

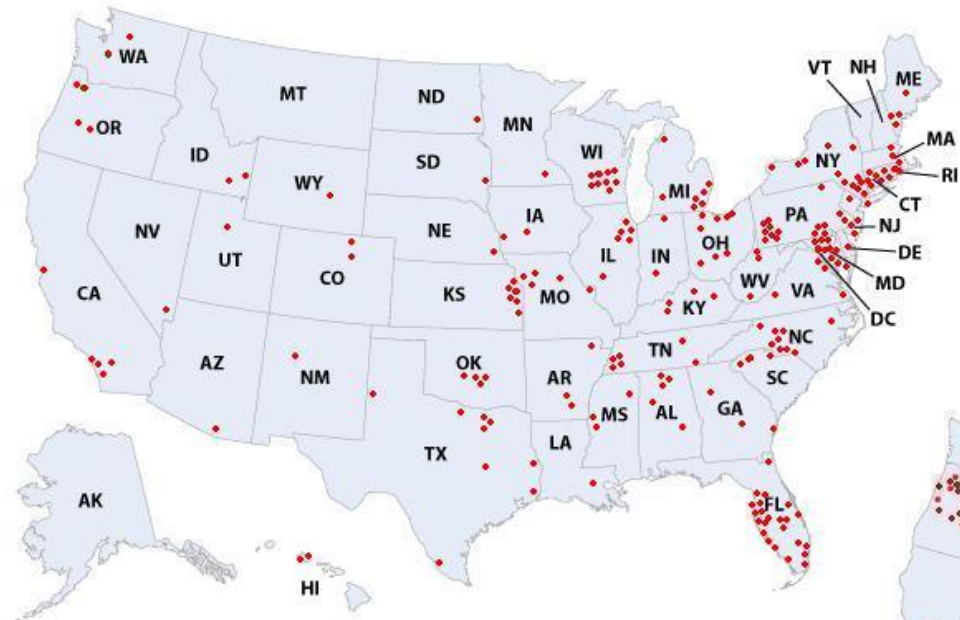
FOCUS Voluntary Community Year End Report



December 20, 2011

American College of Cardiology

Community Growth



← December 2010 (262 sites)

