Transcript: July 2015 CardioLAN Webinar

Next Steps in Progressive Cardiovascular Care

Part 2: Cholesterol Management & Smoking Cessation

Cindy Sun: Hello everyone, and welcome to the July CardioLAN meeting. I'd like to thank all of you for taking the time out of your day to join us, and we hope that you'll find the information we plan to share in here helpful, insightful, and hopefully you've brought some insights to share with the group as well. For those of you who have been on the call before, you know that this is an informal session. I know it seems formal because it's WebEx and there's PowerPoint, but we really want this to be a work group more than a didactic meeting. We are going to share information, and we want to do that. Because of the size, we do have all the lines muted, but we want to encourage you to use the Q&A box on the right-hand side to submit questions as we progress through the day, as though we're all just sitting around a very large table chatting about this. The discussion will be recorded. For those of you who are listening to the discussion later, who aren't able to attend the live session, we thank you also for attending. If at any point in time during the next six to nine months that you have any questions about any of this, feel free to contact us at HHQInfo [HHQI@wvmi.org].

Just to give you a list of the cast of characters from the HHQI side who is here today, we have Misty Dyke; she is our Communication Expert, and she's running the entire show. We have RN Project Coordinators, Misty Kevech and Crystal Welch. We also have Health Data Analyst, Stacie Deslich with us today. If you all haven't met, my name is Cindy Sun, and I'm an RN Project Coordinator as well. We'll go ahead and get started and just say again thank you for taking your time to join us today. We'll start by tossing everything over to Crystal Welch for a campaign update. Crystal?

Crystal Welch: Thank you very much, Cindy. It's my pleasure to do some announcements really quick. I wanted to let everyone know that the current participation in the HHQI campaign currently stands at 13,552 participants, and that's from 5,355 agencies, so it's very good to see that number increase every month. We are also pleased to honor our July Agency of the Month, which is Citizens Baptist Home Health and Hospice of Talladega, Alabama. They were randomly selected among home health agencies that are in the top percentile of performance in acute care hospitalization or in oral medical management, so we're very pleased to be honoring them throughout the month of July. That's both on our campaign website, and they were also featured in the HHQI Inside Edition e-newsletter this month, and that's sent to about 18,000 contacts. Moving quickly with HHQI University, if we have some nurses on board and they want to get a head start on

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some of your continuing education, there are several free new courses available, all of which include free nursing CEs from the American Nurses Credentialing Center, and Misty Kevech will be by in just a few minutes to give us more information.

I wanted to mention quickly about the available CE courses to pique some interest out there. We have the State of Cardiovascular Health. We've got Blood Pressure Control and Smoking Cessation, Tobacco Effects, Smoking Cessation Medications, Lifestyle Management with Cardiovascular Health and more. There's also a new blood pressure medication for clinician called Master the Maze of Blood Pressure Medications. This is a very good course. It includes a webinar by Jared Bailey, who is a PharmD, and he talks about the classifications, side effects, and clinical considerations. Great patient education tips are weaved in and out of this CE course. Check that out. It's worth one CE. Most of them are also worth one CE. If you have a chance, also the beginning of August, August 3rd, we'll be releasing, "It's Quitting Time", and we put a little HHQI into it, and it's HHQuItting Time with the QI in the word of quitting, but it's a smoking cessation course, and that will, again, be worth one CE, so I wanted to pass those resources along to you. All of the resources, again, are free. They're always available to everyone who has registered with HHQI, the national campaign, and so you can use the resources however you like, whether it's getting the CEs or watching the BPIPs or viewing or downloading the BPIPs. Please note that if you are not registered, you will be prompted to do so before you're able to access any of the information.

With that, Cindy, I'm going to go ahead ... That wraps us up for announcements. The only other resource I might have for you, I wanted to pass along that the Joint Commission, they'll be conducting a free online webinar on August 20th from 1:00 - 2:00, and that's Eastern time, on emergency preparedness. Not necessarily with the CardioLAN, just something with emergency preparedness I wanted to mention. There will be a presenter from the Home Care Accreditation, the director of the Home Care Accreditation. If you are interested in that, go to the Joint Commission's website to register, and that's the only campaign resource I have listed right now. With that, Cindy, I'm going to go ahead and toss it over to Stacie.

Stacie Deslich: Thanks, Crystal. Thanks for keeping us up-to-date on all the HHQI happenings. Now I'd like to give just a few quick HHCDR data registry updates. The registry closed on the 14th of the month, and the reports are nearly ready. I would say within the next few days you can expect to receive your data postcard in the e-mail, saying they're up and available to you. New data became available for extraction on the 15th, and several agencies are ... I'm really impressed with the go-getters out there who are there and abstracting the very day the data becomes available, so congratulations to those people who do that. As far as the data itself goes, the most abstracted measure is the tobacco measure and hypertension and

aspirin is appropriate are very close right behind that, and cholesterol is the least abstracted. We've seen this pattern happen now for several months. I think that we're in a groove with the data, and that's fine. We see what people are choosing to abstract, and that tobacco measure is a really important one, so it's good to see that abstracted so readily.

