# Proven Care Benchmarks

### 1. Preadmission documentation:

- a. ACC/AHA indication
- b. Screening for and consultation regarding IMI (inferior myocardial infarction)/RV (right ventricular) involvement
- c. Treatment options and patient preference
- d. Need for warfarin Ant.MI (myocardial infarction) or WMA (wall motion abnormality)
- e. Current user of clopidogrel or warfarin?
- f. Screening for stroke risk
- g. Carotid doppler (if the test is indicated)
- h. Vascular surgery consultation (if indicated)
- i. Ejection fraction
- j. Screening for need to use intra-aortic balloon pump (IABP)
- k. Screening using epiaortic echo (as indicated)
- 1. Patient withheld clopidogrel/warfarin for 5 days pre-op?

### 2. Operative documentation:

- a. Patient received correct dosing of beta-blocker (pre-op)
- b. Correct use of intra-aortic balloon pump (pre-op -->post-op)
- c. Pre-op Abx (within 60 minutes of incision; Vancomycin within 120 minutes)
- d. Blood cardioplegia (on-pump patients)
- e. Epiaortic echo of the ascending aorta and the peer consult
- f. Intra-operative hyperglycemia screening
- g. Correct insulin management (as indicated; per protocol)
- h. Use of LIMA (left internal mammary artery) for LAD (left anterior descending) grafting

## 3. Post-Operative patient documentation:

- a. Anteroapical MI within prior 7 days: post-op echo
- b. Monitoring for atrial fib for >48 hours
- c. Anticoagulation therapy (as indicated)
- d. Abx (antibiotics) administered (post-op for 24-48 hours)
- e. Aspirin (six hours post-op or 24 hours post-op)
- f. Beta-blocker (within 24 hours post-op)
- g. Statin administered (post-op)
- h. Surgical debridement and revascularization of any sternal wound infection
- i. Plastic surgery consult regarding ongoing management of sternal wound
- j. Tobacco screening and counseling

### 4. Discharge documentation:

- a. Referral to cardiac rehab
- b. Discharge medications (e.g., beta-blocker)
- c. Discharge medication: aspirin
- d. Discharge medication: statin

### 5. Post-Discharge documentation:

- a. Patient correctly taking beta-blocker?
- b. Patient correctly taking aspirin?
- c. Patient correctly taking statin?
- d. Patient correctly administering anticoagulant?
- e. Did patient resume smoking?
- f. Patient enrolled in cardiac rehab?