekly conference calls review cases to identify metrics & areas of improvement, validity and reliability of process. March 1-April 1, 2016
- Met with stakeholders to discuss outcomes and metrics.

#### Act:

- Improved AtHoc call to include specific paging numbers
- Coordinated use of Lifelmage with the 3 highest referring facilities to improve image upload
- Returned feedback to referring hospitals of patient outcomes
- Educated nursing and transfer center staff to improvement
- Transfer center instructed on how to quick register transfers and add height and weight
- Provide feedback of aortic emergencies with accepting physicians to identify improvements. February 15- February 29, 2016

# EVALUATION

- THHBP has established and developed streamlined care pathways and order sets to efficiently treat patients with Acute Aortic Syndrome
- January 4, 2016: THHBP, in partnership with the BSW Transfer center, activated the Code Aorta process as a resource internal to BSW Health and a resource for health care facilities in the DFW area and beyond
- THHBP continues to explore ways to leverage the Code Aorta process for use in other cardiovascular emergencies that require intervention

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Juan et al. (2015). Effects of a protocol-based management of type A aortic dissections. Journal of Surgical Research, 197, 265-269.

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