Next, I'd like to give a shout out and a congratulations to the South Nassau Community Hospital, CHHA, in Oceanside, New York. Remember, I said the people are go-getters and abstracting their data right when it's available. This home health agency did so. They were the first to close out their month of data. I have to say when we go in and we pull this data and we see who is the first to close, there are several agencies, one right after the other after the other. They're within minutes or hours of each other. Again, congratulations. Great job to South Nassau Community Hospital, CHHA, in Oceanside, New York.

Moving on, I'd like to go over the challenge for this month. If you remember last month, the challenge was to tell us your goals and how you're planning to use the data registry. If you want, if you're feeling chatty, you can respond to this question in Q&A, and we can talk about it at the end of our call. One thing I did want to mention is I had the opportunity to speak with some home health agency people who are doing the data abstraction and submission face-to-face not too long ago. One thing that really stuck out for me is they already have ideas about how they're going to use this data. One person said that she was going to bring it to her administration and show that this is how we're improving and here we're aligning with the Million Hearts® initiative. Another person said that she would take it and show it to referral sources and again show that the agencies are being proactive. I'm interested to see if anybody else has any other ways that they're using the data registry or if this is sort of a trend and this is how we're going to use it. If it is, that's awesome, very good. If you feel like typing in the Q&A and mentioning how you're using it, that would be great.

For this month's challenge, I would like to have you look back, if you printed out the slides from the past CardioLAN webinars, take a look back at the challenges. I've issued lots of them. I don't want to overload you, so look at previous challenges. They were different things like abstract all the measures in one month, or abstract all of the months for one measure, or abstract all of the months and all of the measures. Those sorts of things. Review those challenges, and for this month go ahead and pick a different one if you haven't done all of them. Pick a goal and see if you can move forward with that.

Finally, I'd like to mention that when you reach six months of data submission and all of your other Milestone 3 requirements have been met, this is the data registry requirements, HHQI will be able to assist you with an assessment of data reliability

for your agency. This isn't an audit. The data and the reliability, it's entirely yours, so don't be nervous that we're going to be coming in and taking things over or anything like that. We just want to help you make sure that you are submitting the data the way it's set up to be submitted. That way you can be sure that your reports are accurate, because that's really important. If you're interested in that or you've gone ahead and submitted six months of data, you can feel free to get in touch with us here at HHQI, and we would be so happy to assist you with that. That sums up all the updates, Cindy, so I'm going to go ahead and pass it back over to you.

Cindy Sun: That sounds great. Thank you, Stacie. I hope all of you are starting to take Stacie's challenges to heart, because her challenges are helping guide you through the entire process. No matter where you are in abstraction and implementation of progressive cardiovascular care, her challenges will walk you through the process. I want to just reiterate what she had mentioned about the assessment of data reliability or the ADR process. There are many of you that are in it right now or in the mix of it, who are submitting your information, and it is being abstracted on our side. At this time no one has met milestone four, so reporting out on a month-to-month basis, letting you know that milestone four is still up for grabs. It's going to be interesting to see who's first. We have quite a few contenders that are in the mix right now, but if you have abstracted six months of data or if you're in the middle of that, once you've closed out your month for your six months, then you can let us know that you're interested in the ADR process, and we'll give you the steps in order to go through it.

I want to repeat one more thing Stacie said, and I'll move on, is to make sure everybody hears ... This is not an audit in any way, shape or form. It's simply to help the same way you would if you had new nurses filling out OASIS. You would not just give them the form and say, "Go for it." You would check them, not only give them good orientation, but you would also check them periodically to make sure they're answering the questions as they're intended to be. That's our way of helping you. Because we know how short you are on time, we want to be able to assist you in any way. We cannot abstract for you, but at the same time, we can offer you a second set of eyes to ensure that your abstraction entries are accurate and that you're answering the questions correctly. No one will have these results but you. They are simply for you. They do not go to anybody else, and I'll move off of it. I get on the soapbox there, because I am frequently explaining this because it is not an audit. We don't want you to feel as though anybody's watching over your shoulder. That's not the intention at all.

Moving on to our discussion topics for today is we're finishing part two of two of the cardiovascular progressive care, and today we're going to focus on, interestingly, Stacie pointed out, the least abstracted measure and the most

abstracted measure, which are cholesterol management and smoking cessation. The first thing we want to do is talk about the reports that you're getting if you are abstracting these. How to interpret the data, how to implement and use it, and then we'll get into the really good stuff. Misty will come along and talk about the tools and resources that will help, making sure that you're aware of what all is available to your clinicians.

