

VA Heart Failure and IHI's Five Million Lives Campaign

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The Institute for Healthcare Improvement (IHI)

- Save 100,000 lives campaign
 - Reduce hospital mortality
 - Rapid response teams
 - Better acute MI Care
 - Prevent adverse drug events
 - Prevent central line infections
 - Prevent ventilator-associated pneumonia
 - Prevent surgical site infections

100K Lives Campaign

- 3100 Hospitals participated
 - 18 months
- 124,000 lives saved

100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

IMPACT

improvement/action

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VA Members
West Roxbury
Tampa
VISN 23

PROTECTING

5 Million

lives

FROM HARM

IHL.org

The Institute for Healthcare Improvement

- Many more patients are harmed than killed
 - 37 million hospitalizations/year in the US
 - 40-50 injuries/100 admissions
 - 15 million are harmed/year in US hospitals
 - 40,000 / day
- **Goal: Eliminate harm to 5 million patients over the next two years**

IHI Definition of Medical Harm

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death.

IHI

Save 5 Million Lives From Harm

- Prevent pressure ulcers
- Reduce MRSA
- Prevent harm from high-alert medications
- Reduce Surgical Complications
- **Deliver reliable evidence-based care for heart failure**
- Get boards on board

IHI 5 Million Lives Campaign: Heart Failure

- Goal: Deliver reliable evidence-based care for congestive heart failure ... to reduce admissions.
 - Reduce the readmission rate by 50% by December 2008

Heart Failure Key Interventions

- Measure Left Ventricular Ejection Fraction (EF)
- ACE inhibitor or ARB at Discharge if EF<40%
- Anticoagulation if Atrial Fib. at Discharge
- Influenza vaccine
- Pneumococcal vaccine
- Smoking Cessation counseling
- Discharge instructions

CMS: in 2005 only 54% of eligible patients received all interventions

Heart Failure

Other Interventions to Consider

- Beta-Blocker at Discharge if $EF < 40\%$
- Discharge Contract
- Statins for coronary disease
- Spironolactone for certain high risk patients

Getting Started

- Form a team
 - Focus on a specific cohort (e.g. those being discharged home)
- Standardize Protocols
 - Nursing
 - Discharge
- Link treatment orders to results of EF testing
 - Need to capture the LVEF numerically
- Use Case Managers

Discharge Checklist

- Reconcile Medications
- Teach Back
- Follow up phone call in 48 hours
 - Medication check
- Physician visit
 - 1 week for average risk patients
 - 48 hours for high risk patients
- Case management for high risk patients

IHI: Recommended Actions

- Identify population of patients with CHF
- Develop standard order sets/protocols
- Implement process for reliably providing automatic smoking cessation counseling for all patients identified on admission with smoking history
- Implement process for automatically providing pneumococcal and influenza vaccine

