Heart Failure Readmission Project

Angie Leach, RN

Fleming County Hospital

Compassion. Commitment. Community.

FLEMING COUNTY HOSPITAL

A not for profit hospital with approximately 100,000 sq. ft., it serves residents of Fleming and surrounding counties. The hospital employs over 260 staff members and has 52 acute care beds, 10 of these being swing beds.

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Getting Started

- Gained Administrative and Physician support for HF Readmission project
- Established Interdisciplinary Heart Failure Committee
- Identified Physician Champion
- Created Plan of Action (Handout)
- Joined Get With The Guidelines–Heart Failure program to begin tracking performance of evidence based guidelines

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Science Review

- Collected all existing Heart Failure pathways, protocols, treatment algorithms and order sets
- Evaluated compliance to current published guidelines from the American Heart Association/American College of Cardiology
- Committee made recommendations for new HF Order Set
- Implemented HF Order Sets

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Evaluated Current process

- How can we Identify target population?
- Who can take responsibility for assuring guidelines/measures are achieved?
- What processes are already in place?
- Review and Revision of Discharge Instructions (included Dietary and Pharmacy partners)
- Reviewed patient educational information

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Implementation of Program

- In-services to nursing staff, including Case Management on treatment guidelines
- Familiarized nursing staff with new Admission Order Set, Discharge Instructions, CHF Checklist Flowchart and Educational packets
- The new CHF process is Nursing “owned”
- Instructed nursing staff to flag CHF charts with CHF Checklist on front of chart
- Give rewards to staff for documenting…names in drawing
- Discharge education given to patients on DAY 1
- Schedule of TV Educational programs given and prescribed to patient
- Nursing staff keeps Case Management informed of patient progress daily

DISCHARGE INSTRUCTIONS FOR HEART FAILURE

Weigh Yourself Everyday

In the morning after urinating and before Breakfast

No Added Salt!

Salt causes fluid to build up!
Avoid deep fried foods.
Avoid adding salt during or after cooking.
Avoid processed meats.
Avoid processed foods.
Read food labels.
Use pepper and salt free Spice blends
Try flavored vinegars, lemon or lime juice, fresh or dried herbs, or garlic.

REPORT THESE SYMPTOMS TO YOUR DOCTOR

Weight Gain more than:
- 2 pounds overnight
- 5 pounds in a week
- Or as your doctor says

Increased swelling in:
- ankles
- legs
- face
- fingers
- stomach

Increased shortness of breath, especially when lying down

Extreme tiredness

Nausea or lack of appetite

When you return home, if you have ANY of these symptoms

CALL 911 OR GO TO THE EMERGENCY ROOM

Sudden, severe shortness of breath

Very fast or irregular heart beat

Chest pain or discomfort or pain In your arms, neck, jaw or stomach

Restless, dizzy, of lightheaded feeling

Facial droop, difficulty with speech, weakness in arms or legs

CHF CHECKLIST FLOWCHART

(Not a part of permanent record/Place in discharge call box on discharge)

	Yes	No	Initials	Date/Time
1. Echo order and/or documentation of ejection fraction	[ ]	[ ]	_____	_____
(If No, physician reminded to order and/or document ejection fraction.)			_____	_____
(Most recent echo, stress test or MUGA results may be obtained and placed on chart for ejection fraction results.)				
(ACE or ARB to be prescribed for patient with LVSD and NO CONTRAINDICATIONS)				
2. Was ACEI prescribed on admission? (If No, reason documented)	[ ]	[ ]	_____	_____
MD reminded to prescribe or document reason why not ordered.	[ ]	[ ]	_____	_____
Was ACEI prescribed on discharge? (If No, reason documented)	[ ]	[ ]	_____	_____
MD reminded to prescribe or document reason why not ordered.	[ ]	[ ]	_____	_____
OR				
3. Was ARB prescribed on admission? (If No, reason documented)	[ ]	[ ]	_____	_____
MD reminded to prescribe or document reason why not ordered.	[ ]	[ ]	_____	_____
Was ARB prescribed on discharge? (If No, reason documented)	[ ]	[ ]	_____	_____
MD reminded to prescribe on admission? (If No, reason documented)	[ ]	[ ]	_____	_____
4. Was Beta Blocker prescribed on admission2(If No, reason documented)	[ ]	[ ]	_____	_____
MD reminded to prescribe or document reason why not ordered.	[ ]	[ ]	_____	_____
Was Beta Blocker prescribed on discharge2(If No, reason documented)	[ ]	[ ]	_____	_____
MD reminded to prescribe or document reason why not ordered.	[ ]	[ ]	_____	_____
5. Does patient have a history of smoking in the past year?	[ ]	[ ]	_____	_____
6. Smoking Cessation Advice/Counseling Given			_____	_____
Notes: _____				
7. Activity Level Instructions Given			_____	_____
Level Recommended on Discharge _____				
Notes: _____				
8. Diet/Fluid Intake Instructions Given			_____	_____
Diet Prescribed on Discharge: _____				
Notes: _____			_____	_____
9. Instructions on Follow-up with MD/ARNP/PA			_____	_____
Appointment Date/Time: _____				
10. Medication Instructions Given			_____	_____

Medication	Dose	Frequency
Beta Blocker:		
ACEI:		
ARB:		
Diuretics:		