The first report we're talking about, if you pull up your HHCDR report, you would see Diabetes, LDL-C control. We're looking at the percentage of patients who are 18–85 years of age with diabetes whose LDL-C was adequately controlled, and adequately controlled is defined as less than 100 mg/dL, during the measurement period. The measurement period is the past 12 months since discharge. As you're abstracting and you're looking through this on this report, as you probably remember from previous, this is a fictitious agency. If this was a real agency, we would go through first the total eligible episodes abstracted by the agency. We can read this. Let's just do July since we're conveniently here. In July, this fictitious agency abstracted ten episodes of care for cholesterol. Of those ten, one episode had a controlled LDL-C. One out of ten gives a measure compliance of 10%. As you can see, this agency has improved a little bit as the months have progressed, all the way up to 30% compliance rate. At the bottom, just like on the blood pressure and aspirin measures, you'll see how the rest of the country is doing as well. This agency was at a 10% compliance rate, and look, they were right on the money with the rest of the country or the rest of those who were entering data about cholesterol.

As Stacie mentioned, cholesterol is one of the least abstracted measures. Therefore, you have the least number of episodes of care and one more. Therefore, it doesn't take many abstracted episodes to alter this number, any of these numbers along the bottom, tremendously. As the months progress, this total data registry measure compliance number will bounce tremendously as the registry ages. This one, again, is not one that many people are abstracting, but we do want to go over it because we have heard from those of you ... Some of you are only abstracting cholesterol, because that is what your ACO or your community partners are focusing on, so we want to make sure that you are aware of how this is working as well.

The second LDL or cholesterol measure is looking at ischemic vascular disease, and you'll remember from the aspirin measure, ischemic vascular disease is any disease, basically, that prevents oxygenated blood from getting to the tissue. It includes your MIs, your CVAs. This also includes all your arterial disorders, such as renal artery disease, your TIAs, things of that nature. In this measure, we're looking at percentage of patients who are 18 or older with a diagnosis of IVD within the most recent twelve months following care of the home health agency

who has had the following documented in the patient's record; a complete lipid profile and an LDL-C was adequately controlled. Again, the definition of adequately controlled for a patient with IVD is less than 100 mg/dL. Looking down through this, we read it exactly the same way. Let's go to the second line first. This agency abstracted in July of 2014 ten episodes of care. Of those ten, one had an episode with a follow-up plan. Of that was a ten percent compliance rate and again the same thing. Along the bottom here, this number will jump tremendously from month to month as more agencies are abstracting.

Finally for our discussion today, let's focus on tobacco. It is one of the most important measures of these measures, focusing on tobacco impact on health of your patient. It does not matter if you're focusing on wounds. It does not matter if you're focusing on respiratory or cardiac. Pretty much every diagnosis is impacted by tobacco use. Whatever your agency is focusing as your goal, this is one that will fit in with most. The measure reads for tobacco screening and cessation, percentage of patients 18 years or older who were screened for tobacco use by the home health agency and have received cessation counseling intervention by the agency. You remember these questions. Question one is, "Was the patient screened, yes or no. If the patient was screened, were they a user, yes or no? If they were a user, finally, did they receive any type of counseling or pharmacotherapy for smoking cessation purposes?" As we look through here, we'll go ahead with July, just because, again, it's the closest one.

At the top, we'll go for the second line, because it tells us how many patients this is out of. Total eligible episodes abstracted by this fictitious agency in July was 36. Of those 36, 31 episodes were screened and/or received smoking cessation intervention. Then the breakdown comes a little further. We want these reports to be meaningful, so we broke it down further, not just a measure compliance. If you wanted to get right down to the measure, you would say that this agency had an 86.11 percent measure compliance in July of 2014. I will take a minute and point out if you go across this, even though this is a fictitious agency, more than likely, your numbers are looking similar. Started at 86 and went all the way up to 100%. We know that there's many of you that are in this boat, and you're going at 100%, and I just want to say, "Yay! Congratulations!," and I'll just be presumptuous and say, "Thank you" on behalf of your patients. Let's break it down further. Let's say that your agency has not had a smoking cessation or a tobacco cessation program and you're trying to figure out where to start. Looking at long-term goals of meeting this measure, which it is. It's a three-step process, may be too long-ranged, so break it down.