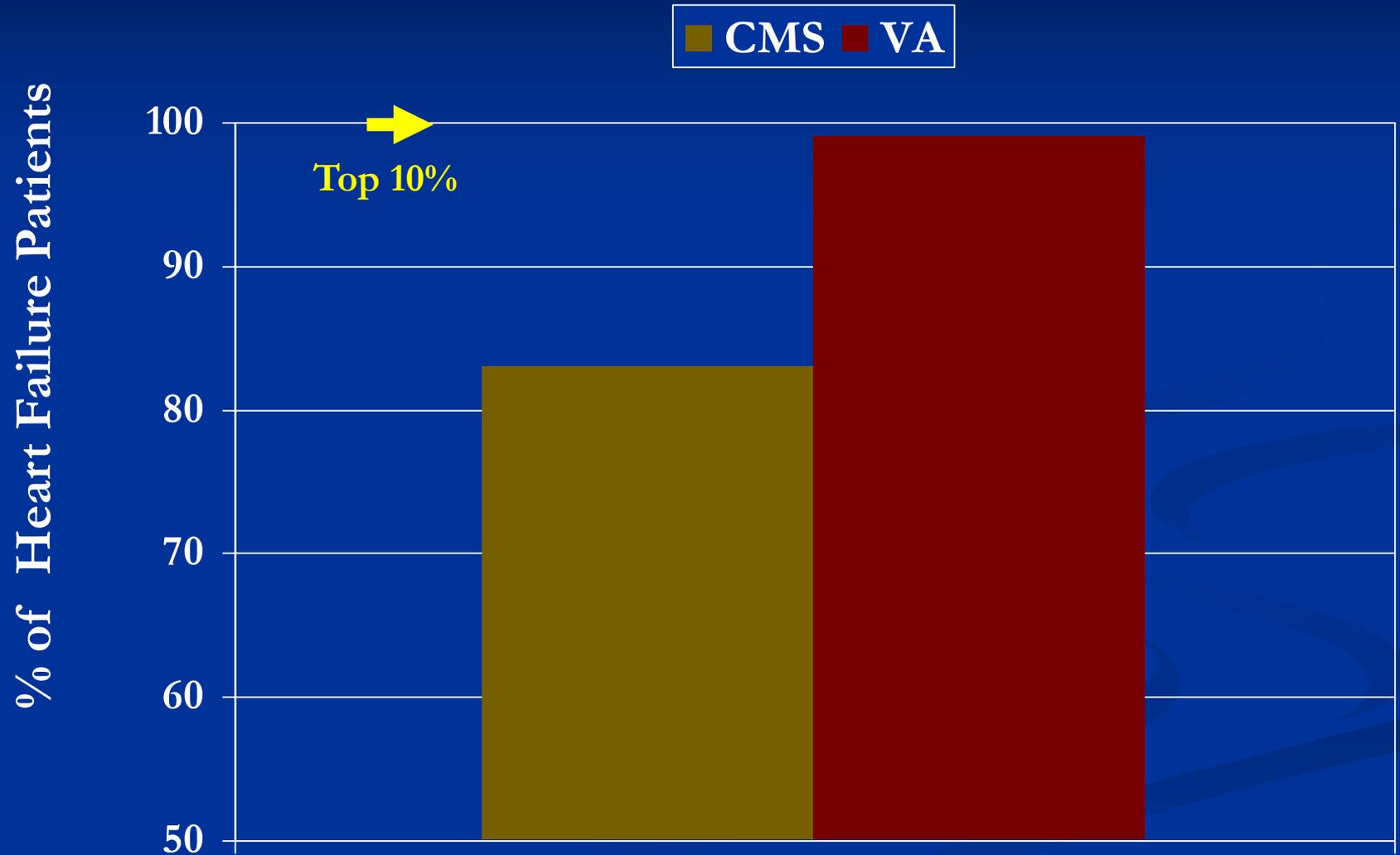
IHI: Recommended Actions

- Begin discharge assessment and teaching on admission
- Standardize CHF teaching elements and ensure skill of staff who are teaching patients
- Use “Ask Me 3” and Teachback methods to ensure “same pageness” with patient
- Establish linkages with home health and primary care for each patient
- Assess each patient’s situation for ability to follow through on discharge instructions and ensure barriers are addressed

