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.
"Heart Failure Instructions Given, Promote Healthy Livin’"
CHF Discharge Instruction Flow Chart

Discharge Order Given

Physician Doesn’t write instructions
- Charge Nurse Completes instructions
  - Pod Leader/DART Nurse Assembles discharge materials
    - Instructions given to Patient
      - Patient Discharged

Physician Writes instructions
- Charge Nurse Reviews instructions
Fishbone/Cause & Effect Diagram

**PEOPLE**
- *Lack of communication between doctor & nurse*
- Lack of diagnosis – (not identified as CHF)
- *Doctor/nurse not completing discharge forms*
- *CHF Order Sets not being used*

**EQUIPMENT**
- Confused patient
- *CHF Instructions not on the chart (at time of discharge order)*
- Teaching materials not available

**ENVIRONMENT**
- Lack of "policy" of Medical Staff responsibilities regarding Discharge Instructions and meds
- Lack of Leadership “Too many hands in the pot”

**POLICY**
- *CHF Instructions not on the chart (at time of discharge order)*

**MATERIALS**
- Teaching materials not available

Lack of compliance with CHF Discharge Instructions being given

*High Leverage Points*
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:**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Heart Failure Admissions</th>
</tr>
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<tbody>
<tr>
<td>2004</td>
<td>275</td>
</tr>
<tr>
<td>2005</td>
<td>325</td>
</tr>
<tr>
<td>2006</td>
<td>337</td>
</tr>
<tr>
<td>2007 (Jan-April)</td>
<td>116 (348 projected for 2007)</td>
</tr>
</tbody>
</table>

- **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