



Keck School of
Medicine of USC

Building a Culture of Quality in the Acute Care Cardiology Setting

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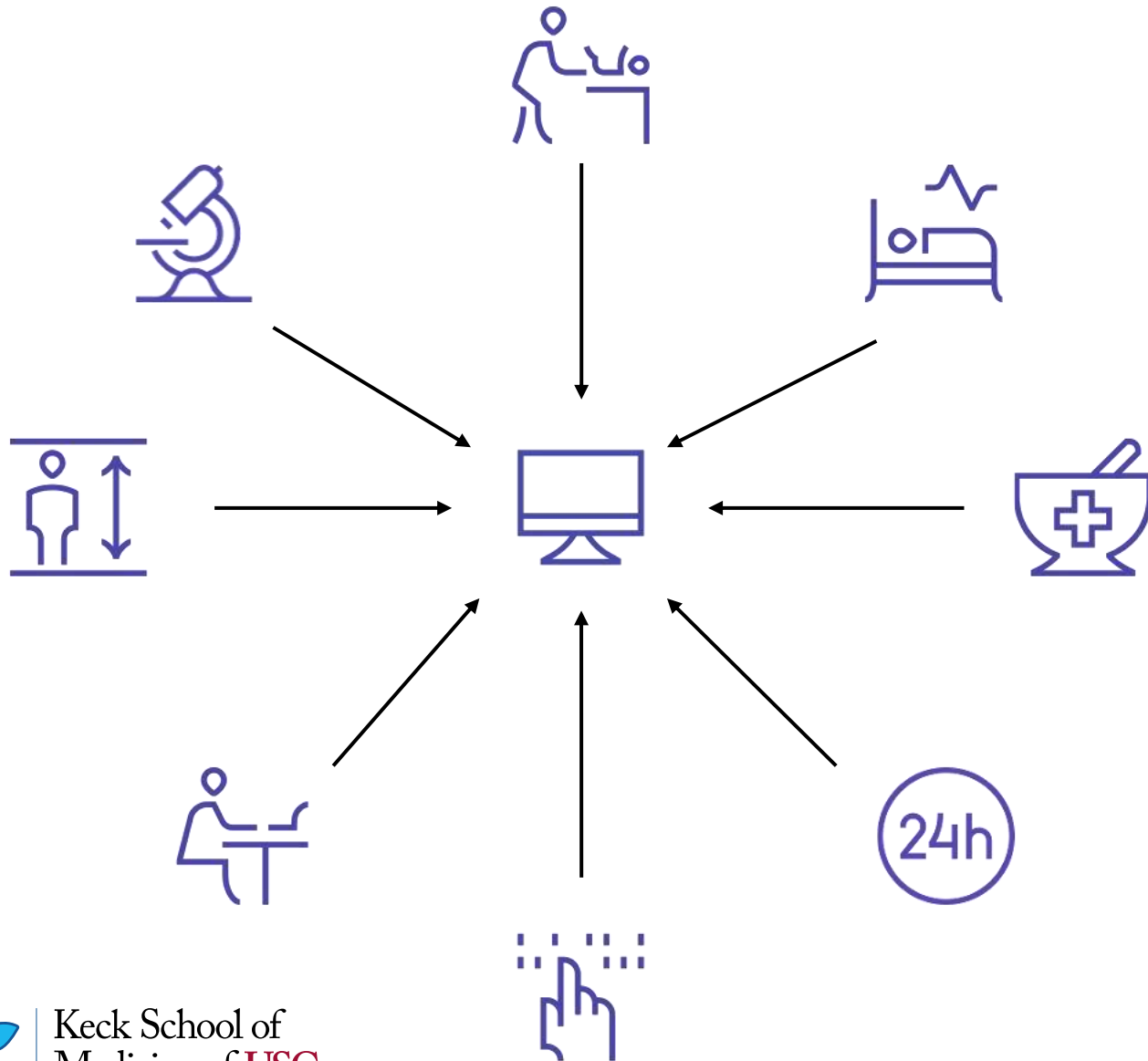
Disclosures