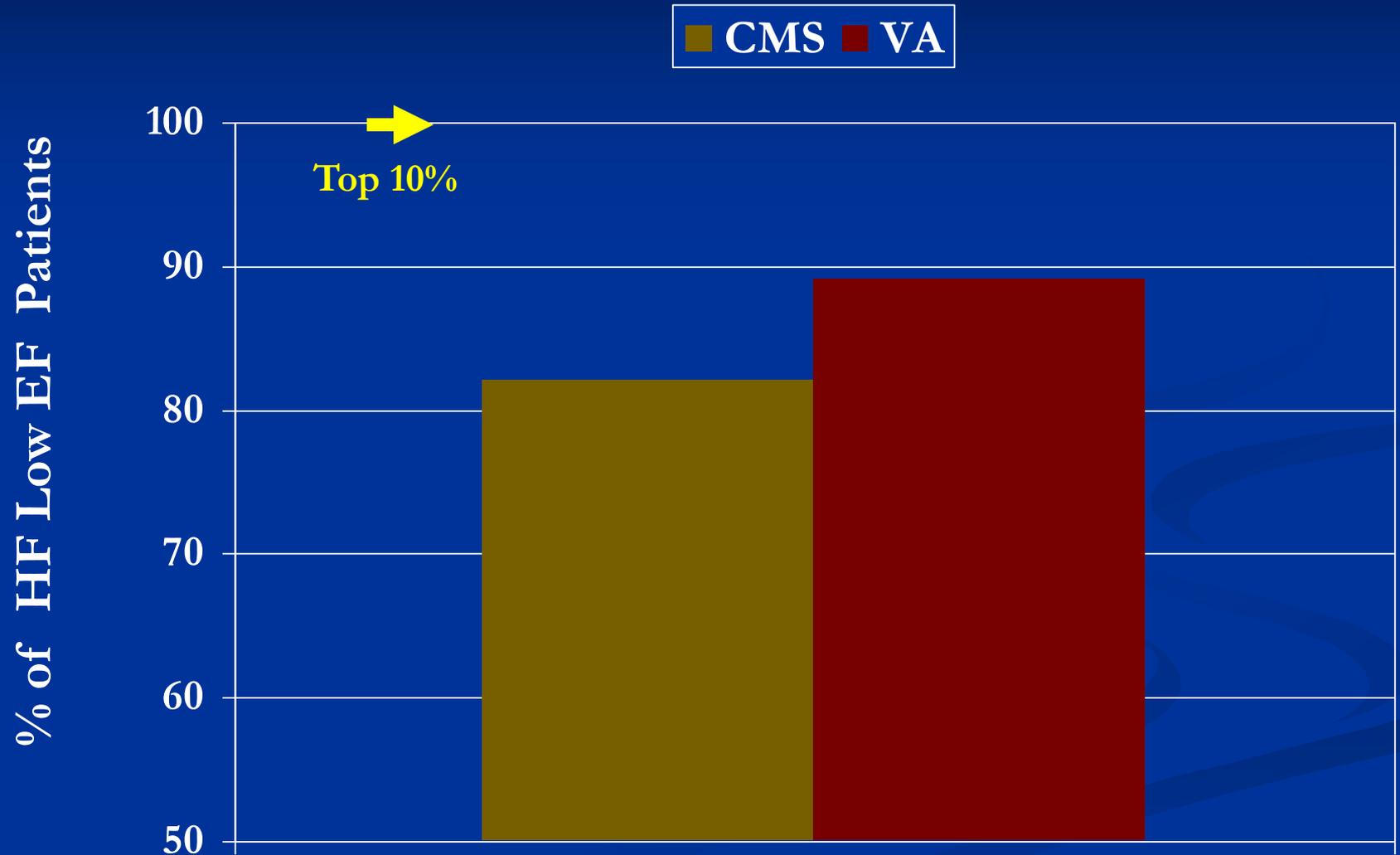
Process of Care VA and CMS



