

***Accelerating Best Care
In Pennsylvania***

Hazleton General Hospital

***"Heart Failure Discharge
Instructions Team"***

June 7, 2007

Project Selection

- Top Admission Diagnosis
- Most Common Reason for Readmission
- Financial Impact
- CMS Core Measure

Team Members

- **Andrea Andrews, RN, CHCQM - Director QM/CM - Facilitator**
- **Barbara Vilushis, DO - Associate Medical Director - Team Leader**
- **Anthony Veglia, MD - Physician**
- **Karen Magula, RN - Supervisor QM/CM**
- **Louise Mope, RN - Unit Secretary**
- **Louise Cameron, RN - Adm/Disch Nurse**
- **Sue Jones, RN - Telemetry Unit Nurse**
- **Lois Hertzog, RN - Telemetry Manager**
- **Kim Colvell, RN - Stepdown Unit Manager**
- **Deb Welikonich, RN - Nursing Systems Director**

Aim Statement

- **By May 1, 2007, 100% of patients discharged on the Telemetry Unit (5th Floor) with a diagnosis of CHF will receive “CHF” Discharge Instructions per CMS Guidelines.**

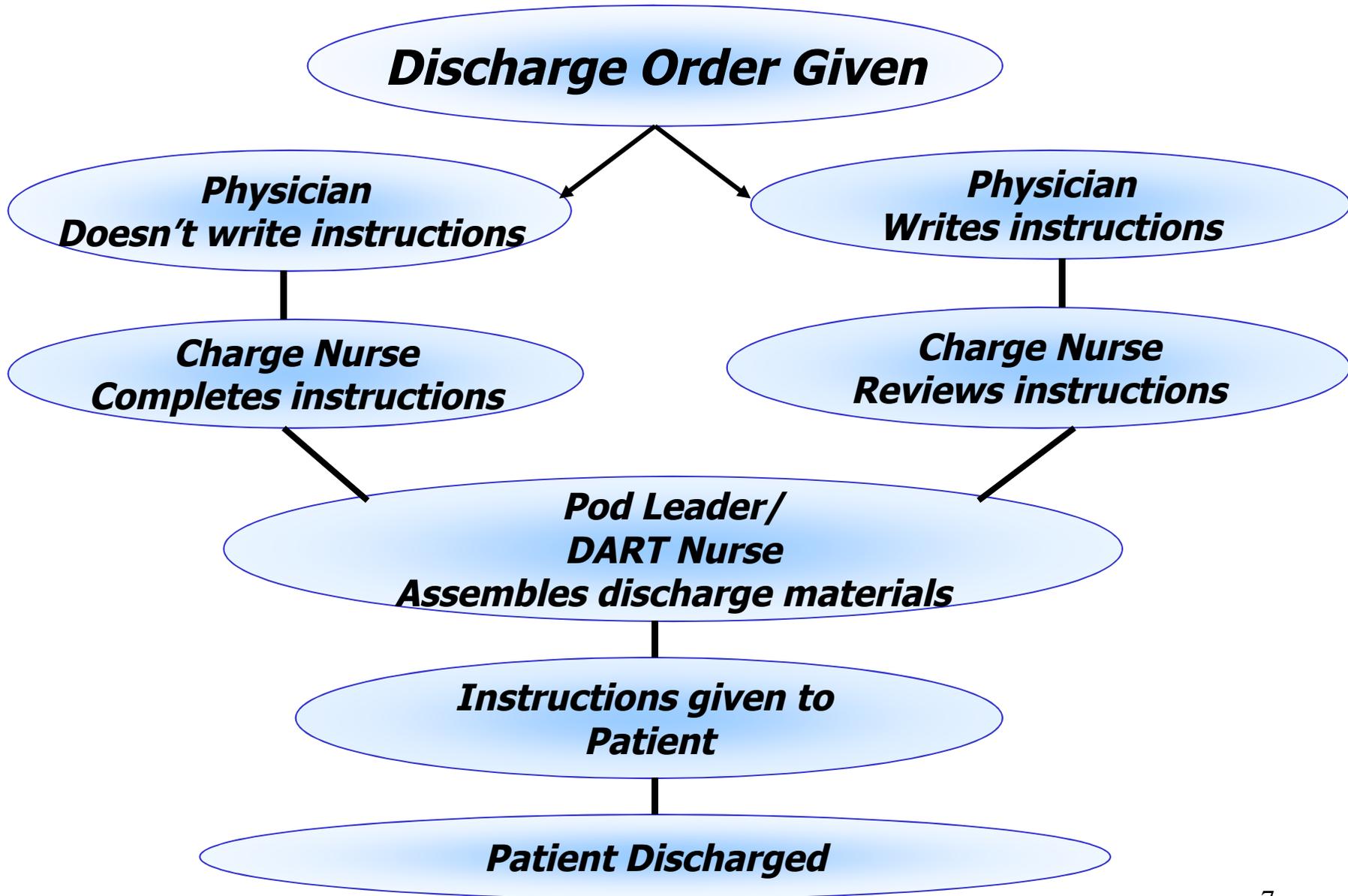
Brief Description of Project

- **The Team will assess all patients on the Telemetry Unit with a diagnosis of “CHF” for CHF Discharge Instructions.**
- **Over a one-week period of time, each chart will be reviewed for specific discharge instructions as per the CMS Core Measure requirements.**