- Co-chair of Pediatric Acute Care Cardiology Collaborative (PAC³) Education and Outreach Committee
 - No monetary compensation

Objectives

- Quality Improvement (QI) in the acute care cardiology setting
- Making a difference with QI
 - Examples
 - Intangibles
- Future directions

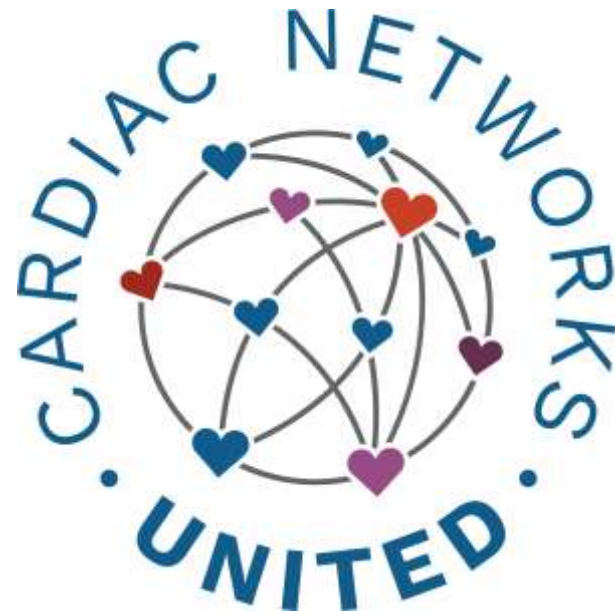
QI in the inpatient setting



QI in the acute care cardiology setting



49
centers in
North America



An idea for improvement

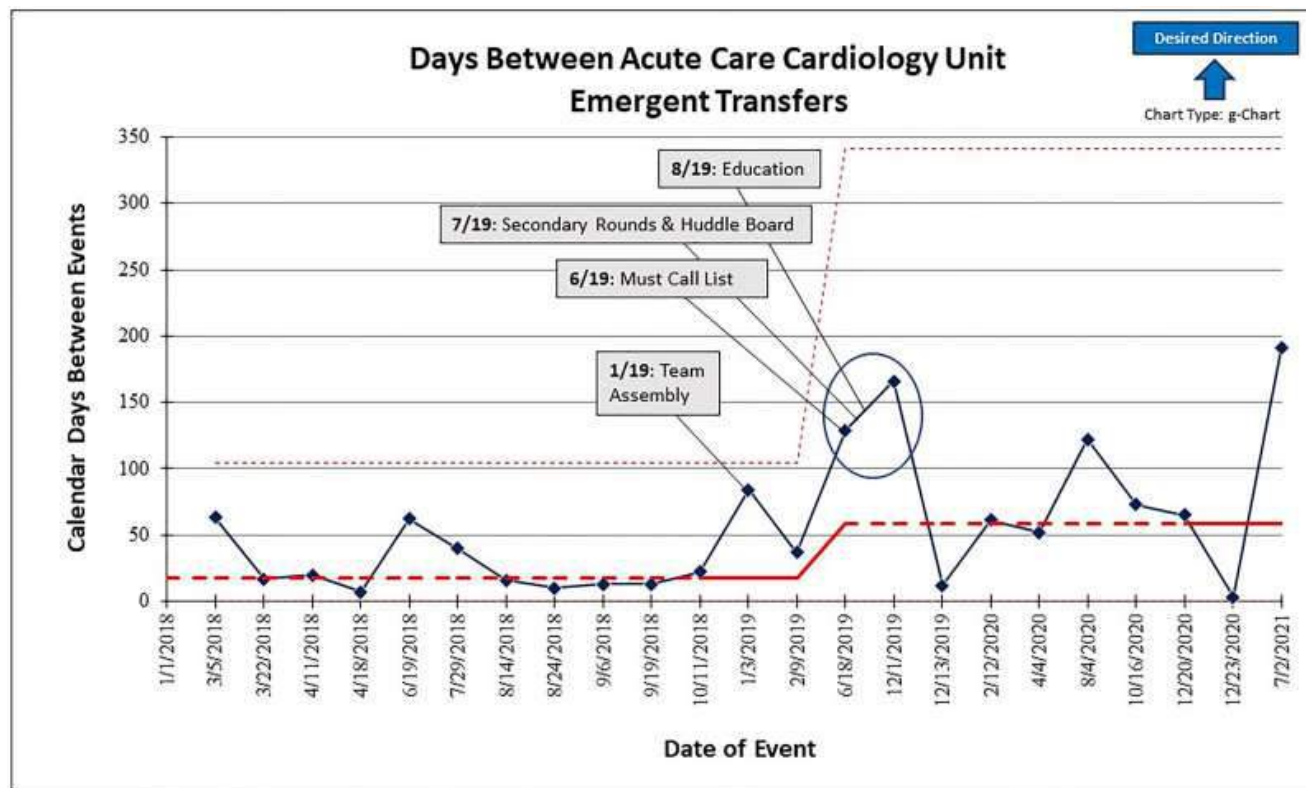
Acute care
cardiology *exists*
due to the desire
to improve quality
of care