Notes: _____

11. Worsening of Symptoms Instructions Given		_____	_____
Notes: _____			

Patient Channel®
from The Wellness Network

Fleming County Hospital

channel: 7

View programs at www.thepatientchannelnow.com, use password **08323**

Eastern Program Schedule • Effective June 30, 2014 - September 28, 2014

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
12:00 AM	**Tests That Can Save Your Life**	**Your Surgery:** Before, During and After	**Advance Directives:** Making Family Health Decisions	**Your Surgery:** Before, During and After	**Alcohol & Drug Addiction**	**Advance Directives:** Making Family Health Decisions	**Your Surgery:** Before, During and After
8:00 AM 4:00 PM	**Your Surgery:** Before, During and After	**Advance Directives:** Making Family Health Decisions	**Your Surgery:** Before, During and After	**Alcohol & Drug Addiction**	**Advance Directives:** Making Family Health Decisions	**Your Surgery:** Before, During and After	**Tests That Can Save Your Life**
12:30 AM 8:30 AM 4:30 PM	**Preventing Colon Cancer**	**Living with Prostate Cancer**	**Lung Cancer:** Improving Survival	**Nasal Congestion and Controlling Your Allergies**	**Alzheimer's Disease:** Hope and Help	**Alzheimer's Disease:** Hope and Help	**Nasal Congestion and Controlling Your Allergies**
1:00 AM 9:00 AM 5:00 PM	**Emphysema & Chronic Bronchitis:** Coming Up For Air	**Preventing Flu And Pneumonia**	**COPD:** Take Control	**Asthma:** One Breath at a Time	**Emphysema & Chronic Bronchitis:** Coming Up For Air	**Preventing Flu And Pneumonia**	**COPD:** Take Control
1:30 AM 9:30 AM 5:30 PM	**Going Home on Blood Thinners**	**Irregular Heartbeats:** Restoring the Rhythm	**Heart Failure:** Beating the Odds	**Heart Disease:** Women at Risk	**Irregular Heartbeats:** Restoring the Rhythm	**Heart Failure:** Beating the Odds	**Heart Disease:** Women at Risk

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Transitions of Care-Case Management

- Case management coordinates with Home Health Agency
- Perform LACE Tool prior to discharge (prediction of readmission)
- Hospital auxiliary provides funding for scales and pill boxes for CHF patients
- Discharge instructions include daily weights with calendar for documenting at home
- Case Management now performs all patient call backs within 48h of discharge (This is tricky sometimes because the patients who are at high risk are scheduled f/u apt within 48h)
- Intense script to walk through interventions: daily weight, medication adherence and recognition, ride to f/u apt, home health visit conducted

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Physician Support

- Physician championing the program at Medical Staff meetings
- Made visits to local physician offices to introduce new CHF Order Sets to MD's (took cookies as incentive!)
- Continuous MD Education: At MD Dictation Stations provided information on Mortality Predictor, Articles, Best Practice information
- Presented progress and improvement at Med Exec Committee meetings

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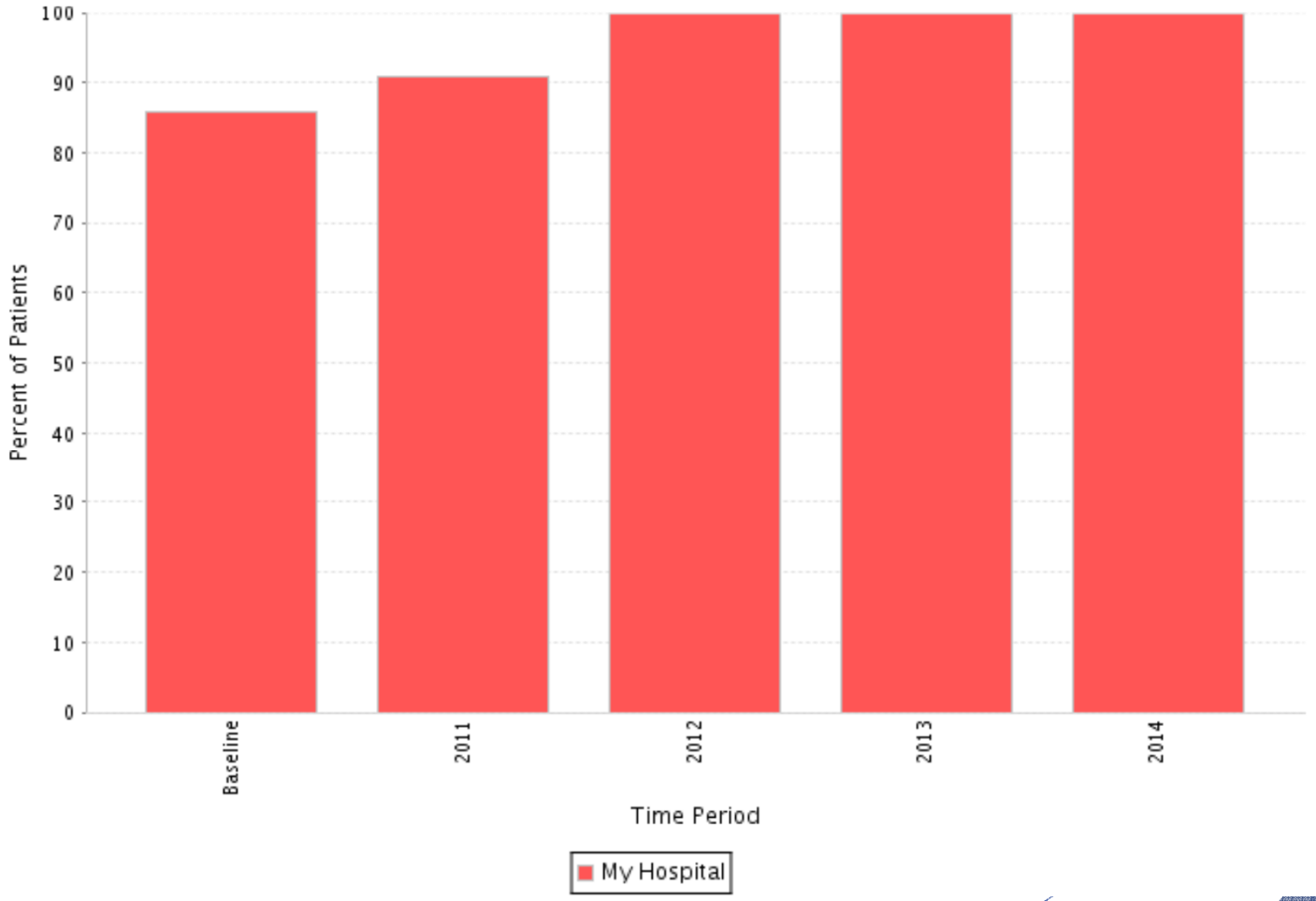
Evaluation and Quality Improvement