Under here, we have a few more pieces of data that may help, depending on what is applicable to your agency. Let's say you want to look at the number of episodes who actually screened for tobacco use. Out of the 36 eligible patients, 35 were

actually screened. That's really good, except one patient didn't get screened. If it's one patient every six or seven months, not a big deal, that happens, but if you're seeing a trend of many patients not getting screened on a monthly basis, then that's probably where you're going to want to start your QI. Why are patients not getting screened? There very well could be a good reason. Don't let us downplay it. We're just looking at numbers here. Find out why the patients are not receiving screening. That would be the first step in making a change. Then you can watch your numbers progress in this yellow part as well. Let's say we're pretty close to 100% of our patients are being screened every time. No big deal. We got that. They're getting screened, but then the next question is, "How many are receiving the counseling or pharmacotherapy?" Remember, it can be multiple interventions. Also remember counseling for tobacco cessation is three minutes, that's it. We're not talking a six-week program.

Out of this, again, our fictitious agency, five episodes were screened as tobacco users and found to be tobacco users. Of those five, one received a smoking cessation counseling or intervention, shall we say, giving a 20% compliance. If this is your agency or your agency looks something similar to this, I'm sure I don't need to tell you, but I'll just mention, the place to start is not to rest on your laurels, thinking, "Oh, look at this. We're at 86-90%. We don't really need to worry about smoking cessation or tobacco." Actually, wrong. Have a look at the further breakdown and see if there's any areas for improvement, which will impact a large number of patients. If your clinicians are not screening, or maybe they're screening and not documenting. If that's the issue, if this number is low in the middle yellow line, then focusing in on the rationale for not screening, that would be the first step. If they're screening, but yet you're finding tobacco users are not receiving any type of intervention from your agency, then that would be the area to focus.

Again, I've probably droned on too much about this. We've worked with a lot of you out there, and we know that you are ... I think Stacie called you, I don't remember the name, but just the go-getters... You all are the ones that are out there doing all this work, and you probably know all of this, so forgive me if this has been too simple, my part of this. I wanted to make sure that everybody understood what the numbers are indicating and what you're seeing and how it impacts your patients' care. Now I'm going to go ahead and turn this over to Misty Kevech, and Misty will go ahead and start with quiz time.

Misty Kevech: Just what you wanted this afternoon after lunch, the carbs are kicking in, is to have a quiz. We look at data and a quiz. What more can you want? Thank you, Cindy. That was an excellent explanation of the report, and we really need to be able to figure out what type of interventions. We're going to start with a quiz question, but it will be in your poll section. According to the CDC, how many

people with high LDL have that condition under control? One out of two, one out of three, one out of four? Go ahead and answer that, and we'll take a look at the answer in just a minute. We're going to be looking at some education picks based upon some of your problems you might be finding. As those results get tabulated, we're going to go ahead and move on to this next tool, and then we'll come back and see what your results are after I talk about the first tool.

What we have done in this part one last month and part two is take a look, very much in a lot of detail, and Cindy did an excellent job in talking through the reports, figuring out where your improvement areas are and then figuring out what you're going to do about it, coming back to the data to look at your monitoring to see if you're making a difference, and then also sustaining the improvements that you make.

The data underlines, but then we have to look at some resources. The first resource, this is our recommended staff resource, is just a simple one-page graphic of the risk levels for cholesterol and triglyceride levels. It includes our LDL, HDL, and triglycerides and the total cholesterol. I'm a visual person, so to me this is a really good tool for me to have accessible, and I'll talk in a few minutes about how you can interweave this into what you're doing. This is my first tool that I'd suggest or we would suggest. Misty, can we have the results from our little quiz on the LDLs? It looks like 'one out of four' was over 70% of you, and about 21% said 'one out of three'. It is actually one 'out of three.' I'm not surprised. I probably would have guessed 'one out of four' myself. We do have a lot of room to work, even though this is our least registry item that's being abstracted. Maybe thinking about, maybe this is the one we can tackle in the next couple months using Stacie's challenge there. Very good.

The next tool I would really recommend is the patient resource, My Questions About My Heart For My Doctor. When we started the data registry as a pilot, the first thing as nurses when we were putting this together and looking is that in home health, we rarely get the cholesterol levels and the lipid reports. It was interesting, when we also did abstractions for the ACC project, we found that even hospitals did not always have lipid panels. In fact, not very often. The PCP is usually the primary gatekeeper in ordering, getting, and having those resolved. It is critical that we all play a part in reducing cholesterol. We're going to be doing lifestyle modification, med management and all of the factors to help work on that, so we really do need to know what those numbers are. We know that we don't want to be calling and faxing the doctor all the time. We do have a wonderful fax sheet, it's not on here, that does include the ABCSs if you're missing a piece that you could use. We wanted to come up with a different strategy that would be two-fold.