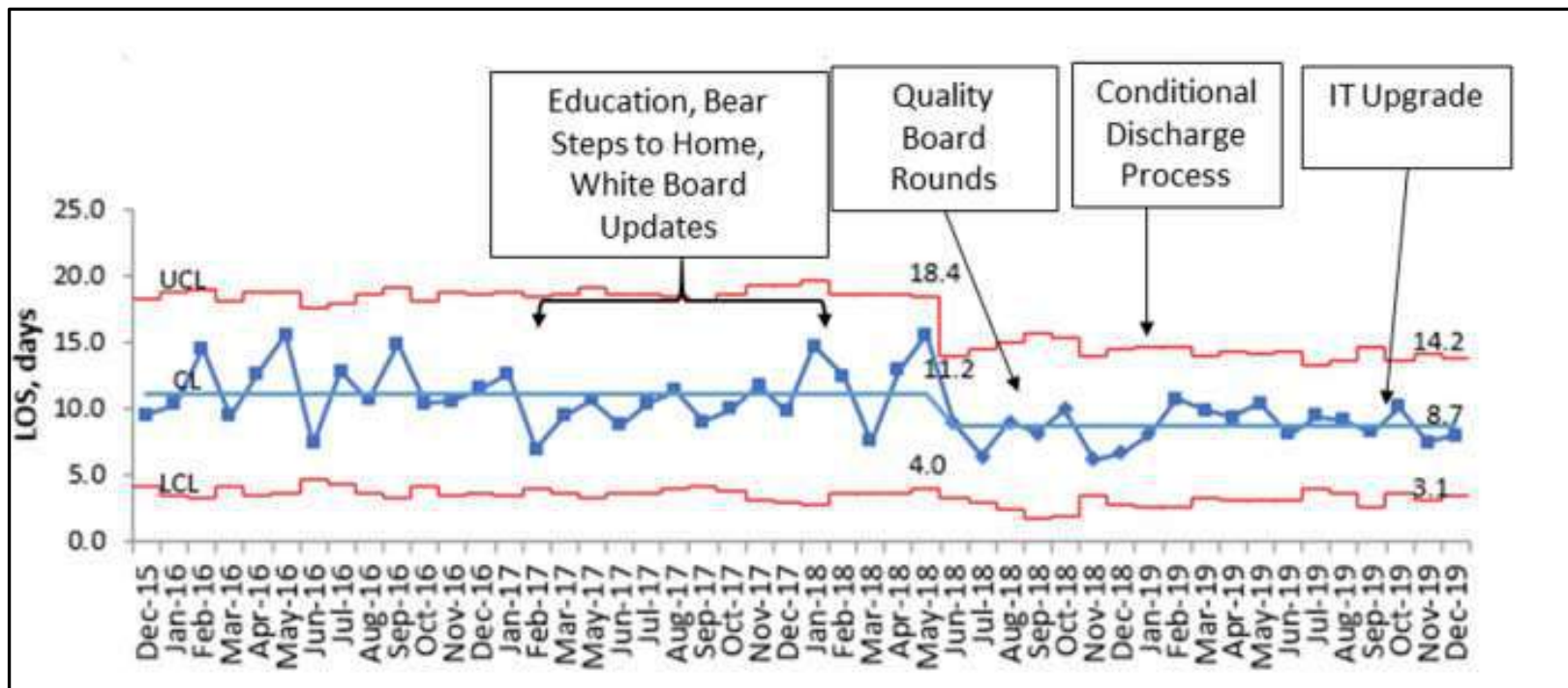
Examples of making a difference

- 17→56 days between emergent transfers
- 32→62 days between ACCU code events



