# Executive Summary

## Audience: C-Suite: CEO, COO, CFO

A plethora of informatics solutions exists in today’s healthcare environment. Leveraging the Integrating the Healthcare Enterprise (IHE) Cardiac Procedure Note (CPN) Profile, developed by an interdisciplinary team of physicians, healthcare administrators and industry leaders utilizing current data standards, will provide your organization with a powerful tool to positively impact clinical outcomes and financial performance to improve organization risk.

**Which healthcare leader would use the IHE-CPN Profile?**

* Executive Physician Leader (CMO, CMIO)
* Senior/Executive Administrative Leader (CEO, COO, CFO)
* Executive IT Leader (CIO, CTO, CHIO, CNIO

**How and when does a healthcare leader use the IHE-CPN Profile?**

Support for IS/IT, Physicians and CV Administrators to include the IHE-CPN profile in strategic decision making for future:

* When assessing existing infrastructure
* Prior to significant capital purchase
* When soliciting Request for Information (RFI)/Request for Proposals (RFP)

Advocate with internal administrators and physician leaders for change management to drive adoption and adherence of the IHE-CPN profile through education, resource allocation and accountability.

**What is the IHE-CPN Profile?**

The CPN is a vendor neutral standardized structured report format for use in Cath and EP labs with a goal of increasing efficiencies while reducing implementation work effort and cost.

The CPN facilitates more efficient and consistent documentation to allow for the robust data analysis required to safeguard patient safety, improve clinical outcomes and meet regulatory requirements.

And, the IHE CPN profile is more than data standards. It facilitates the capture of high-quality data efficiently. The improved data integrity that comes with CPN use underpins broader organizational goals for the Cath and EP labs allowing organizations to continually improve clinical, financial and operational performance.

**Why is the IHE-CPN Profile important?**

Free-formed unstructured reports or structured reports that don’t include the data used to create them permit omission of requisite information and require labor-intensive manual data extraction to assess clinical outcomes, resource utilization and lab operational performance; furthermore, unstructured reporting may not even be capturing the necessary data to perform such analyses and inadvertently facilitate regulatory non-compliance. By creating a structured CPN, data can be more easily entered if not captured automatically thereby reducing provider and administrative burden and automate assessments that can drive improved financial performance (e.g., cost and margin analysis, inventory management, charge capture), operational efficiency (e.g., more effective staff training, process bottleneck identification), and quality (e.g., leverage clinical decision support, transparent communications for transitions of care, outcomes analysis).

The improved data integrity that comes with CPN use underpins broader organizational goals for the Cath and EP labs. Utilizing available data standards to develop and implement vendor neutral Electronic Health Information Systems (ie: CVIS) products with a goal to increase efficiencies, reduce implementation work effort and cost. Adoption of standards: data sets and workflow to increase financial performance, adherence regulatory requirements, quality/ outcomes and patient safety.

The results expected can be the following:

Financial Performance

* Cost and Margin Analysis
* Optimal Reimbursement
	+ Inventory Management
	+ Procedure Billing
* Staffing Models
	+ Adherence to standard workflow to decrease staff orientation/onboarding/education
	+ Transition from manual data abstraction to data validation external reporting

Regulatory Compliance

* Standard documentation approach such as structured note, ensures regulatory compliance and allows for increase agility for real-time updates to meet external requirements.
* Improve data integrity for external reporting.
* Increase staffing efficiencies needed to complete data collection to external stakeholders.

Quality/Outcomes

* Increase data collection efficiency to provide real-time feedback for improved patient outcomes
* Leverage decision support capabilities to reduce unwarranted variation for clinical care.

Patient Safety

* Consistent patient hand-offs during episode of care
* Clear communication to providers during the episode and post-discharge to support transparency during the continuum of care
* Data standards and interoperability allows for patients to be monitored from a longitudinal perspective
* Increase transparency to patient specific longitudinal tracking:
	+ Lifetime radiation exposure
	+ Unique Device Identifiers (UDI)