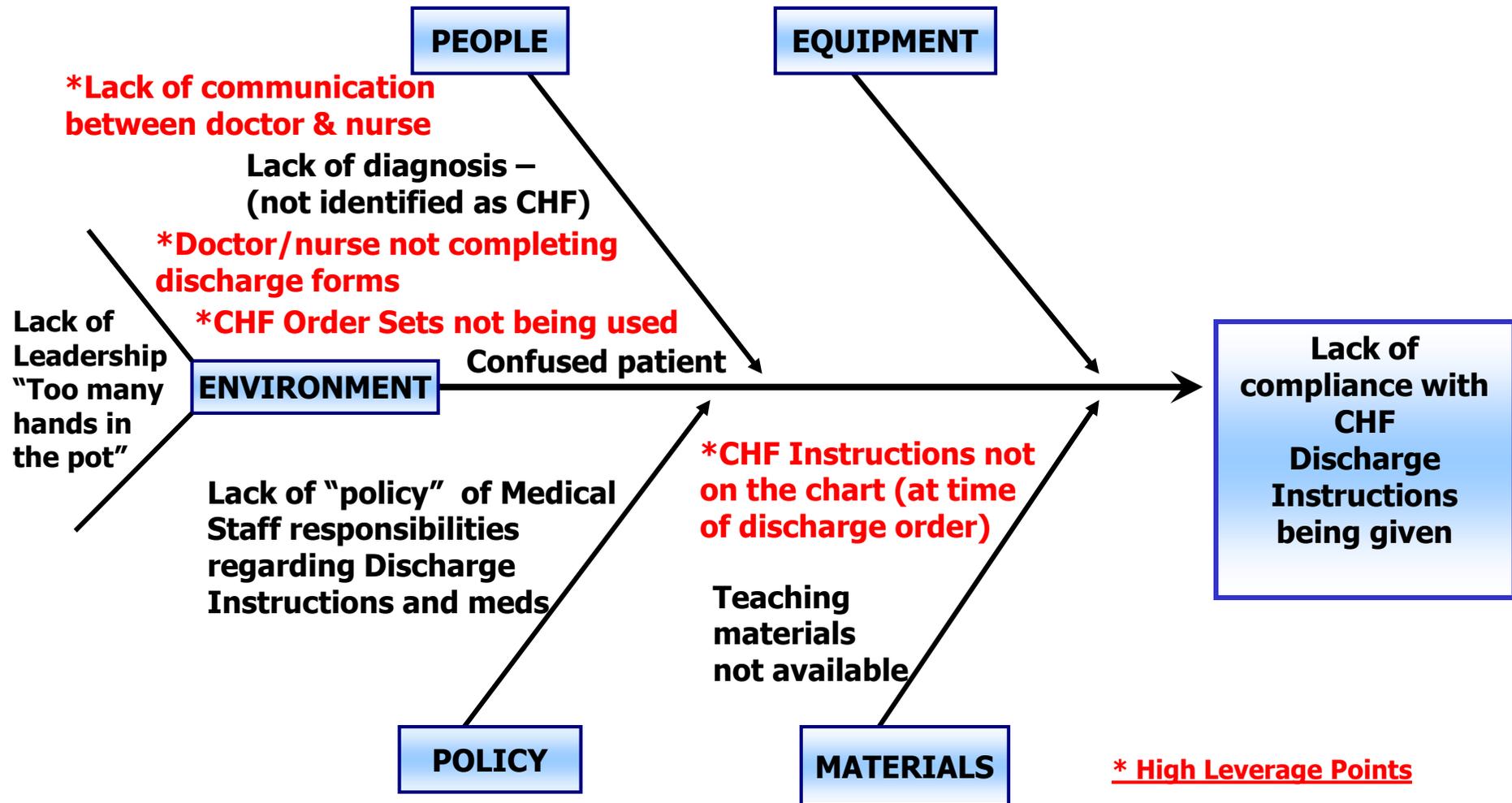
Slogan

***"Heart Failure Instructions Given,
Promote Healthy Livin'"***

CHF Discharge Instruction Flow Chart



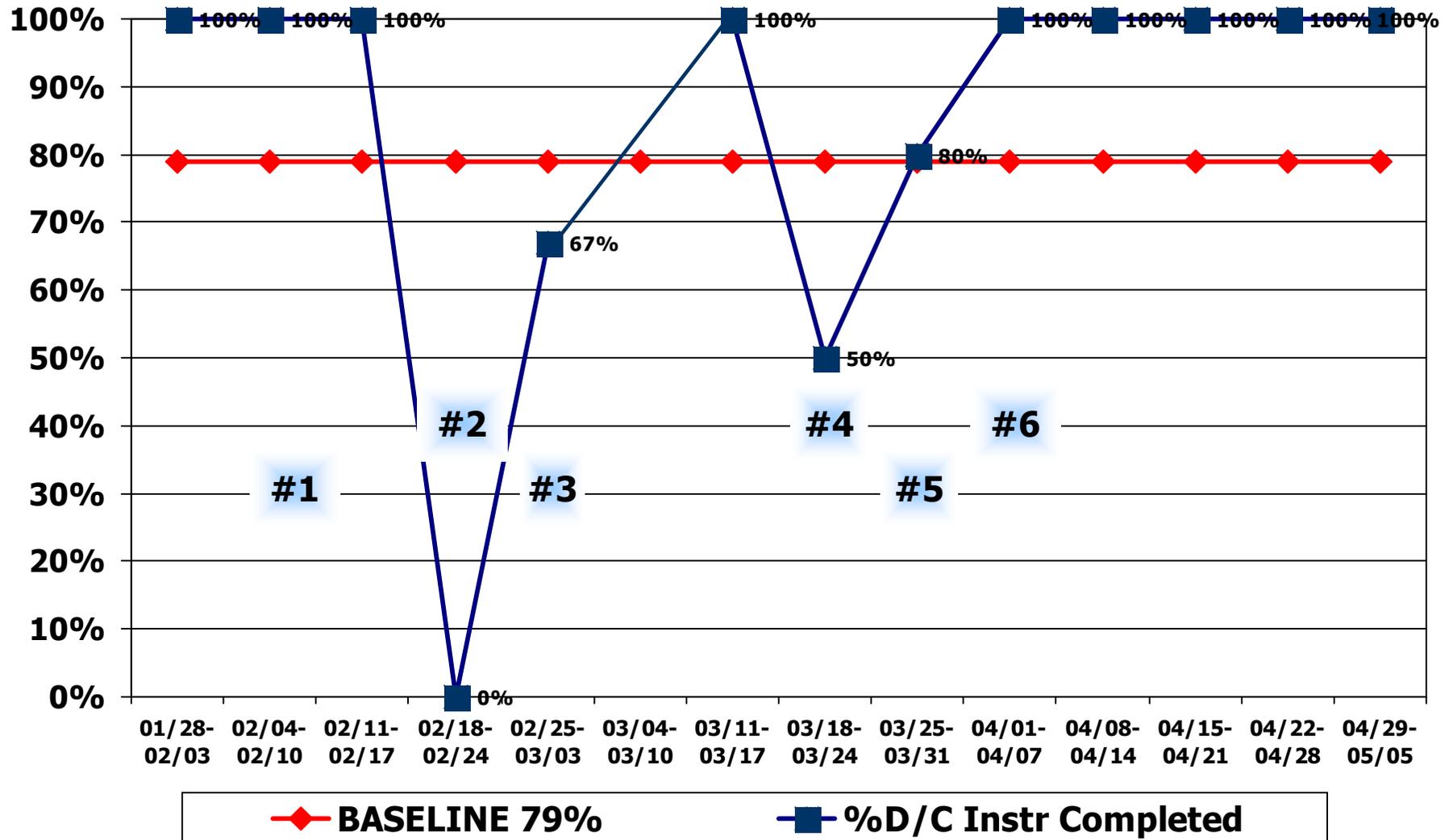
Fishbone/Cause & Effect Diagram



High Leverage Points

- **CHF disease-specific materials not available on chart**
- **Physician/nurse not completing CHF discharge form properly**
- **Lack of communication between nursing and physicians regarding discharge time-frame**

Compliance with D/C Instructions



Jan. 28 – Feb. 17, 2007- based on the discharge charts having the "CHF Discharge Instruction Sheet" on the chart
Feb. 17 & onward – all elements addressed on the "CHF Discharge Instruction Sheet"

Interventions

- **CHF Form (#1) - Placement of "YELLOW" CHF Form on front of chart. (Implemented week of February 4, 2007)**
 - Staff educated on use of form
 - Staff "alerted" – must use disease-specific discharge instructions



Interventions

- **Medication Profiles (#2) – Request sent to pharmacy to printout patient profile and placed on chart by unit clerk.
(Implemented week of February 18, 2007)**