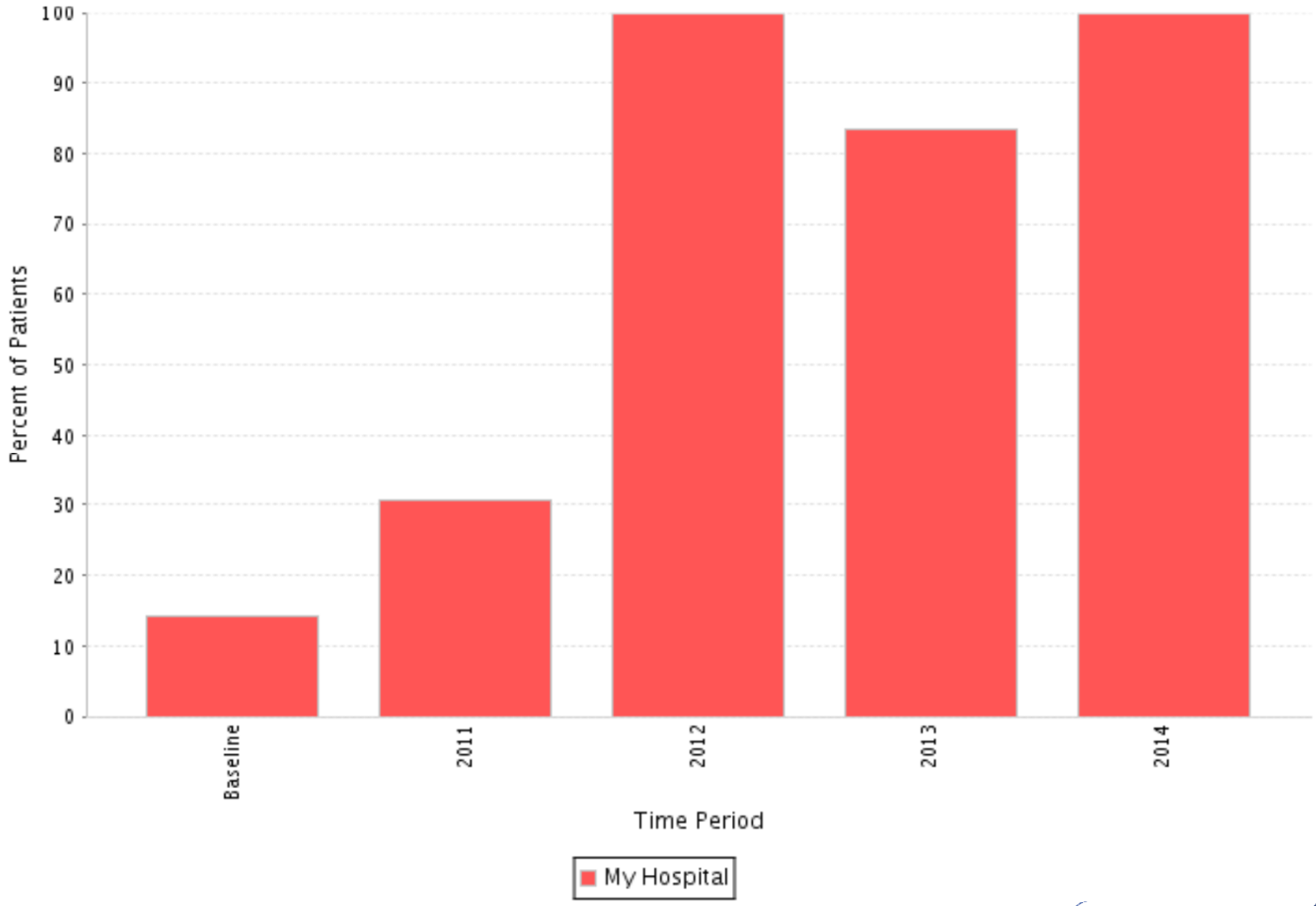
- Real time data input and management using the Get With The Guidelines Patient Management Tool helped identify areas for improvement
- Helps improve guideline adherence before patients discharged and before data submitted to CMS.
- Stayed engaged with American Heart Association educational events to learn from webinars for best practices and ideas for quality improvement

Let's review our results!

