

BEST PRACTICE

Revised Process for Identifying HF Patients and Implementing Clinical Protocols

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| Hospital: | Vassar Brothers Medical Center, Poughkeepsie, NY (HF module) <ul style="list-style-type: none">• 360 beds; 60 HF /month• Only one major cardiac group in area, and Physician Champion is part of that group• No medical residents |
| Key Stakeholder | Supervisor of Cardiac Performance Improvement |
| Overview: | <p>Improvement was needed in identifying all patients admitted to, or discharged from the hospital with a diagnosis of HF. An improvement plan was necessary to insure that all the indicators of care were met for this patient population.</p> <p>A revised protocol modeled after surgical time-out procedures was developed in which a time-out sheet is placed on every admission chart. The protocol requires the admitting physician and nurse to take time to assess the patient's symptoms/history for primary or secondary heart failure.</p> <ul style="list-style-type: none">• Nursing notes are required to indicate: "time out done; measures met" at both admission and discharge points <p>The initiative led to full compliance that is now part of the hospital's culture; the success of the initiative is greatly aided by having only one major cardiac group in the area.</p> |
| Process/ Timeline: | <p>Planning took place over 1-2 months and modeled after surgical time-out practices:</p> <ul style="list-style-type: none">• No formal approval process as they had administrative support, and "time-out" sheet is not part of the permanent record.• Physician Champion "championed" the effort• Admissions, ER, clinical coordinators also consulted <p>Approx. 6 months to become part of the culture.</p> |
| Implementation: | <p>Considered a hospital-wide PI project and implemented over the course of one month:</p> <ul style="list-style-type: none">• Process was supported by managers and clinical coordinators• PCP / internist resistance was addressed by the Physician Champion who stressed the importance of GWTG / core measures<ul style="list-style-type: none">○ An expedited and smooth Implementation was made possible due to the existence of only once cardiac physician group. The hospital does not have a residency program• Nurse resisters told "it's the right thing to do for the patient" |

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| Education: | Part of unit orientation |
| Tools: | <p>Time-out" sheets: pre-printed, laminated (see attached tool)</p> <ul style="list-style-type: none"> • Admissions: placed on every incoming patient chart • Discharge: addresses all DC measures – requires documentation of whether measures were met or not, and why not |
| Compliance Communication: | <p>Primary nurse contacts physician directly for non-documentation of core measures</p> <ul style="list-style-type: none"> • Nurses comfortable communicating with physicians • Physician Champion addresses difficult physicians <p>Positive feedback provided as well</p> |
| Impact: | <p>Improved quality of care through increased identification of HF patients, especially those with secondary diagnoses / underlying HF</p> <ul style="list-style-type: none"> • Better adherence to guidelines; improved delivery and documentation, especially discharge measures • Fully compliant within 6 months; now part of the culture |
| Advice: | <p>Peruse other departmental for working concepts/protocols</p> <ul style="list-style-type: none"> • Assess for applicability to HF <p>Raise awareness level so it is a hospital-wide team effort</p> <ul style="list-style-type: none"> • Requires a strong physician champion • Engage physicians/nurses to support effort |