This tool is where it is a patient tool for them that you can help fill out their piece of it with what their blood pressure medicines are and how adherent they are to taking their medications, their blood pressure medications, and then having them take that with them to their next doctor's visit and asking the doctor to fill in what their cholesterol levels are. The doctor can either fill in the results, or he can even use that time as educational and even use the little smiley faces and the green, yellow and red icons. These are really good health literacy tools that we've built in here to help the patient understand what their levels are. I know when I ask a patient, "Where's your cholesterol level?," "It's good. It's borderline," and that's really all they know. They don't know from one to the other if they're making improvement or not. Here's a good tool for us to get baselines. We would have access to that information then, and we could continue to help their patients, going forward, knowing using those health literacy colors and icons.

The next one is a patient resource, Take Control of Your Cholesterol. It is a two-page educational sheet. It is health literate. It is written at a fifth-grade level. It is providing more information on cholesterol, what it is, the types, what you can do about it, different foods that you should eat and some foods that you should not eat as well as the tracking of cholesterol levels. The slide I showed you before is a great tool, especially if you have a patient that we don't know what the results are or they have a lot of health literacy issues. Even though this is written at a good literacy level, it might be a little too high-level for everyone, or you could take pieces of this and provide it. Also when we talk about patient tools, they're great for family members as well to be able to provide them tools and resources, even if the family member lives out of town. It's an easy way that you could provide a link or send a document off to a family member or have it mailed to them to reinforce. That's the next tool.

We've mentioned on our last call the My Healthy Heart workbook goes hand-in-hand through the whole process, the ABCSs. There are sections in here about foods. If you're not using the workbook and are interested in doing a workbook for your patient, there's even room for them to write their own goal, and we can help steer them to the right foods for them to eat.

How can you integrate some of these tools? The first one I showed you, the graph of where the normals for the cholesterol and the triglyceride levels, I would use it as a staff tool. You can either have it printed, e-mail it, have it up on your website. You're entering that where your staff might be able to download it. Even in your EMR, you could have it loaded as a resource wherever you have your cholesterol levels that you might enter if we have it in your assessment. It could be available there, or it could be provided somewhere with a quick link to be able to pull it up, or you could just use the actual numbers. It doesn't have to be the pretty graphics. It is available for you either way you would like to use it.

Take Control of Your Cholesterol, that's that two-page tool. You could provide that for all your staff to have it and then talk to them about where you want it documented that they used the tool, because that way it's consistent. You're able to see what's occurring with education.

There's a bulletin board for those agencies that are with us, clinicians that come into the office. Bulletin boards are a low-tech option. We've provided lots of bulletin board templates before, and this is the Cholesterol and Smoking. We looked at the Aspirin and Blood Pressure last time. We have a sample, which is a sample that's posted on the website with the Cardiovascular Health Part 2 primary BPIP, as well as different items that we've included onto the bulletin board. We have a Word document to give you text or to give you the tools and resources that you could put up there onto the bulletin board. If you're electronic and your staff is virtual, you could still use pieces of this as tips of the week. You could blow pieces of this up and use it on your intranet as well. You thought there was one quiz - wrong. We have another quiz for you.

We're going to get ready to put another polling question up for you to do another quiz. Let's see. All of the following are tobacco withdrawal symptoms except which one? Insomnia, a cough/dry throat, nasal drip, constipation/stomach pain/gas, skin irritation near the fingers and lips? Go ahead. You have another 15 seconds. Wonderful. Okay, we'll wait for those results to come up for us. Thank you.

The reason I'm bringing up tobacco withdrawal symptoms is because we really need to address those in our counseling. We need to talk about that even before they quit or have a quit plan in place, because they're going to run into these barriers, these withdrawal symptoms, and so we definitely want to be able to have a plan in place, and then it's going to allow us [to have] those intervention strategies ahead of time that will help decrease the anxiety and the nervousness, because they're going to be expecting some of these. I'm going to show you a great tool on withdrawal symptoms in a minute, and then I'll tell you what the results were there as well.

This sheet that I have here, the recommended staff resource, is the Pharmacological FDA-Approved Medications for Smoking Cessation. We have the most current version up on our website right now, which is December of 2014 that was recently updated. It provides each of the nicotine replacement therapy, the NRTs as well as the other smoking cessation medications, and it provides the indications, side effects, the advantages, the disadvantages. It provides all that information in one simple sheet, two-sided, for clinicians to have as a resource to talk about smoking cessation. We'll talk about some other resources that Crystal mentioned earlier in just a second, but this is essential. I know I would need it,

because I really don't have the knowledge level prior to doing all these courses and learning all this information, so I would really need to have something in-hand like that to be able to initiate that. Cindy already mentioned when we looked at the data that the evidence does show that even short counseling sessions do make a difference. We're in the home on multiple, multiple visits, so could we do counseling less than 10 minutes, will really increase the rate for smoking cessation for abstinence for a year. Longer counseling sessions obviously have higher results.