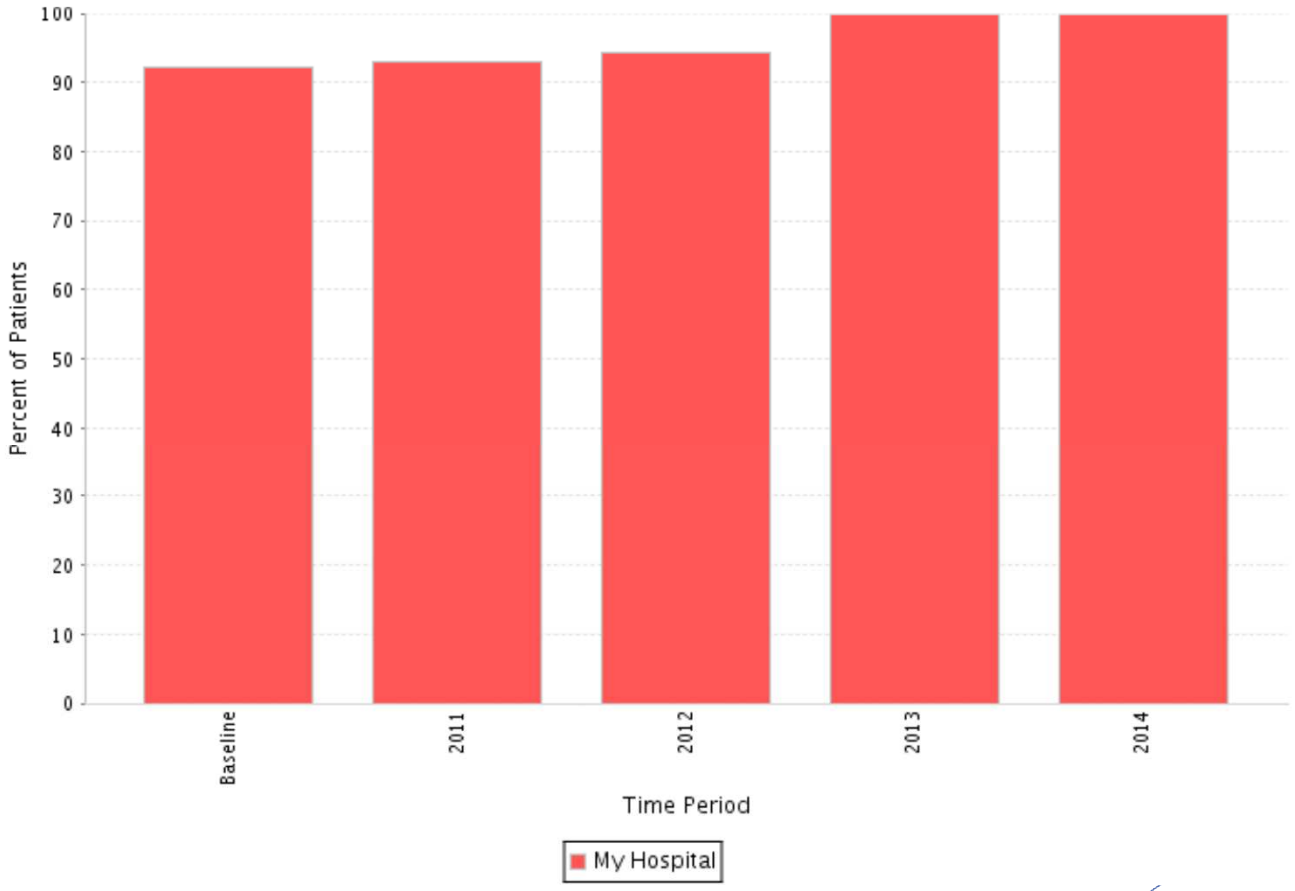
ACEI/ARB at Discharge



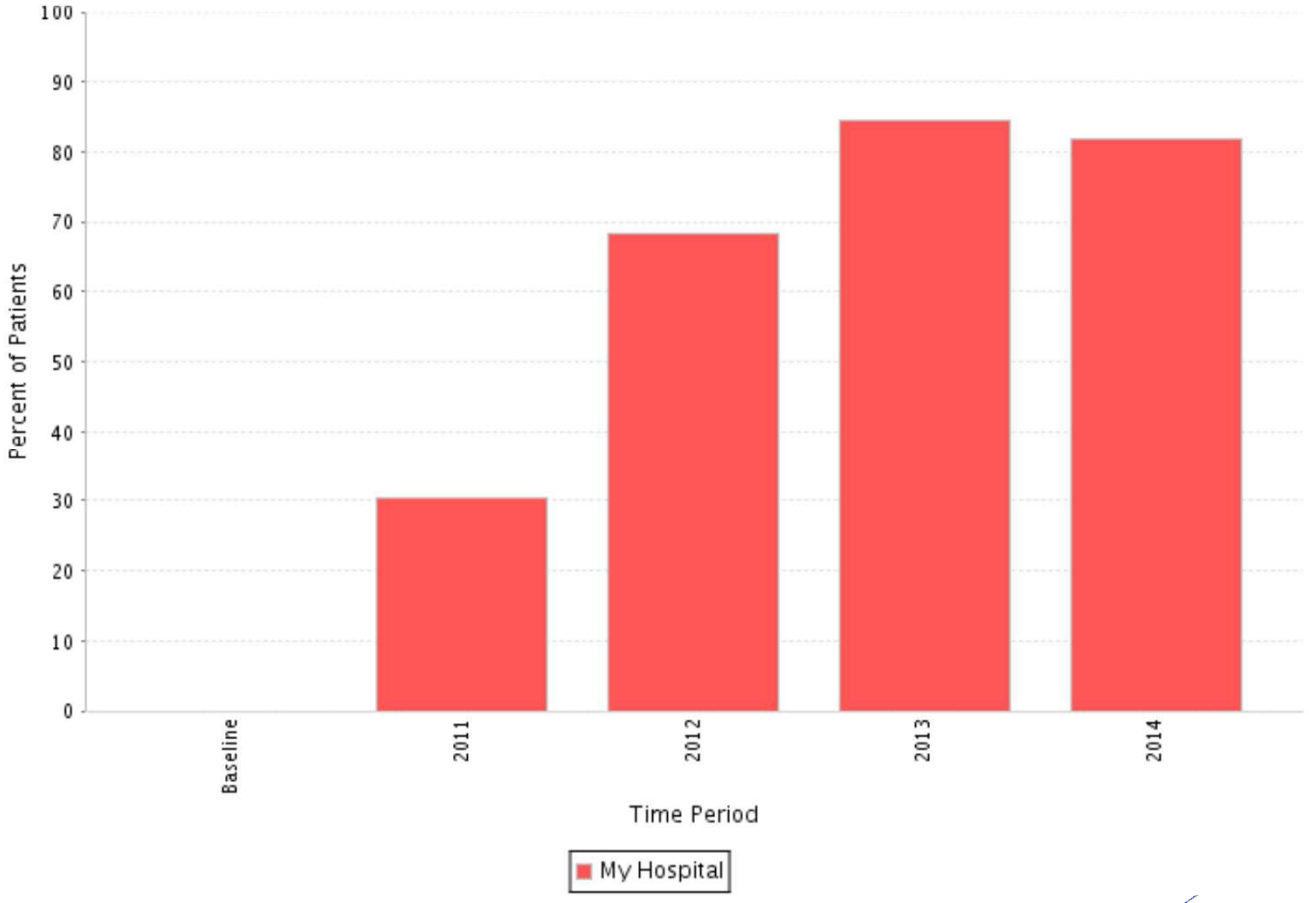
Evidence-Based Specific Beta Blockers



Measure LV Function