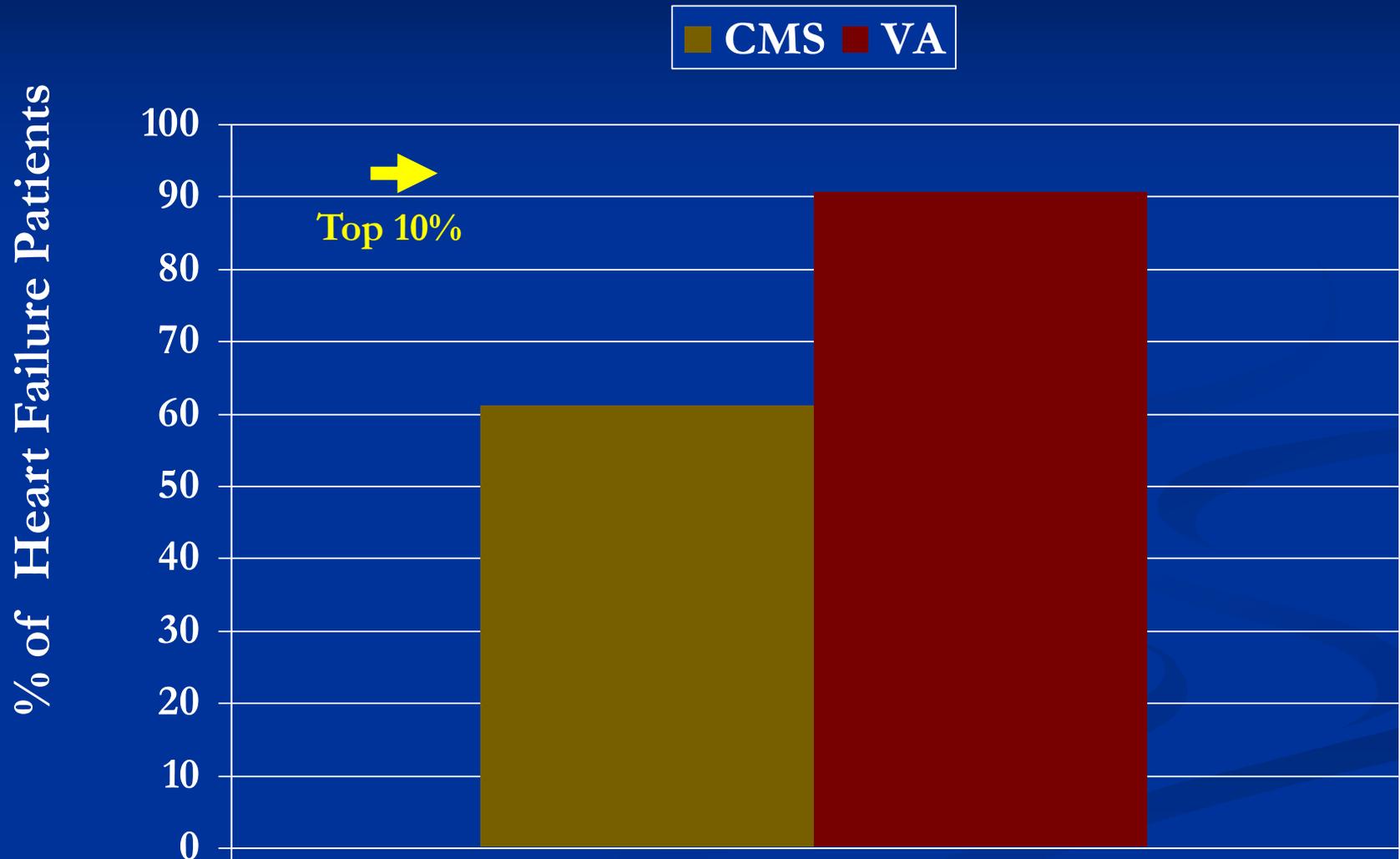
LVEF Measurement



ACE Inhibitors or ARBs (EF < 40%)

