ACEP Emergency Quality Network

Funded by the Center for Medicare & Medicaid Innovation (CMMI)
Objectives

• Gain a better understanding of ACEP and the TCPI project

• Learn about the ACEP Emergency Quality Network and the Sepsis Initiative

• Learn how to join the ACEP Emergency Quality Network
Who We Are

• Founded in 1968, ACEP represents more than 33,000 emergency physicians, residents and medical students.
• ACEP promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients and the public.
• Chapters
  - Located in 50 states, the District of Columbia, Puerto Rico, and a Government Services Chapter for emergency physicians in the armed forces.
• 26 Committees
• 33 Sections
Transforming Clinical Practice Initiative

- TCPI is a national initiative funded by CMMI and designed to help clinicians achieve large-scale health transformation.
  - Support >140,000 clinician practices over 4 years

- ACEP is one of 39 health care organizations selected to participate in the CMMI TCPI
  - One of 10 Support and Alignment Networks (SAN)
  - ACEP plans to support up to 24,000 emergency clinicians of various specialties and disciplines
ACEP Emergency Quality Network Focus Areas

1. Improving outcomes for patients with sepsis

2. Reducing avoidable imaging in low risk patients through implementation of ACEP’s Choosing Wisely recommendations

3. Improving the value of ED chest pain evaluation by reducing avoidable admissions in low risk patients with chest pain
Improve Clinical Outcomes

• Sepsis is the #1 cause of inpatient mortality
• The ED plays a key role in the early identification and treatment of patients with sepsis, and is the portal of entry to the hospital.
• The ACEP Emergency Quality Network seeks to support widespread implementation early recognition and treatment interventions that will save almost 60,000 lives over 4 years.
Improve Clinical Outcomes

Learning Collaborative Cycle

**Recruitment & Enrollment**
- Enrollment Pledge
- Readiness Assessment Survey
- Participation Sign Up

**Learning Period (6-9 months)**
- Monthly Webinars
- Introduction to tool kit
- eCME & MOC
- Benchmarking data
- Office Hours

**Wrap Up**
- Data Reports
- Summary Report
- Lessons Learned
- eCEM & MOC credit
- Re-enrollment
Learning Collaboratives Benefits

- Gain access to toolkits including best practices, sample guidelines, and key talking points
- Submit and receive benchmarking data to guide local quality improvement efforts
- Learn from expert national faculty
- Gain national recognition for your successes in improving care
- Get your physicians access to high-quality eCME for free
- Earn ABEM MOC credit (LLSA and Part IV Activities) tailored to each learning collaboratives
- Meet quality reporting requirement of the QCDR
**ACEP Sepsis Task Force**

- ACEP convened an expert panel on sepsis that created DART.
- Detect- Act- Reassess-Titrate (DART) is an evidence-driven tool to guide the early recognition and treatment of sepsis and septic shock.

![DART Diagram](https://www.acep.org/dart/)

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<tr>
<th>DETECT</th>
<th>ACT</th>
<th>REASSESS</th>
<th>TITRATE</th>
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<tbody>
<tr>
<td>IDENTIFY SEPSIS EARLY</td>
<td>GIVE A 1 L CRYSTALLOID BOLUS TO START AND 30 CC/KG TARGET IN AN HOUR</td>
<td>REMEASURE LACTATE</td>
<td>MONITOR PATIENT RESPONSE</td>
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<tr>
<td>MEASURE LACTATE</td>
<td>START ANTIBIOTICS EARLY</td>
<td>REASSESS AFTER BOLUSES</td>
<td>ADDRESS ONGOING HYPOTENSION</td>
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Clinical emergency data registry (CEDR)

The scope of CEDR is to accept patient data from practicing emergency physicians and clinicians on the care provided to emergency department patients. These data will inform the main goals of CEDR, which are to:

1. Provide a unified method for ACEP members to collect and submit Physician Quality Reporting System (PQRS) data, MOC, Ongoing Professional Practice Evaluation (OPPE), outcome data, and other related or applicable quality and patient safety data to meet quality improvement and regulatory requirements.
2. Promote the highest quality of emergency care for our patients.
3. Demonstrate the value of emergency care.
4. Facilitate appropriate emergency care research.
CEDR Sepsis Metrics

- CEDR 28-Septic shock: lactate level measurement
- CEDR 30-Septic shock: Antibiotics ordered
- CEDR 31-Septic shock: Fluid resuscitation
- CEDR 32-Septic shock: Repeat lactate level
- CEDR 33-Septic shock: Lactate clearance rate ≥10%
Mark Your Calendars!

• March 2016: Wave 1 Sepsis Project
  - Monthly Educational Webinars
  - Sepsis Tool Kit and Guidelines
  - eCME Credits
Join Today!

• Pledge to join the Emergency Quality Network
  - By completing an online interest form will ensure that your group receives the latest news, updates and project details from the Emergency Quality Network

• Take the Emergency Quality Network Readiness Assessment

• Sign-up for one or all of the Emergency Quality Network learning collaboratives

Become part of this national quality movement to redefine and rebrand emergency care!
For More Information

• TCPI Resources for More Information:
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• Contacts
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Questions