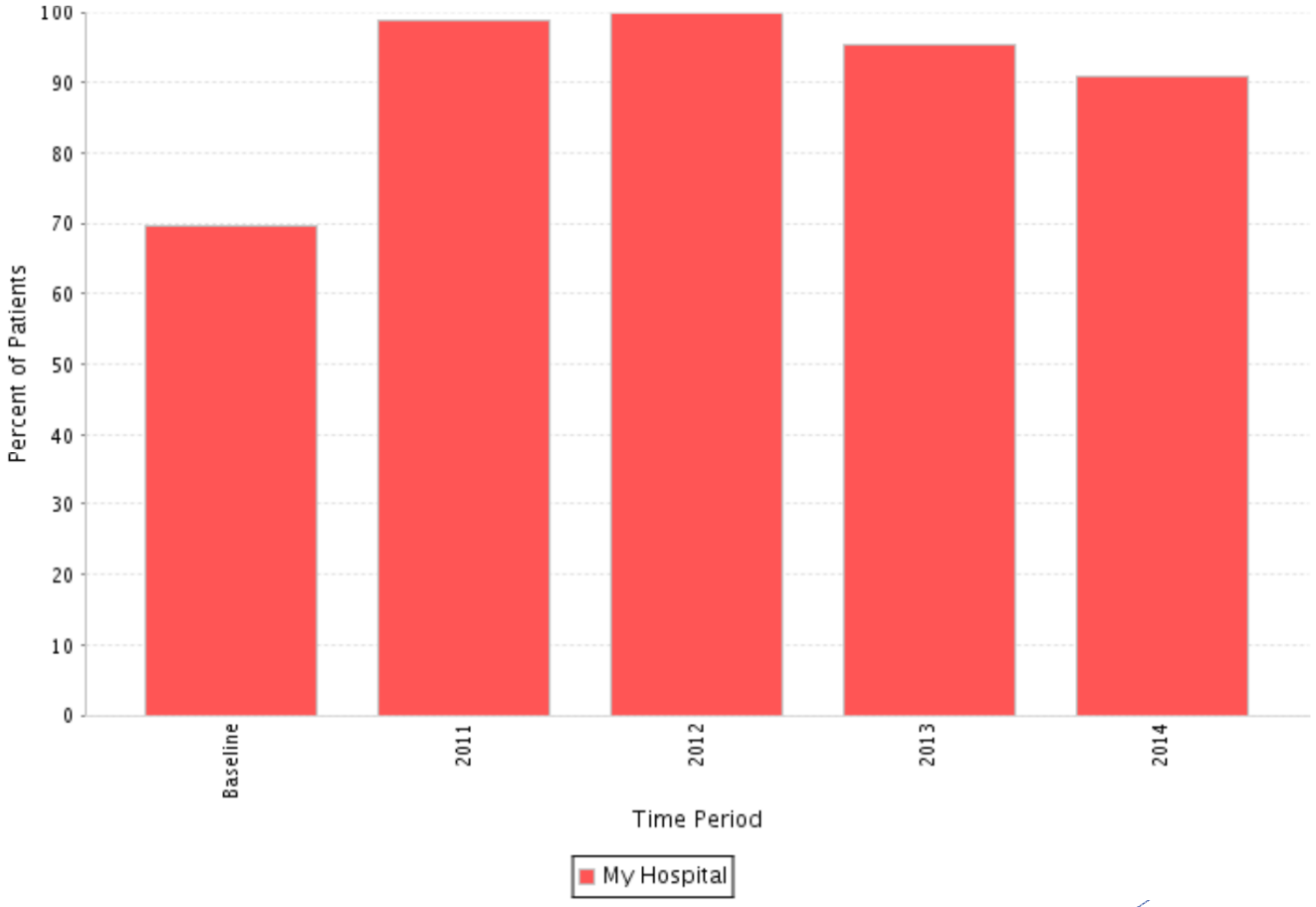


Post Discharge Appointment for Heart Failure Patients

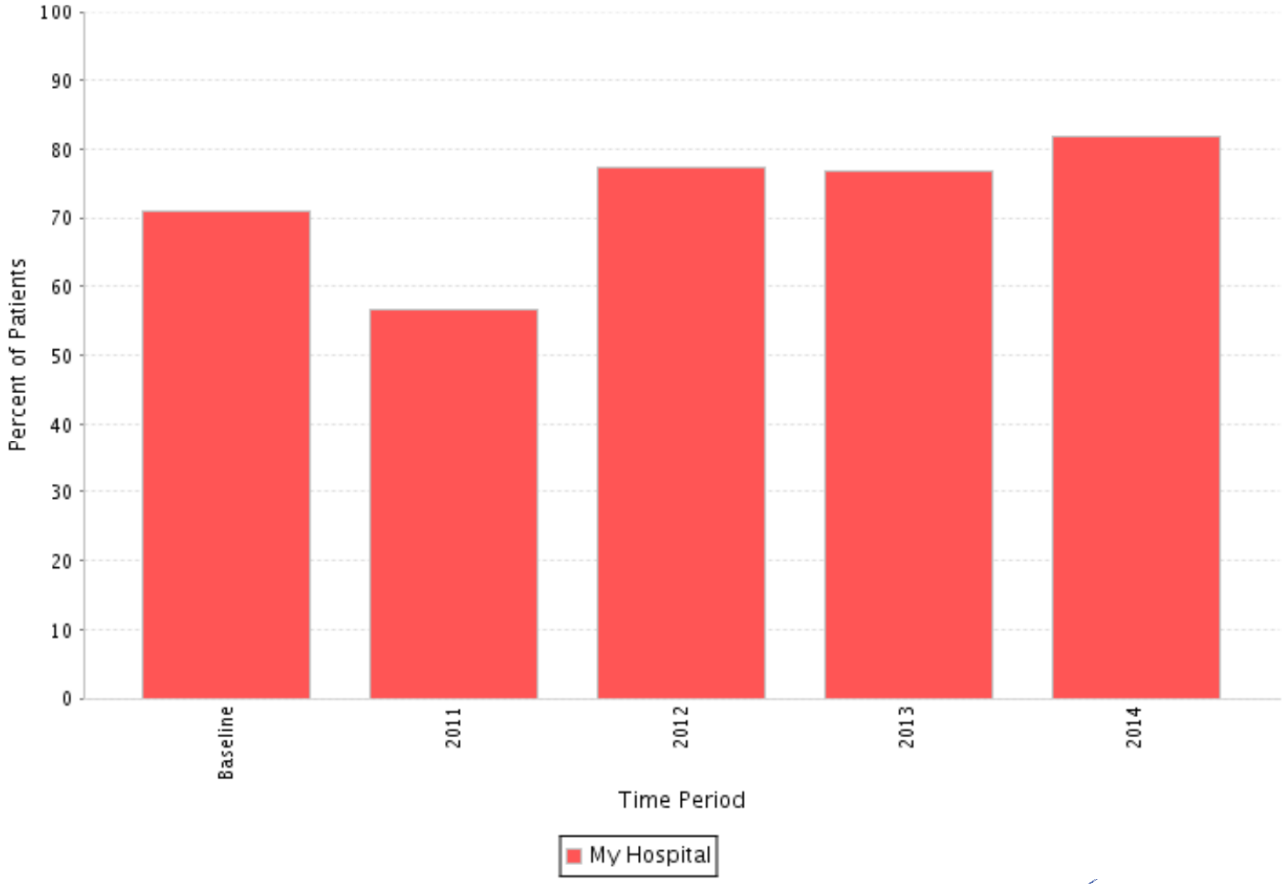


Percent of eligible heart failure patients for whom a follow-up appointment was scheduled and documented including location, date, and time for follow up visits, or home health visit.

