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2018

# Decreasing Unnecessary Pharmacy Cost in the Cath Lab

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### Recommended Citation

Scepaniak, Scott M. and Patterson, Kristi, "Decreasing Unnecessary Pharmacy Cost in the Cath Lab" (2018). *Nursing Posters*. 103. https://digitalcommons.centracare.com/nursing\_posters/103

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**Decreasing Unnecessary Pharmacy Cost in the Cath Lab** 

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### Plan

AngioMax is a single dose heparin alternative introduced in 2002 that is used in cardiac patients undergoing percutaneous intervention (PCI). Bivalirudin and heparin are both acceptable options according to current ACA/AHA guidelines. Bivalirudin costs \$377 per dose; Heparin is less than \$15 per dose. Noting practice variation, the Cath Lab set out to eliminate unnecessary pharmacy cost for PCI patients by:

- Using current literature to inform clinical care
- Standardizing practice
- Using data to track and guide implementation

### Do

- Explore variation in utilization of Bivalirudin and Heparin in PCI cases
- Share lit review findings: Given the significant cost difference between bivalirudin and heparin, heparin should be the preferred agent for STEMI PCI except in patients at extreme risk of bleeding.
- Engage Cath Lab leadership and Interventional Cardiology providers to evaluate current practice
- Track monthly utilization and use data to inform implementation plans

### **Team Members**

- ·Scott Scepaniak, RN, CEN -- Cardiac Cath Lab
- ·Phil Martin, MBA BSN RN -- Section Director
- ·Kristi Patterson, BSN RN, CPHQ PIVA
- •Dr. Dan Tiede Cardiology

### Study



#### Cath lab begins exploring the variation in blood thinners used during PCI & current best practices

### Cath Lab staff engages Interventional Cardiology, provides group and 1:1 education

### Monthly reporting data used to evaluate implementation and identify potential areas of opportunity

Cost Savings due to decreased use of AngioMax for IP and OP PCI in the first 8 months of implementation: >\$100,000

Savings Per Month for Inpatient & Outpatient Cardiac Stent Cases FY2018



### Act

- Generate discussion by sharing data demonstrating the variation in AngioMax use
- Use adaptive leadership skills to spread practice change throughout Interventional Cardiology
- Share monthly AngioMax utilization with the Cath Lab Team and Interventional Cardiology



### References

Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. Engaging Physicians in a Shared Quality Agenda. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007. (Available on <a href="https://www.lHl.org">www.lHl.org</a>)

Secemsky, E., & Banglaore, S. (2016, November 9). Use and Effectiveness of Bivalirudin Versus Unfractionated Heparin for Percutaneous Coronary Intervention Among Patients with ST-Segment Elevation Myocardial Infraction in the United States. *American College of Cardiology: Cardiovascular Interventions*, 9(23), 2376-2386.