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Decreasing Unnecessary Pharmacy Cost in the Cath Lab

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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

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

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

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

References