Think about it. If we did short, a couple bursts of counseling sessions and support sessions throughout our stay, even at less than three minutes like Cindy talked about, too, we're going to make a big impact on being able to help set them up, support them, hand them off to either an 800 number or to PCP or to another support system after we discharge. They're going to be more successful by using meds and counseling, and we're in a perfect environment in home health to do that. With that being said, I'm going to go ahead and ask Misty to put up the withdrawal polling question, and I see skin irritation with 56%. That is the correct answer. Constipation, stomach pains and gas, was 38%, that doesn't sound like it would be a withdrawal symptom from nicotine, but it is. The resource I'm going to show you in a few minutes, it's going to be very valuable, so I didn't want to lose where we were with that polling. I started to figure out how to do this counseling and how to introduce the topic of smoking cessation. We have tons of resources for you in home health environments.

A year-and-a-half ago, we didn't have much available out on the web, but we've developed and spent a lot of time working on resources. Smoking cessation is one of the areas we probably have the most resources available right now, which is wonderful, because that is the most abstracted area right now. We know that impacts blood pressure. It impacts wound healing. It impacts diabetes. It really affects COPD, any of our organs and systems, so we can get a lot of bang for our buck with or without cardiovascular health just in having smoking cessation opportunities for our patients. This tool is a really good start. If you need to introduce it ... We are introducing the topic, because we're doing OASIS. We ask if you smoke. Now that's only asking smoking questions. We need to ask more, just as with the registry about chewing tobacco, cigars, making sure that we get the full assessment done, but that's easy because we're bringing it up on OASIS. We could follow up on another visit by using the Fagerstrom Test for Nicotine Dependence. As we talk with patients, you ask them how much they smoke, a lot of us do have that as an assessment question, and they say, "A pack a day." They probably have no clue what they really do.

I know my parents, when they smoked, they used to say, "A pack a day," and I knew they smoked more than a pack a day. Until you count that or you look at

how dependent you are on having those cigarettes, the numbers really are meaningless. This is a really good simple assessment, one page. It comes as a three-page tool. You only need to use page one or that's all you need to use as your tool. For adults, there is a smokeless tobacco scale, which is page two, and then there's an adolescents on page three, so pick what is appropriate and you have the patient do a self-assessment and you total the score. I should have looked up the number, it's on the website, of what can constitute nicotine dependence. I'm sorry. When we do some Q&As, I'll go look that up for us. I totally forgot to do that. We can't modify the tools, because they came through Rx for Change. We do have it posted, though, what the actual indicator is on the website, so that would be important to have. Most all of these tools are translated in Spanish, too.

Planning for Change and Thinking About Quitting. This is when you're really creating a quit plan with your patient. It's a formalized tool, because it takes care of looking at the barriers, looking at the triggers, coming up with plans of what you're going to do with withdrawal symptoms, all of these things. I think it's an excellent tool to help the patient work through it, figure out who their support systems are well before, and then picking a quit date and working through the process. You don't need to do that. There are a lot of tools you can use; 800 numbers. We have lots of resources within our BPIP. To me, this is a really good tool to help structure and help the patient support the process.

Now here's the sheet I wanted to tie into our polling questions that we had earlier on withdrawal symptoms. This is really a patient tool, but man, I would want this as a staff tool as well, because not only does it tell you what the symptom is, it tells you what the cause is and what the duration is. To me, that would be extremely important to say, "Hang in there. It's only going to be about two to six days or two to seven days or two to three days." However long, or, "It's going to be two weeks that you could have this."

Then it provides some relief. What are some ideas and tips, and we have other tips and resources on withdrawal symptoms within our best practice packages, but man, this is a really easy sheet to use as a patient tool to help them. It is also a great tool to provide to maybe some of the support people, family members, friends that are going to help support them, to give them a copy, too, so when they get a panicked call from their friend or their family member, they're able to help talk them through it and say, "Hey, it's okay. You're getting close to the end of the first week. It's going to be over soon," or how about, "Did you try this? Did you try that?" It's a really great tool, simple, one page.

Last quiz for you. This should be an easy one. Misty will put this one up for you. Filters make cigarettes safer, true or false? I'll grab a drink while you answer.

Sounds pretty simple, and I think we'll probably have everyone answering this one very appropriately, but it's not that simple for patients. Patients believe what they hear from other people. They believe that message that's implied by ads. Okay, great. We'll come back to that one in a minute. I'll show you a really good tool that's a patient resource that you could use to help address some of those myths. This is a CDC brochure, front and back, that talks about six myths that patients have or the public has, and it provides very simple bulleted information on why that is not a true statement. This would be a really good way to provide that information and the filters not being safe is also provided. Misty, when you get that, you could go ahead and post what the response is to that. I knew everyone would know that that is false. That's 91%. That's because you had your healthcare cap on, and you knew that from a medical standpoint, but I bet if you asked patients you serve, you would get a very different ratio. That's why it's one of the top six myths. Great.