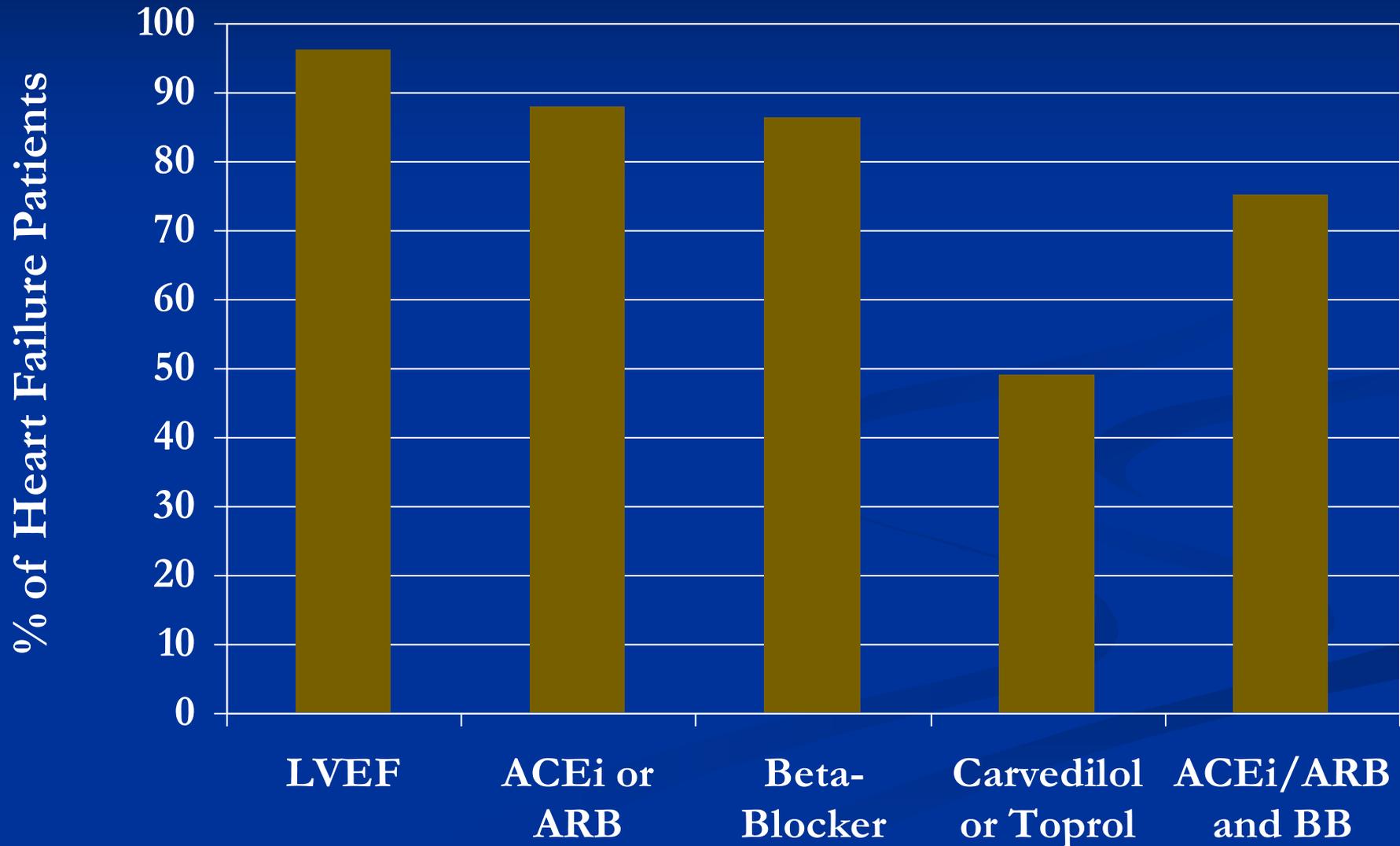


Discharge Instructions



Hospital Compare 10/2005 to 9/2006, U. Michigan N=549, Ann Arbor VA N=89

VA CHF Performance 2004-2005



Outcome: VA and CMS

