Pulmonary Embolism (PE) is the 3rd leading cause of cardiovascular death in the United States. Lack of standardized care in PE patients can result in increased morbidity, mortality outcomes, longer inpatient hospital stays and hospital readmissions. The purpose of the Pulmonary Embolism Response Team (PERT) is to standardize patient care with a multidisciplinary approach; while providing a rapid diagnosing and treating PE patients with mechanical thrombectomies as some patient will get anticoagulation and not a procedure. Preliminary results of PERT implementation boast decreased length of stay inpatient, decreased 30-day readmission rate, fewer ICU admissions and increased quality of life.

2. PERT Algorithm

Standardize approach to all PE presenting or transferring to Novant Health-NHRMC Interventional Cardiology consult for any inpatient admit for Intermediate or High-Risk PE.

Engage multidisciplinary expertise
Utilize technology, interventions, and medicine in an evidence-based practice to determine best care for patients with PE(s) (see algorithm)

3. Implement Epic education for ED, Cath Lab, CCU, COU, 4th and 5th floor (cardiac floor).
Lead physicians in each specialty and conducted education for the providers to gain buy in. Real-time follow up on each case with case summary for the staff.

2021
2022 (3mos.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients w/Discharge Dx of PE</th>
<th>Received Protocol Intervention</th>
<th>Total ALOS</th>
<th>ICU ALOS</th>
<th>Readmissions within 30 days</th>
<th>Readmission %</th>
<th>PE Related Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>479</td>
<td>52</td>
<td>4.1</td>
<td>4.89</td>
<td>179</td>
<td>37.9</td>
<td>15</td>
</tr>
<tr>
<td>2022</td>
<td>40</td>
<td>25</td>
<td>2.48</td>
<td>4.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Possible Contraindications to Lytics
- Stroke / TIA, Head trauma, or intracranial / intraspinal disease within past 1 year
- Bleeding from major organ W/ 1 month
- Major surgery within past 7 days
- INR > 3 or aPTT > 50 (prior to heparin)
- History of HIT
- PE < 1000, HCT <30
- Clinicians deems high risk for bleeding

Implementation of Pulmonary Embolism Response Team
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