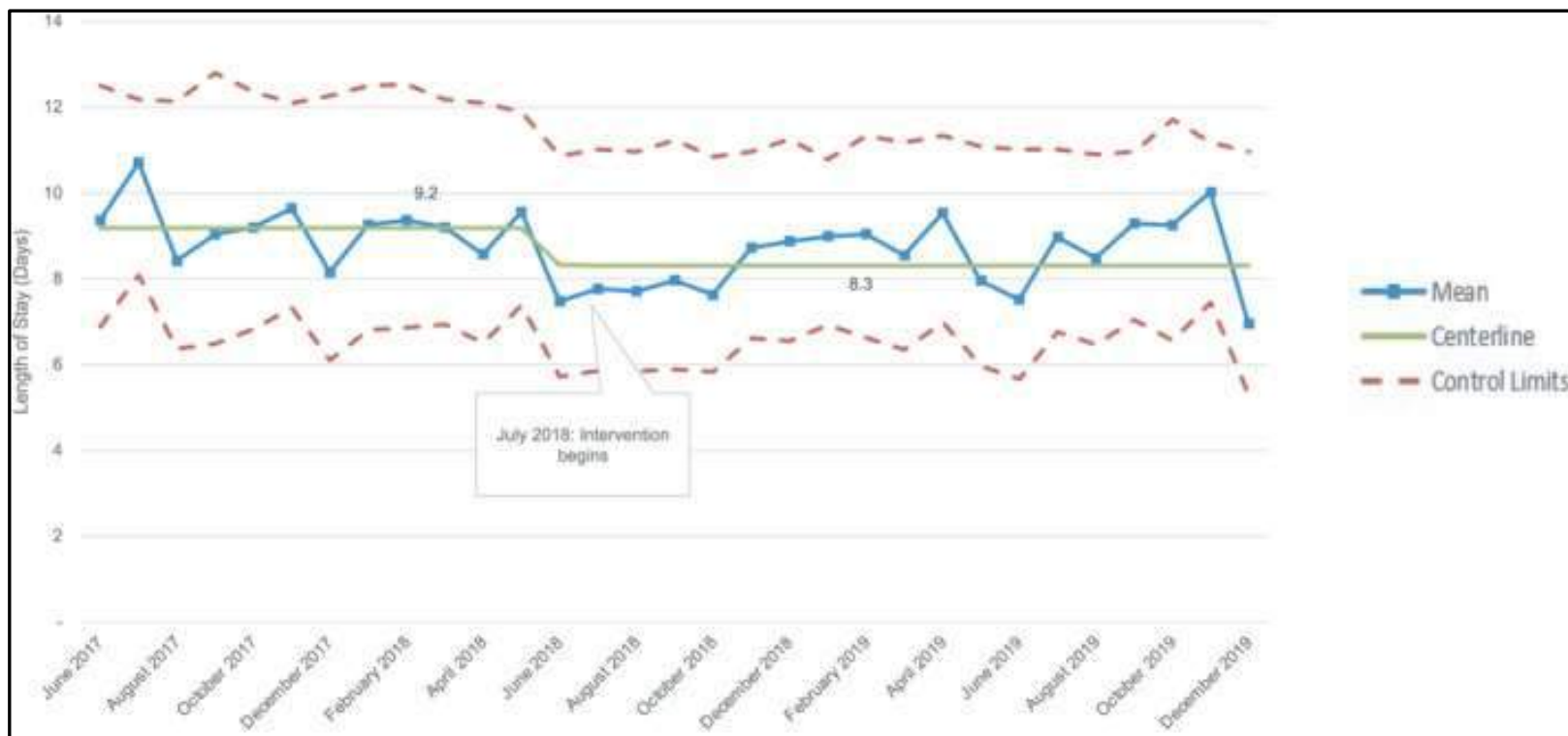
Examples of making a difference

- 22% reduction in hospital LOS
 - 11.2→8.7 days
 - No change in readmission rates