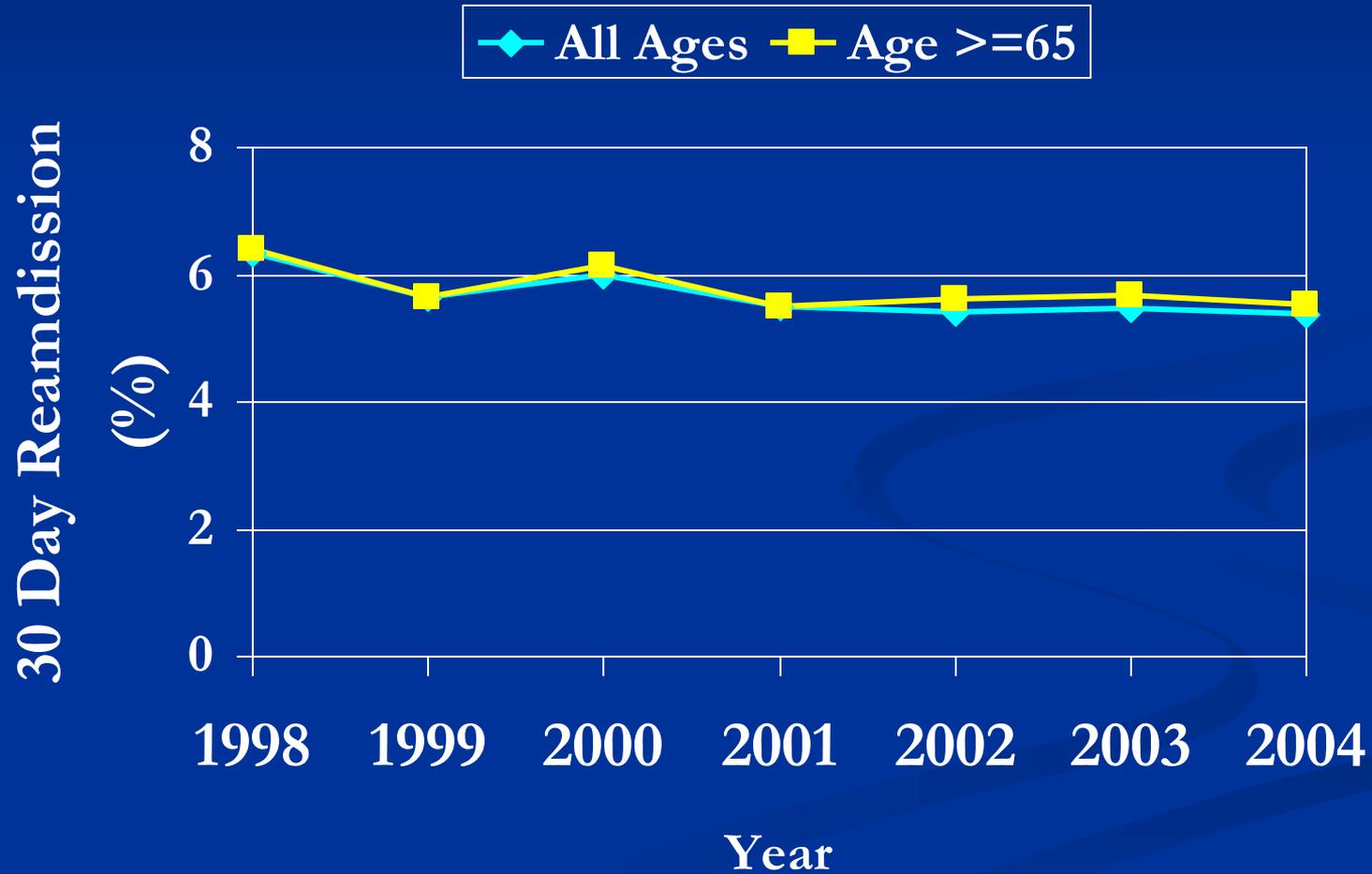
Mortality Rating: CMS

	Number of Hospitals		
	Below	Average	Above
Heart Failure			
U.S. (30d 11%)	35	4734	38
Acute MI			
U.S. (30d 16%)	7	4453	17

