



# GOT LIPIDS ?

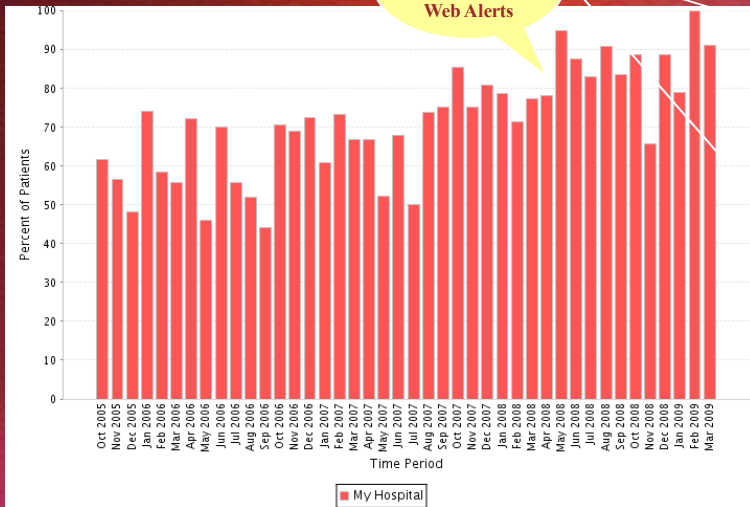
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## Introduction:

An elevated serum lipid level has been a well-documented risk factor for coronary artery disease (CAD). Recently, there has been an increased focus on examining the relationship between elevated lipid levels and the incidence of stroke. In particular, some recent clinical trials have analyzed the association between lipids and non-hemorrhagic stroke. The reduction of LDL cholesterol, through lifestyle modification and drug therapy, for the prevention of strokes and other vascular events is recommended for patients with CAD in the National Cholesterol Education Program III (NCEP/III) Guidelines.

03/08  
Created  
Web Alerts



Percent of Ischemic stroke or TIA patients with LDL >= 100, or LDL not measured, or on cholesterol-reducer prior to admission, who are discharged on cholesterol reducing drugs.

Coded Alert	
Alert Code	STROKE2
Alert Subject	Stroke Guidelines Notice: Lipid Panel
Alert Message	Per Joint Commission/AHA guidelines, please consider a lipid panel for this patient. If not ordered, please document the reason in the medical record.  For any questions, please call the Stroke Team at 310-423-7703.  Thank you.
Alert Category	Stroke Team
Creation Date	2/23/08
Created By	DUNICAN

Coded Alert	
Alert Code	STROKE1
Alert Subject	Stroke Guidelines Notice: Elevated LDL
Alert Message	This patient's LDL is > 100.  Per Joint Commission/AHA guidelines, please consider a statin, or if contraindicated, please indicate the reason in the medical record.  For any questions, please call the Stroke Team at 310-423-7703.  Thank you.
Alert Category	Stroke Team
Creation Date	2/23/08
Created By	DUNICAN

## Method:

In our monthly data analysis we noticed an opportunity for improvement. We attempted letters to physicians, discussing the situation at staff meetings and finally decided to attempt a web alert through Web VS, directed to the physician caring for the patient. The stroke nurses were responsible for sending a web alert if the patient had not had a lipid panel drawn or if the patient's LDL is above 100.

We decided to try the web alert method for a few months, monitor the progress, then reanalyze our data to decide if this was improving the quality of care we delivered to our patients. It certainly has demonstrated improvement.

## Conclusion:

We have gone from a low compliance of about 40% to an outstanding compliance of about 95%. The physicians appreciate the gentle reminder. In fact, it has created a wonderful collaboration with the them. The alerts are simple to do and it has improved the quality of care we provide to our patients and it has improved the reportable Joint Commission measures necessary as a certified Stroke Program.

## Selected References:

- Feinberg WM, Albers GW, Barnett HJM, et al. Guidelines for the Management of Transient Ischemic Attacks. From the Ad Hoc Committee on Guidelines for the Management of Transient Ischemic Attacks of the Stroke Council of the American Heart Association. 1994.
- National Institutes of Health. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report. National Cholesterol Education Program National Heart, Lung, and Blood Institute National Institutes of Health. NIH Publication No. 12-5215. 2002
- Wolf PA, Claggett GP, Easton JD, et al. Preventing ischemic stroke in patients with prior stroke and transient ischemic attack. A Statement for Healthcare Professional from the Council of the American Heart Association. Stroke 1999;30:1991-1994