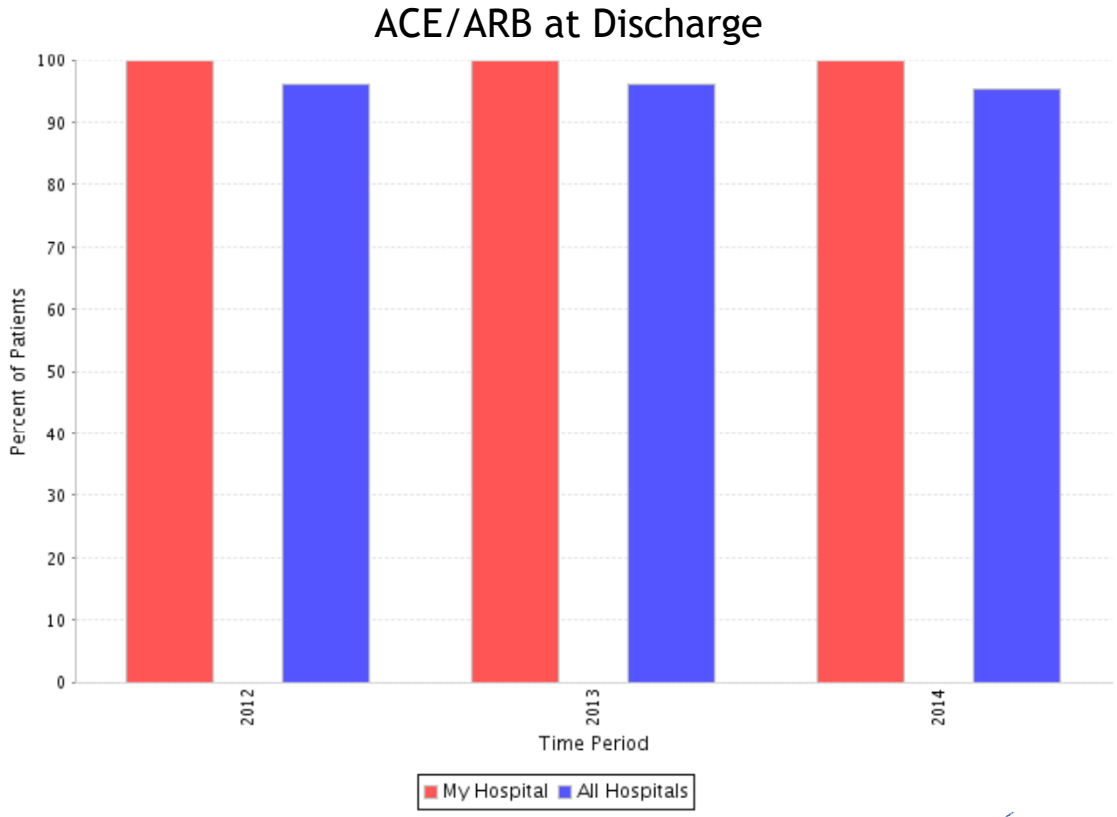
Discharge Instructions



Follow-up Visit Within 7 Days or Less



Benchmarking Fleming County- Comparison to over 945 hospitals in Get With The Guidelines



Fleming County Hospital Performing better than the nation

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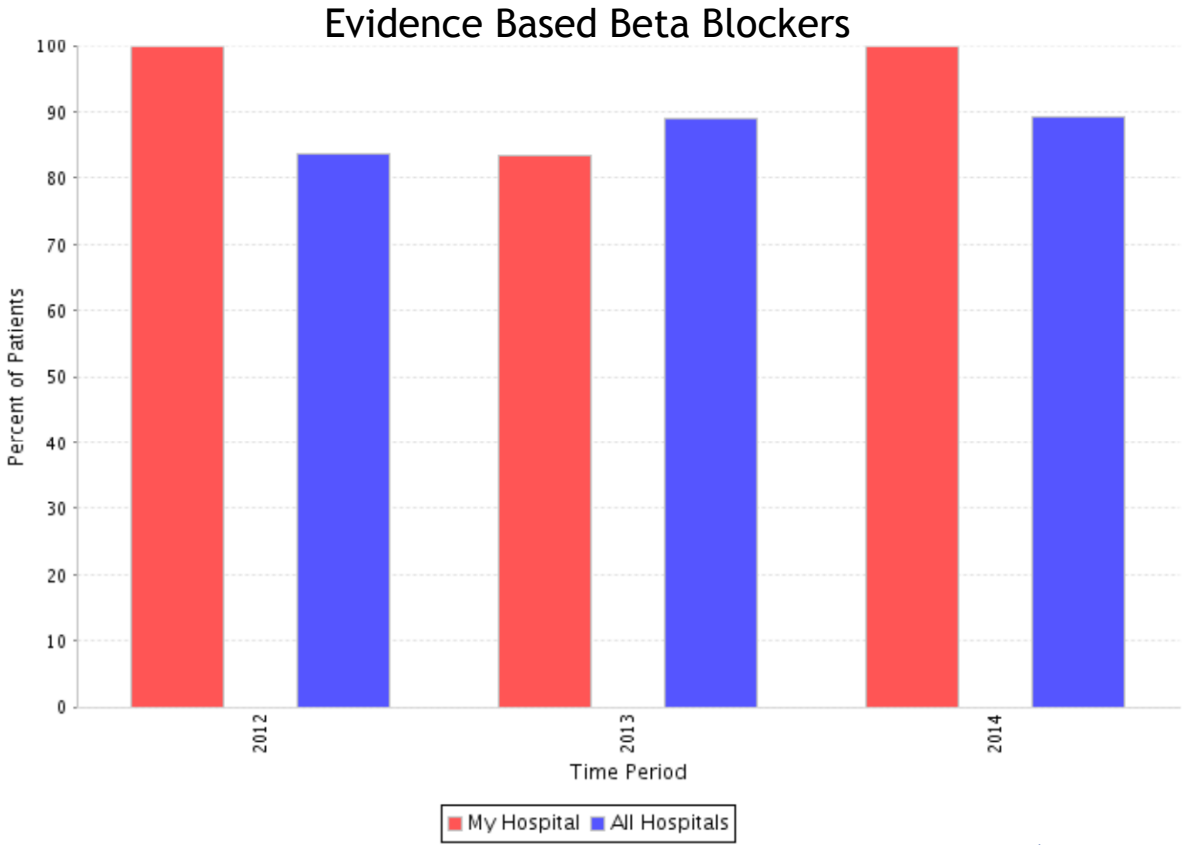