As Crystal mentioned earlier, we have a lot of resources on our HHQI University related to cardiovascular health. We have, actually, a fair number that are related to smoking cessation. The Tobacco Effects and Smoking Cessation is an excellent presentation. It is one hour. It goes into how not just the nicotine but all different components of the tobacco affect the cardiovascular system. I think it's important for us as clinicians to understand how these chemicals are affecting the different systems and why it's causing our increased blood pressure; why it increases our risk for cardiac death, stroke, heart attack. It really does go into the details as well as the medication classifications, how they work, advantages for that, really jam-packed, really excellent presentation on that. Then Blood Pressure Control and Smoking Cessation. For those CEs and online course, you're reading the focused BPIP as well as doing some educational activities to go with it. The State of Cardiovascular Health talks about smoking cessation a little bit within it, and Crystal gave you a preview of the August 3rd, "It's HHQuItting Time: Helping Patients Quit Smoking", and it's really going to be wrapped around watching some videos. I'm going to show you those resources here on this slide.

Not only do we have best practices related to smoking cessation. We also have great professional videos. For patients, we have, "Smoking & Your Heart and How to Quit Smoking". That one comes out in just a week or two. They're excellent, because they give you some diagrams and some actions of how the heart is working and the blood is going through your blood vessels and how it thickens and forms plaque as well as being able to see where a patient is struggling or using some of the tools. These are great. They're short. These are between five minutes and seven minutes in length, and there is one for clinicians that is coming out on August 3rd, "Discussing Smoking Cessation with Your Patients". You can download those to laptops, to tablets, take them in the home. They're all greater than three minutes, so guess what? Using a patient video is your first line of counseling that

you're doing with the patient. You're bringing up the topic. Let them watch the video and then just talk about it, dialogue about it, and ask. If you ask a patient what it is, would they be interested in learning more about quitting, most patients are very interested in learning. They just don't have that confidence and conviction that they're going to be able to do it.

As we provide tools and resources and you line up resources within the family to help support them, they're going to be much more successful. Another tool is talking about how to integrate. As clinicians, you're showing me all these extra tools from our quality folks and our team members working on this, but how can I do this? My visits, in the first place, I'm spending two hours on start of care. I'm jam-packed. I'm trying to meet my productivity, and I'm driving all these miles. How can I do that? This is a video podcast, the story of Smoking Joe. It's a story line of how to integrate these tools, some of the tools that I showed you, a few others, I believe, but how you do this. Not all in one visit, but you do it on subsequent visits and it's over time. It is a great tool. How can you integrate these? You can add these tools and resources that we've looked at, integrate them into your EMR. You could provide them to your staff electronically or paper copies if it's going to be patient materials. You can use that Smoking Joe video podcast and play it during a team or staff meeting, or the transcript's there, and you could even dress up and do role-playing and do that yourself.

You can show an HHQI video during a team or staff meeting. Once you see it and discuss how you can use it, it is a great tool for clinicians to be able to use, because it really is showing the home health patient. You can even assign an HHQI University course to staff. If this is what you're focusing on and you watch one of our courses; say let's talk about the Effects of Tobacco and Smoking Cessation Medications, I guess, and you felt that's really very valuable for your staff to really understand how the tobacco affects the heart. Then what you can do is send them a link to the University. They'll need to sign up for the University, and then they can go ahead. They'll need to sign up for HHQI, too, so that they can get the materials they need to look at, and then they can take the course. They'll get a certificate when they're done. Nurses will get CEs out of it in all the states. Even your therapist will still get a CE, and then you can have them turn in a copy of their CE or electronic copy to you that will help validate your QI plan of what you're doing, that you provided additional education and you didn't have to do it. You just sent the link and then asked for their certificate to be able to validate that they have done that.

Then here's the links on the next couple slides of the resources that I talked about, where you can get them. They're all hyperlinked. Many of the patient tools are [also] in Spanish. Our BPIPs are available for you as well. Cindy, that's where I am. I'll turn it back over to you to facilitate questions then.

Cindy Sun: Thanks, Misty, and we want to remind everybody that if you'd like to go ahead and submit your questions on the right-hand side of your screen, we would like to address all of them. It's just due to the volume of callers and knowing how teleconferences go, even though this is a webinar, we're hesitant to unmute the lines, but let's go ahead and see what questions come through the chat feature, and we can take it from there. You can use the Q&A or the chat feature. What's that? I'm sorry.

Misty Kevech: This is Misty. I'm just going to jump in that Misty Dyke did put it into the chat box, thank you Misty, that a score of greater than five is significant of dependence using the Fagerstrom tool. Thank you, Misty.

Cindy Sun: I told you guys that Misty is a communication expert extraordinaire. As you're starting to think about the questions, and you may not have any at this point, because this is a lot of information, and I know that some of you are just coming into it. Do not worry that this has been going on for as long as it has. That is not a problem.