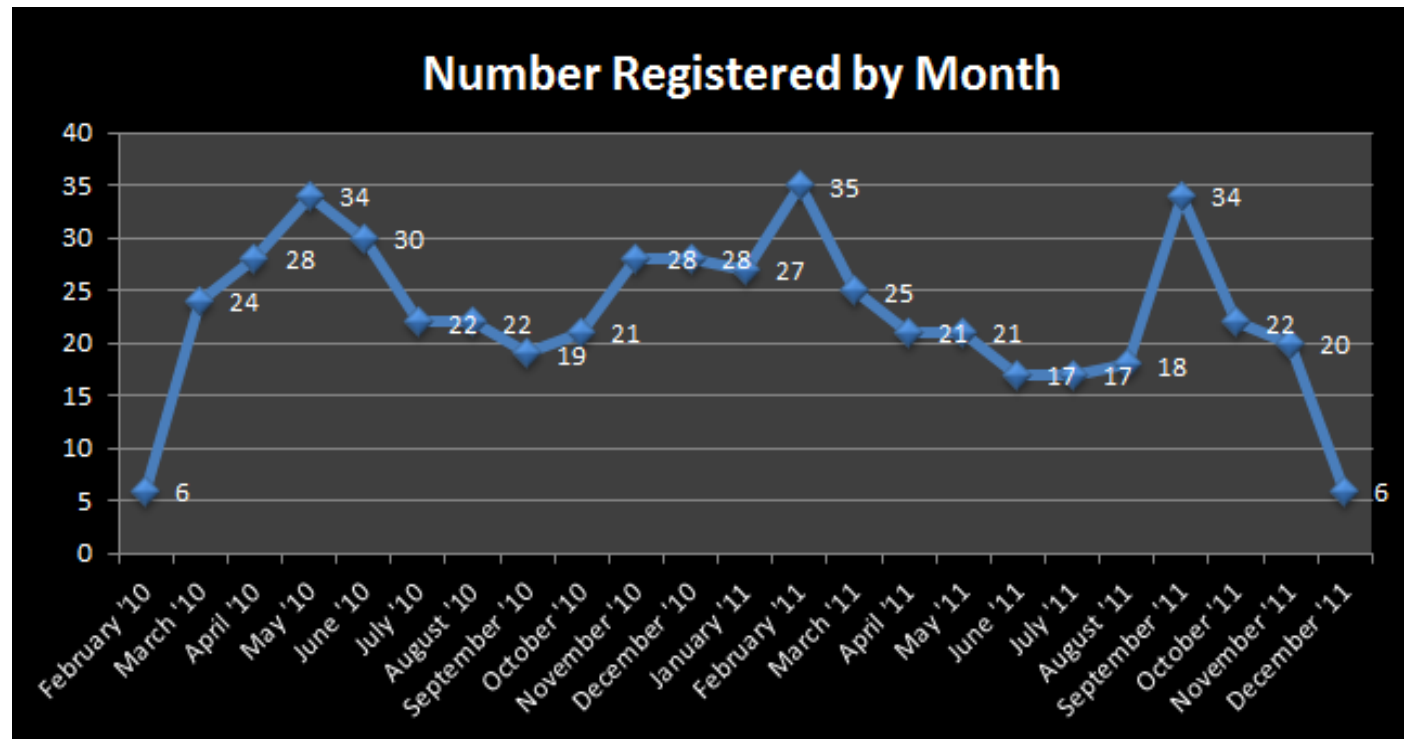


December 2011 (525 sites) →

Community Growth

This table shows the number of members that registered for the FOCUS community each month. Total number currently registered is **525**. The community has grown by **263** sites since last December!

*Note – the month of December '11 is incomplete

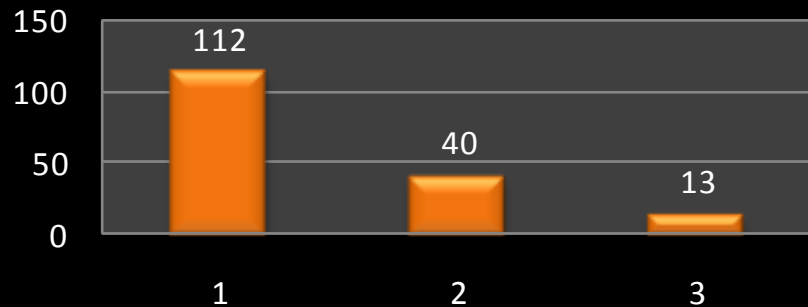


PIM Activity

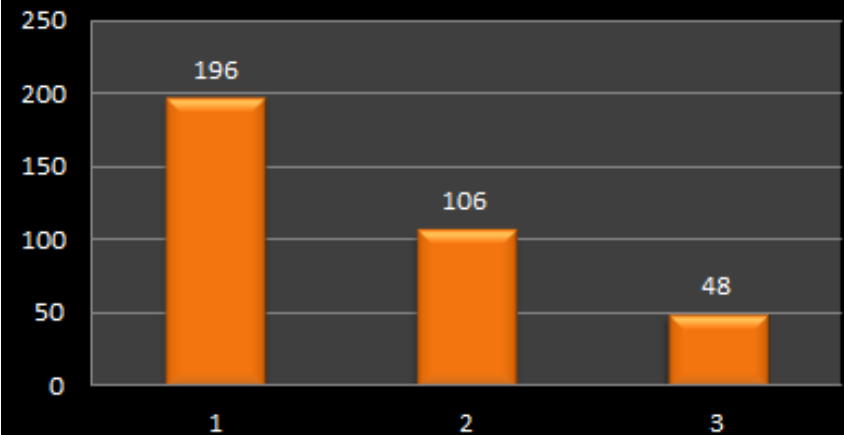
Total Number of Participants in Each Stage in December 2010