VA Trends

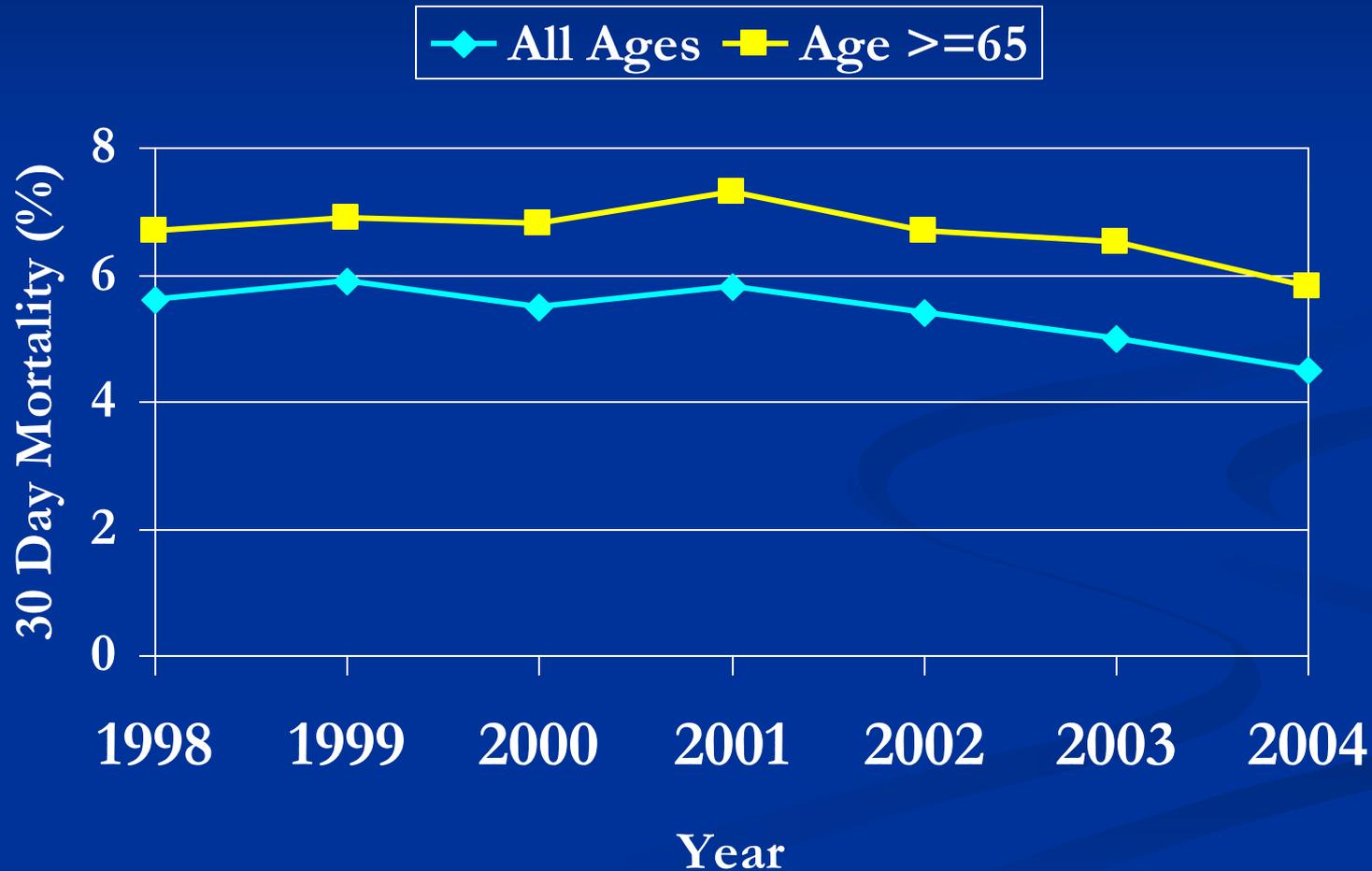
- VA Admissions with principal diagnosis of heart failure.
- 1998-2005

VA Heart Failure 30-Day Readmission



VA Heart Failure 30-Day Mortality

CMS 11%



Summary

- Process of care is good compared to CMS, but has room for improvement.
- Difficult to judge outcome measures.
- Focus area: discharge-handoff
 - Patient contract
 - Early Follow-up