Wherever you are in improving the quality of care that your patients are receiving in regards to progressive cardiovascular care, it doesn't matter if you've just stumbled onto this webinar and you just happened to join the CardioLAN and you don't know anything else beyond that. It's not a problem. We're here to help you walk through the steps and to ensure that you do understand what is available. Of course, everything is free, and our job is to make sure you understand what is out there and what we can do to help you. If you are, as Stacie mentioned, many people are very far along in this, and that's wonderful, too. Even if you are, sometimes it's a little helpful to hear some of the tools and resources that you may have seen six months or even a year ago and are just now like, "Oh, yeah. I forgot all about that," or, "Yeah, yeah, I meant to start that, and I couldn't find it." That's what we're trying to do here. We'll go ahead and pause another couple of minutes and see if there are any questions. Don't want to overlook anybody or miss anything.

Misty Kevech, we do have one here that is, "Are there any specific Best Practice programs for home health agencies that detail what nurses should do at each visit for a cardiac patient, especially heart failure guidelines?"

Misty Kevech: That's a very good question. There are different care pathways related to a lot of your diseases, heart failure, diabetes, etc. As to cardiovascular in general, no. Even those care pathways, they're usually through paid vendors or part of your EMR that might be there. The problem is it's not enough information and not enough statistics really to be able to validate specific numbers of visits, but aligning what you should do, if there's lots of tools and resources, you can do that. Really,

thinking about starting on a smaller scale is better, and that's part of what this data registry is all about, taking a look at where you could improve and adding one piece at a time and doing a quick PDSA cycle, making sure that you turn it around through trial and testing. We do have resources on PDSA, and we have another course coming out in October on PDSA. You really want to start adding, to look at the missing pieces from your data. Overlaying, "This is what we should do on day one, this is what we should do on day two," that's great for structure and streamlining and being efficient, but making sure for patient outcome, you need to know where your deficits are, so that's where it can work nicely together, but I can't really make a specific suggestion for that. Sorry.

Cindy Sun: This is Cindy, and I'll second exactly what you said in the sense that there are many things out there, and guidelines are just that. As you all work through it independently, we are hoping to be able to add additional things, but also the flexibility with each patient, too. Go ahead and see if there are any other questions coming up.

Misty Kevech: This is Misty. I do see a couple that I can answer right off the top.

Cindy Sun: Sure.

Misty Kevech: Locating the Healthy Heart workbook as an electronic copy to print? Actually, there should be a link within the PowerPoint slides that are available for you under the CardioLAN, but you can find the Healthy Heart workbook. It's actually in any of the cardiovascular video BPIPs. It's available there. It's also available in the Fundamental Focus: Blood Pressure Control and Smoking Cessation BPIP. I'll repeat that. Fundamental Focus: Blood Pressure Control and Smoking Cessation BPIP. It won't be in the primary BPIPs, because it was developed after that, but it is also available in any of the video BPIP pages. We've included the links there as well.

Cindy Sun: Let's just pause here for a few more ... just a minute or so more to see if there's any questions that come in. As you do begin to work through this, or if you have been doing it for a while, questions will start to come up. Remember, you can always contact us when we're not on the CardioLAN through HHQI info, which is HHQI@wvmi.org, or you can simply click the help button anywhere on the web site, and that comes to us as well. Your question doesn't have to be detailed. It can be something as simple as, "Hey, I had a follow-up question to the CardioLAN," and it will come right to us. Let us know what we can do to help you, and if you are having difficulties locating something on the website, please don't hesitate to let us know. We're happy to do the legwork for you. Anything that we can do to help, we want to do it.

Seeing that there are no more questions coming in, I think we'll go ahead and close out the meeting for today. We would like to thank everybody for joining us today and know that your time is valuable. We do hope that you have found some information in here that was applicable to your current setting. We'd like to thank you, also, for making all of these CardioLAN meetings a success. I want to encourage you to watch your e-mail for the upcoming meetings as well as the speakers and topic suggestions in the schedule. Your suggestions that you make and the questions that you'll be asked as soon as you leave this meeting, that's what helps formulate who we invite to present and the content that we present. Recently we've been hearing a lot of requests for data; data explanation, whether it be cardiovascular or other data as well, so we're working on implementing those suggestions into this meeting schedule as well with what other topics that you have.

Please feel free to share them with us if you have suggestions or if you have a great speaker in mind that you think is someone the rest of the country would benefit from hearing. Please don't hesitate when you come to the questions that you'll be asked at the end of this session once you click exit, let us know. This is your time, too, so we want to make this as valuable as possible. With that, we will say good-bye. Have a lovely day, and thank you all for your time and listening today. Bye-bye.

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