Total Number of Participants in Each Stage in December 2011

Total Currently in Each Stage



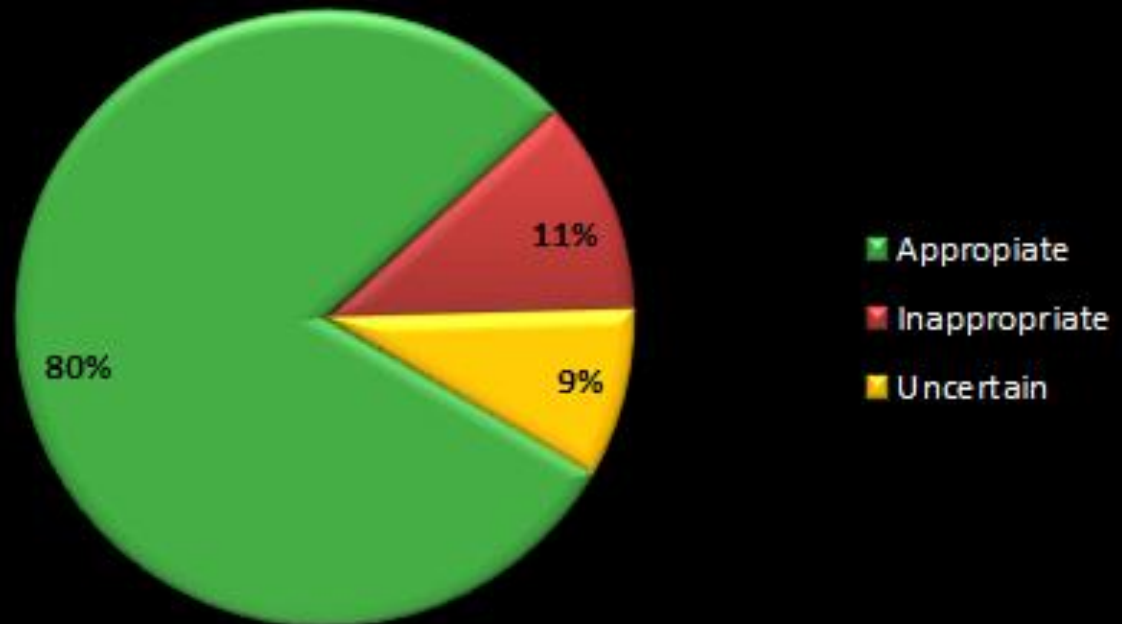
Total Currently in Each Stage



Measure Values

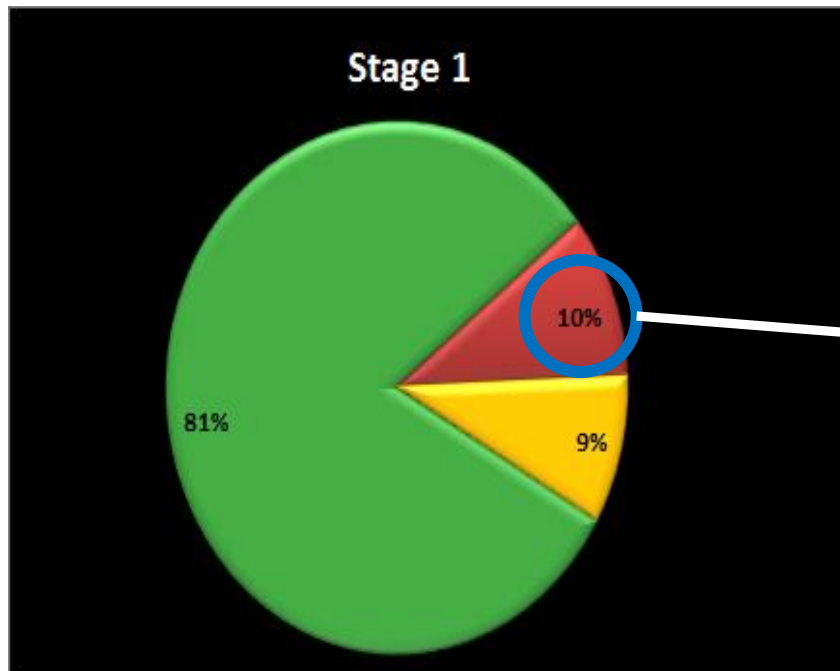
This graph displays the overall average (for all months) of appropriate, inappropriate, & uncertain usage rates for all participants who have completed stage 1, n = 215

