

An educational intervention to reduce inappropriate TTE (transthoracic echocardiogram) ordering in a community based hospital.



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AIM

This study sought to prospectively study the impact of an appropriate use criteria (AUC)-based educational intervention on transthoracic echocardiography (TTE) ordering among house staff on the inpatient general internal medicine service at a community medical center

INTRODUCTION

In response to the growing demand and use of echocardiography, the American College of Cardiology Foundation, along with the American Society of Echocardiography and other subspecialty societies, developed appropriate use criteria (AUC) for TTE in 2007, and updated AUC were published in March 2011 (5,6). Adherence to AUC has become a quality improvement focus for echocardiography laboratories, and tracking and efforts to improve appropriateness is now required for accreditation. In addition to accreditation bodies, appropriate use has become a focus of professional societies and healthcare payers, in an attempt to contain the increasing costs of health care.

PLAN

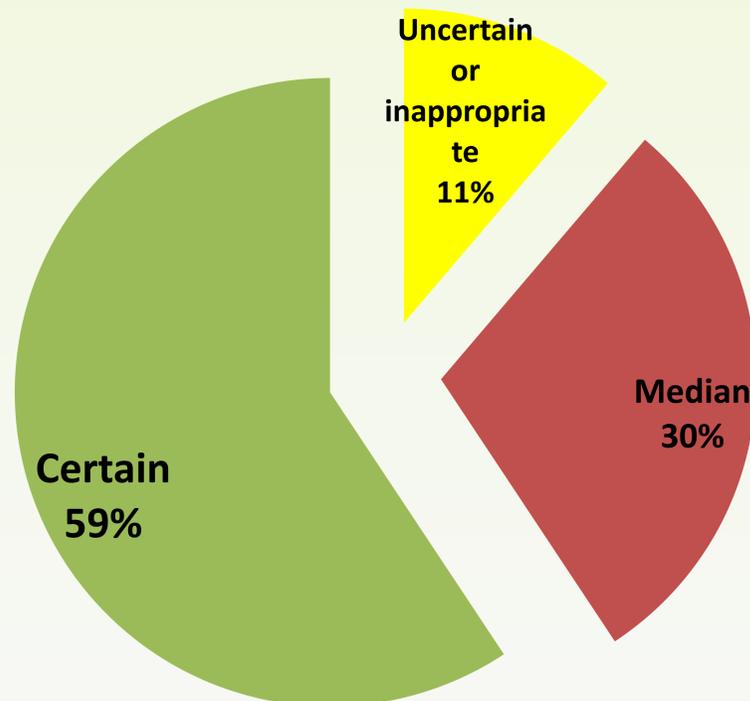
We did a retrospective review of 306 patient's charts between 01/2015-03/2015 who had TTE done in the hospital for any reason.

STUDY

Pre intervention

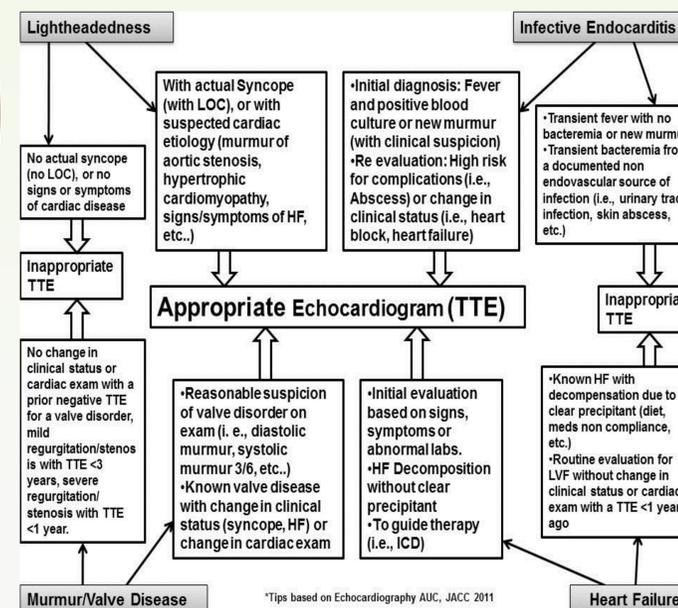
Chart review was done to assess for appropriate TTE ordering.

Appropriate TTE in a 3 months period



DO

We educated our house staff through a lecture that outlined AUC criteria for the appropriate use of TTE. In addition we recommended the use of an application designed by AUC for smartphones and tablets that can be found following this link: <https://appsto.re/us/IGVXN.i>

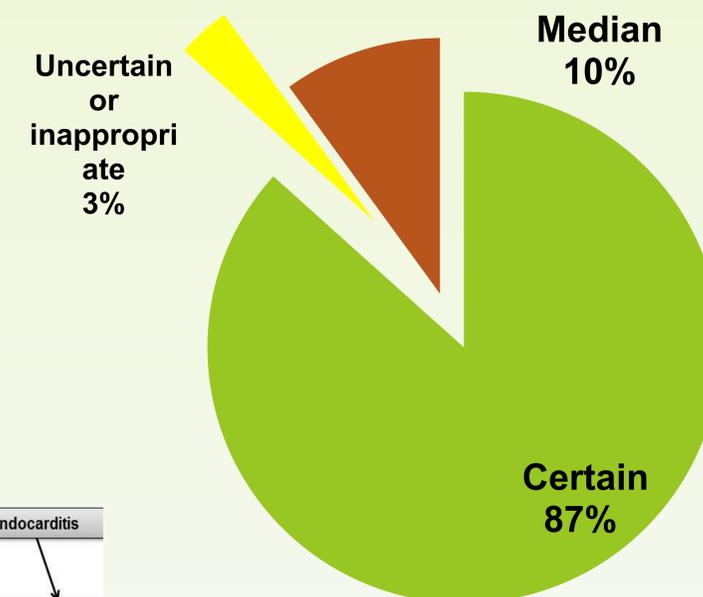


STUDY

Post intervention

After 12 months of the intervention, we reviewed again patient's charts admitted during 12/2016, 01/2017, 02/2017, which showed improved outcomes as demonstrated below:

Appropriate TTE in a 3 months period



Conclusion

Appropriate TTE ordering in as per AUC Criteria in our institution was better than the national average reviewed from other studies. Furthermore, our educational intervention helped the residents understand the proper use of AUC Criteria for appropriate TTE ordering and decreased inappropriate TTE ordering from 11% to only 3%.

References

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