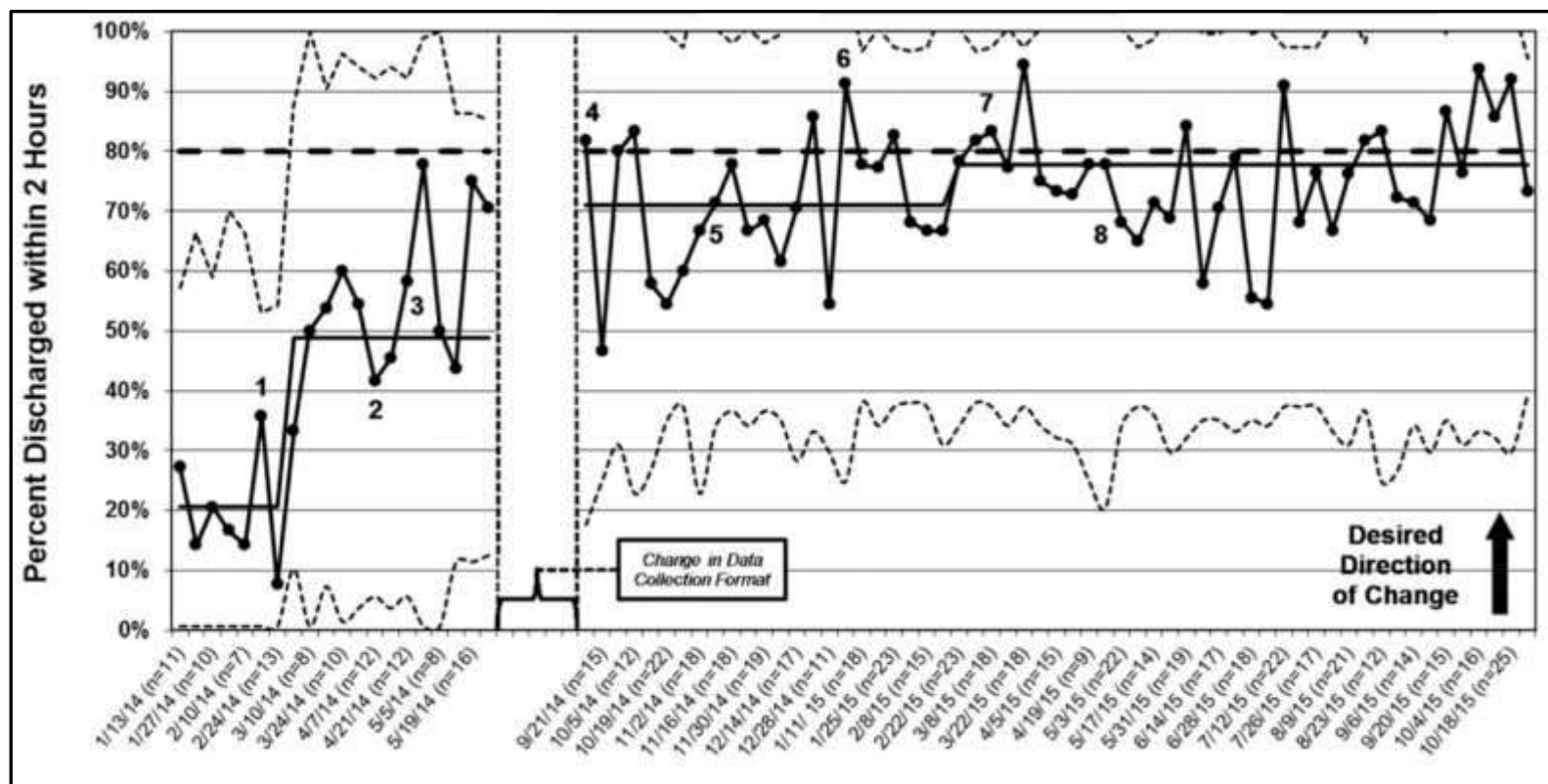
Examples of making a difference

- 15.6% reduction in chest tube duration
- 9.8% reduction in LOS
- No increase in chest tube replacement or readmission for pleural effusion



Examples of making a difference

- 20%→78% of patients discharged within 2 hours of medical readiness



4th year
fellowships

14 QI course
graduates

Feeding

CPAP/BiPAP
initiation on ACCU

Diuretic use

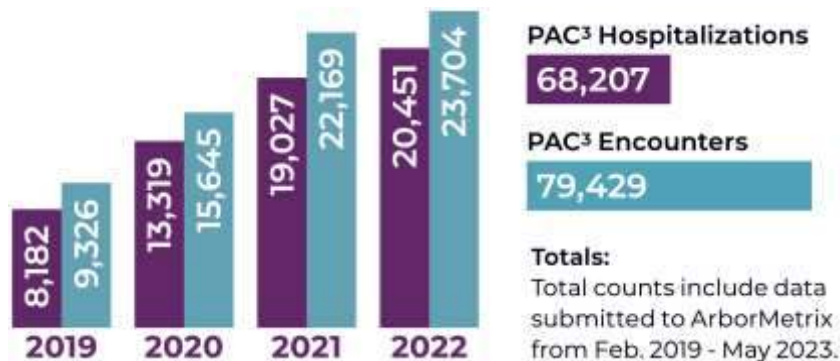
Medical
readiness

Multidisciplinary



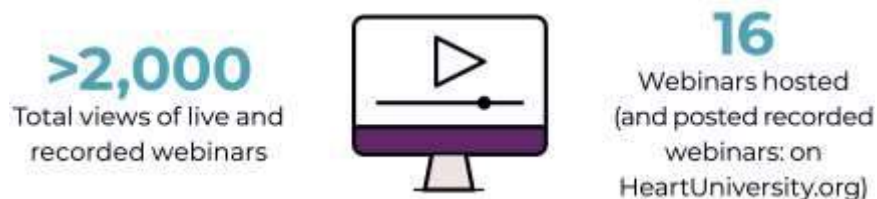
Intangibles

Future directions



acute care education series

Sharing knowledge and innovations for new and established team members



Heath Equity

We're committed to improving outcomes for all patients at all centers.

A culture of quality in Acute Care Cardiology

“Steal shamelessly, integrate seamlessly”

“I’d rather be the sickest patient in the ACCU than the healthiest in the ICU”

“Version 1 is not the final version”

“Nothing of significance was ever achieved by an individual acting alone”

“Humility is always only one patient away”