Average Measure Values - Stage 1

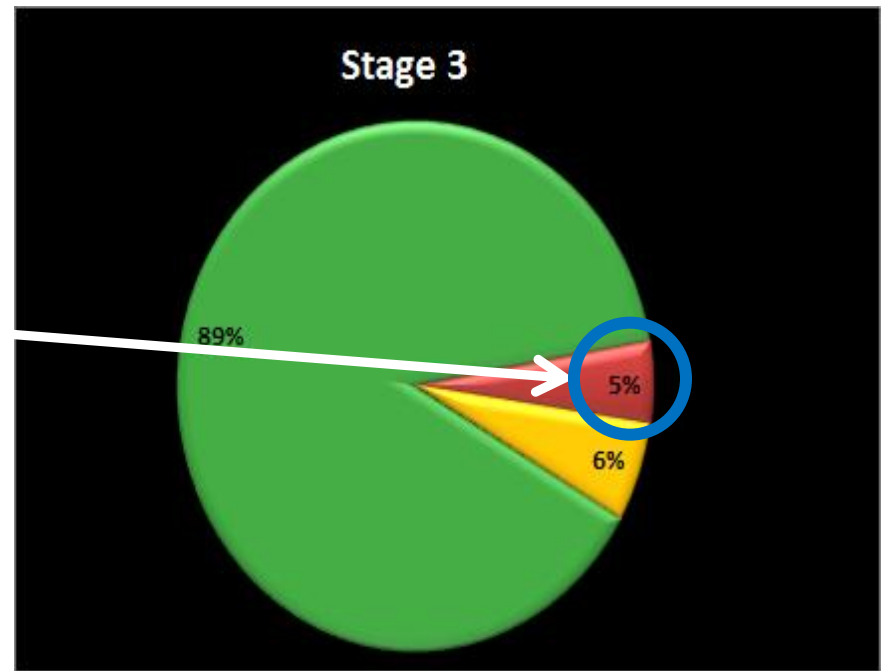


Measure Values

Overall average of appropriate, inappropriate & uncertain usage rates after stage 1 for ONLY participants who completed the PIM.



Overall average of appropriate, inappropriate & uncertain usage rates after stage 3 for ONLY participants who completed the PIM.



You can see the **50 %** reduction in the inappropriate rate from **10%** to **5%**.
This change was found to be statistically significant ($p < .0001$) $n = 53$

Chart – Patient Cases Collected

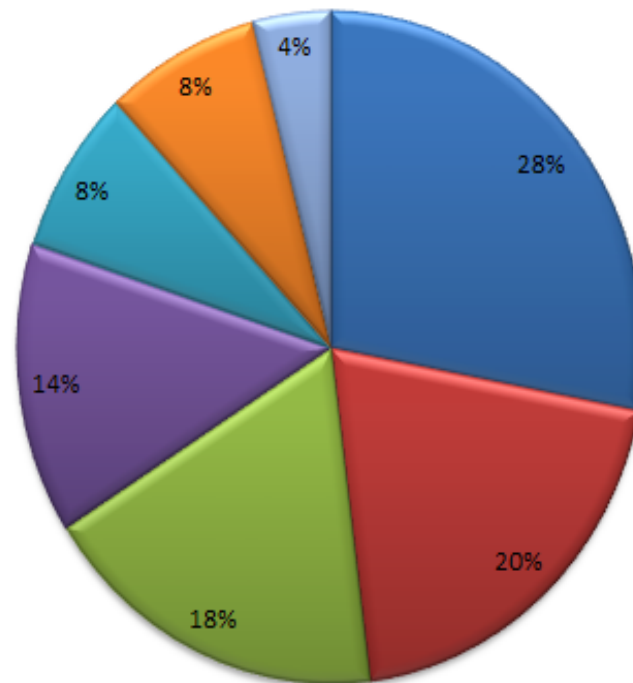
Patient Cases	Stage 1* n = 215	Stage 2* n = 68	Stage 3* n = 53
<u>Appropriate</u>	9307 (80%)	2246 (86%)	1231 (89%)
<u>Inappropriate</u>	1312 (11%)	193 (7%)	69 (5%)
<u>Uncertain</u>	1020 (9%)	165 (6%)	84 (6%)
<u>TOTAL</u>	11,639	2604	1384

*includes only participants who have completed the stage

Improvement Strategies

Participants who completed the PIM found these to be the best strategies for reducing inappropriate ordering.

What was the best strategy for reducing inappropriate ordering?



- Increasing knowledge and awareness of the AUC and guidelines and applying them to practice
- Better educating staff and physicians to keep them well informed on AUC
- More complete documentation and evaluation of patient (i.e. patient history & chart)
- Aiding both Cardiologists and referring physicians in improving their AUC performance
- Using tools (i.e. data collection sheet, PIM, AUC cards) to help track appropriate use
- Increasing the communication among physicians, nurses, and referring physicians
- Reviewing physician orders prior to test to ensure appropriate use