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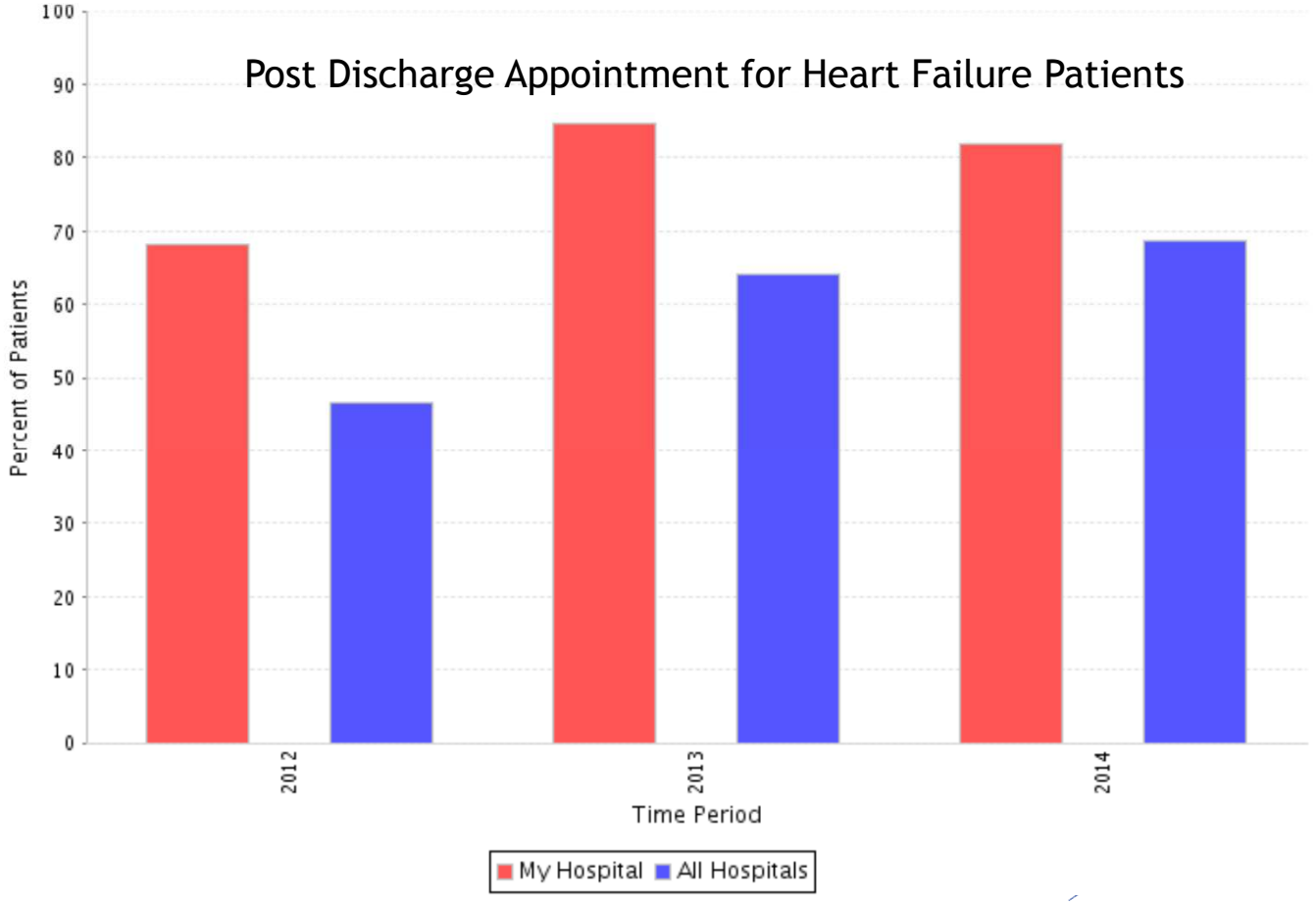

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PROUD OF OUR RECOGNITION FROM THE AMERICAN HEART ASSOCIATION

2 Consecutive years of 85% or higher in Four Heart Failure Achievement Measures and 75% or higher in 4 Quality Measures

The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Heart Failure Performance Achievement indicators for consecutive 12 month intervals and 75% or higher compliance on at least 4 of the Get With The Guidelines Heart Failure Quality Measures to improve quality of patient care and outcomes.