

BEST PRACTICE**Hospital-wide QI Effort: Enhancing HF care utilizing electronic clinical pathways and protocols.**

Hospital:	<p>Piedmont Hospital, Atlanta, GA (Heart Failure module)</p> <ul style="list-style-type: none">• 500 beds; 65-75 HF patients/month• Integrated care model between 2 branches of Piedmont Hospital: large cardiac practice (Piedmont Heart Institute) and Piedmont Healthcare• 3 physician champions• Organization provides continuum of care for HF patients. (in patient thru out patient)
Key Stakeholder	<p>Director of Clinical Quality for Cardiovascular Services and Piedmont Heart Institute (MD practice)</p> <ul style="list-style-type: none">• <i>The accountabilities of this leadership position provides for the over site and coordination of care between the inpatient and outpatient practice side.</i>
Overview:	<p>From an initial small core of 4 people who could identify, treat, track and monitor heart failure patients for the hospital (including home assessment visits for high risk patient population) there grew a desire to utilize the hospital infrastructure to further develop pathways and protocols to better care for heart failure patients. Contributing factors included:</p> <ul style="list-style-type: none">• Cost ineffectiveness of having 2 APNs conduct home assessments, especially given that the geographic distance requiring coverage limited them to 2-3 visits per day• Desire for improved care and delivery in the face of frequently changing guidelines (that clinicians have a hard time staying on top of) <p>A number of initiatives resulted, including:</p> <ul style="list-style-type: none">• An Outpatient Disease Management Service which eliminated the need for APNs to go out into the community;• Electronic clinical pathways that manage awareness and delivery (Eclipsys) <p>Key to the success of this hospital-wide effort are</p> <ul style="list-style-type: none">• Strong (and enthusiastic) physician and administrative support• Team bonding with a sense of ownership of the process, in turn facilitating a “can-do” attitude for overcoming barriers to GWTG implementation
Process:	<p>The hospital encourages a “bedside-up” approach to improving processes, which contributes to a sense of ownership of the resultant process:</p>

	<ul style="list-style-type: none"> • Bedside nurses know best how to attack logistical issues, especially with repeat patients • EMR developed with input from users • Fully supported by physician champions and administration
Team Specifics:	<p>Includes</p> <ul style="list-style-type: none"> • Part-time dedicated data abstractor (sample only for GWTG 30-50 / month) • Pharmacist role: weekly review of in-house patients' medication; in outpatient program, a review of every of every patient's record on intake
Implementation:	<p>Use of EMR initially voluntary, now mandatory and routine</p> <ul style="list-style-type: none"> • Requires computer education efforts
Tools:	<p>EMR:</p> <ul style="list-style-type: none"> • Incorporates pop-up alerts/prompts based on background logic • Is sophisticated enough to allow them to build a continuum of care: from in-patient to out-patient, back and forth • Facilitates abstraction
Education:	<p>Efforts made to reach everyone with education information; to promote a culture of excitement around education</p> <ul style="list-style-type: none"> • Bathroom, lounge posters
Communication:	<p>Efforts to engage the whole hospital were employed; all were aware of initial heart failure survey process, with everyone engaged relative to their role: <i>"The whole hospital knew we were doing something special for heart failure."</i></p> <p>The hospital newsletter was used to:</p> <ul style="list-style-type: none"> • Communicate metrics of what they are trying to improve; the current "quality" focus • Share data about successes
Impact:	<p>Hospital wide recognition of heart effort with strong team bond among team members who constantly look to improve efforts and patient outcome:</p> <ul style="list-style-type: none"> • Currently discussing expanding role to include second day post-discharge phone calls to patients
Advice:	<p>As part of implementation plan, develop a communication plan – frequency, recipients (from board all the way to individual unit stations) – to ensure that education reaches everyone.</p>