- **Memo to physicians (#3) - All physicians received memo regarding their responsibility of filling out disease-specific “CHF Discharge Instructions” and writing out the medications.
(Implemented week of February 25, 2007)**

Interventions

- **Medical Executive Committee (#4) – Passed policy regarding use of appropriate discharge instructions. Medical Staff educated via department meetings.
(Weeks of March 11 - 18, 2007)**
- **Meet with the Unit Managers (#5) – Team members met & discussed findings of the data collected (use info at staff meetings).
(Week of March 25, 2007)**
- **Include Stepdown Unit (#6) – Educate staff on entire process.
(Week of April 1, 2007)**

Quality Impact

- **Number one DRG Admit:**

Heart Failure Admissions

<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007 (Jan-April)</u>
275	325	337	116 (348 projected for 2007)

- **CHF Readmit Rate: (Number one readmit for HGH)**

MedPRO Data shows 14.7% readmit rate within 31 days (2000-2003 Heart Failure Data)

Hazleton General Hospital's CHF Readmit Rate for Jan – April, 2007 = 7.7%

Quality Impact

- **Mortality:**
 - **11 deaths at HGH last year due to heart failure**
 - **Projected 10% decrease in mortality would save 1.1 lives yearly**

Financial Gains

- **Our CHF readmit rate for 2007 is 7.7% (compared to the MedPRO readmit benchmark rate of 14.7%). Based on a LOS of 3.6 days and 22 fewer readmits with variable costs of \$392 per day, the financial gains realized would be \$31,046.**
- **Length of Stay – (based on CMS Core Measure Indicators)**

December, 2005	LOS = 5.5 Days
December, 2006	LOS = 4.6 Days
- **Based on the 315 heart failure admissions for this time period, and decreasing LOS by almost one day, the hospital saved \$111,132.**

Hold the Gains

- **Continue weekly data collection, with Rapid Cycle Improvement interventions when necessary**
- **Share findings with the Quality Improvement Committee**
- **Continue hospital-wide education**

Spread the Improvement

- **Roll out to remaining nursing units**
- **Increase community awareness through hospital displays**
- **Coordination with other teams (e.g. Medication Reconciliation, Discharge Planning)**

Monitor Outcomes

- ✓ readmission rate
- ✓ mortality rate and
- ✓ length of stay