

CARES Registry

An Example Implementation Plan for Maryland Hospitals

Presented by: Debra Franckowiak, MS and Rebecca Canino

October 13, 2015



JOHNS HOPKINS
M E D I C I N E

Johns Hopkins Bayview Plan

We are fully invested in the success of CARES, partnering to maximize survival rates from cardiac arrest.

This is a blueprint of our implementation process.

Why is this Important?

- **The 2015 Institute of Medicine report; Recommendation 1: Every state and community needs to be able to report its survival from cardiac arrest.**
- **Few states are ready to do this.**
- **In most states EMS reports and in hospital reports do not link.**
- **The CARES registry can be the mechanism to comprehensively link EMS (pre-hospital) to the ED and inpatient care, thereby accurately profiling care of Cardiac Arrest patients in Maryland.**

We need metrics to drive change~

If you can't measure it, you can't make it better.

Who are the Players? How will this Happen?

– Initial Decision:

- **Leadership – ED and CICU Directors to implement CARES Adoption**
- **ED and ICU Physician/Nurse Champions – modifies electronic or paper records to capture and facilitate the collection of data points**
- **Legal – Partnership with MIEMSS and Emory**
- **Operations – Identifying the active participants**

– Active Participants:

- **Base Station Coordinator – ED involvement is crucial**
- **Data Coordinator – Cardiology/ICU background**

What are the Steps to Implementation?

- **Management**

 - Assuring all pre-adoption paperwork is completed

 - Confirm staffing and workflow

 - Present Data quarterly at leadership meetings (Future)

- **'Data Guru'**

 - Skillset - ICU Critical Care Knowledge

 - Completes 10 fields in CARES

 - Time Commitment?* Depends on # of Cardiac Arrests and ability to navigate charts and electronic medical records

 - Tracking transferred patients (unknown)

 - Pull reports (Future, unknown)

When is Data Entered?

Data will be entered into the patients record throughout the patient admission, subsequent treatment, and discharge from initial hospital to tertiary transfer hospital/facility discharge.

Data will be collected post discharge and entered in CARES.

Where do we find the data?

Part E: Hospital Section - Please complete the following questions

46 - ER Outcome <input type="radio"/> Resuscitation terminated in ED <input type="radio"/> Admitted to hospital <input type="radio"/> Transferred to another acute care facility from the ED	47 - Was hypothermia care initiated or continued in the hospital <input type="radio"/> Yes <input type="radio"/> No	48 - Hospital Outcome <input type="radio"/> Died in the hospital <input type="radio"/> Discharged alive <input type="radio"/> Patient made DNR If yes, choose one of the following: <input type="text"/> <input type="radio"/> Transferred to another acute care hospital <input type="radio"/> Not yet determined	49 - Discharge From The Hospital <input type="radio"/> Home/Residence <input type="radio"/> Rehabilitation facility <input type="radio"/> Skilled Nursing Facility/Hospice	50 - Neurological Outcome At Discharge From Hospital <input type="radio"/> Good Cerebral Performance (CPC 1) <input type="radio"/> Moderate Cerebral Disability (CPC 2) <input type="radio"/> Severe Cerebral Disability (CPC 3) <input type="radio"/> Coma, Vegetative State (CPC 4)
--	--	--	--	--

Transferred To: : [sort](#)

Hospital procedures

51 - Was the final diagnosis acute myocardial infarction:	<input type="radio"/> Yes <input type="radio"/> No
52 - Coronary Angiography Performed:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	If yes, provide date and time: <input type="text"/> - hh : mm
53 - Was a cardiac stent placed:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
54 - CABG performed:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
55 - Was an ICD placed and/or scheduled:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Element 46 - ER Outcome

- **Resuscitation terminated in ED**
- **Admitted to hospital**
- **Transferred to another acute care facility from the ED (you will be prompted to select a transfer hospital from drop down box)**

Data Resources

- **ED Nursing notes/Code Blue Sheet**
- **ED Physician Note**
- **Admission Note/History and Physical(H/P)**
- **ED Physician/Nurse Champion**

Element 47 - Hypothermia Care Initiated or Continued In Hospital

- **Yes or No (If patient is transferred original destination hospital should complete)**

Data Resources

- **Admitting Physician H/P**
- **Nursing Admission to Unit Note**
- **Nursing Protocols**
- **ED Nursing Note**
- **ED Physician Note**

Element 48 - Hospital Outcome

- **Died in the hospital**
- **Discharged alive**
- **Patient made DNR**
 - **If yes to DNR, choose one of the following: Died in hospital, Discharged alive, transferred to another acute care hospital, not yet determined**
- **Transferred to another acute care hospital**
- **Not yet determined**

Element 48 - Hospital Outcome continued...

Data Resources

- **Hospital Discharge Summary**
- **Physician Progress Notes**
- **Nurses Note**
- **Visit Summary**
- **DNR note/paperwork**
- **Social worker/case manager notes**

Element 49 - Discharge from Hospital

- **Home/Residence**
- **Rehabilitation Facility**
- **Skilled Nursing Facility/Hospice**
- **If Discharge home with Hospice then code Home/Residence**

Data Resources

- **Social Worker/Case Management Notes**
- **Discharge Summary**
- **Physical Therapy/Occupational Therapy Note**
- **Visit Summary**

Element 50 - Neurological Outcome at Discharge From Hospital Continued...

1 = Good Cerebral Performance – Conscious, alert, able to work and lead a normal life.

2 = Moderate Cerebral Disability – Conscious and able to function independently (dress, travel, prepare food), but may have hemiplegia, seizures, or permanent memory or mental changes.

3 = Severe Cerebral Disability – Conscious, dependent on others for daily support, functions only in an institution or at home with exceptional family effort.

4 = Coma, vegetative state

Element 51 - Final Diagnosis MI

Yes/No

Data Resources

- **Cardiology Consultation (EKGs/Labs)**
- **Cardiac Catheterization Report**
- **Admission H/P**
- **Discharge Summary**
- **Death Certification**

Element 52 -Coronary Angiography Performed

Yes/No/Unknown

Data Resources

- **Cardiac Catheterization Report**
- **Cardiology Consultation**
- **Admission H/P**
- **Nursing Notes (Post CATH Care)**
- **Discharge Summary**
- **May need help if patient transferred to other Acute Care Hospital**

Element 53 - Cardiac Stent Places

Yes/No/Unknown

Data Resources

- **Cardiac Catheterization Report**
- **Cardiac Consultation Note**
- **Discharge Summary**
- **May need help if patient transferred to other Acute Care Hospital**

Element 54 - CABG Performed

Yes/No/Unknown

Data Resources

- **Cardiac Surgery Consultation**
- **OR Surgery Report**
- **Nurse notes(post surgery care)**
- **Discharge Summary**
- **Cardiology Consultation Note**
- **May need help if patient transferred to other Acute Care Hospital**

Element 55 - Was an ICD placed/scheduled

Yes/No/Unknown

Data Resources

- **EP Consultation**
- **Cardiology Consultation**
- **EP Procedure Note/Log**
- **Discharge Summary**
- **Nurse notes(post surgery care)**
- **May need help if patient transferred to other Acute Care Hospital**

Transfer to Other Acute Care Hospital

- **Find out who is the CARES Registry Person at your transfer/receiving Hospitals**
- **Share information, email, phone numbers**
- **Establish between the Hospitals who will be responsible for registry data entry**
- **Information Sharing in Future with Electronic Medical Records**
- **Create an email group contact**