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

| Hospital: | Piedmont Hospital, Atlanta, GA (Heart Failure module)  
| | • 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 | Director of Clinical Quality for Cardiovascular Services and Piedmont Heart Institute (MD practice)  
| | • The accountabilities of this leadership position provides for the over site and coordination of care between the inpatient and outpatient practice side. |

**Overview:**  
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:  
• 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)  

A number of initiatives resulted, including:  
• 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)  

Key to the success of this hospital-wide effort are  
• 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:**  
The hospital encourages a “bedside-up” approach to improving processes, which contributes to a sense of ownership of the resultant process:
• 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:**

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<td>Part-time dedicated data abstractor (sample only for GWTG 30-50 / month)</td>
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<td>Pharmacist role: weekly review of in-house patients’ medication; in outpatient program, a review of every patient’s record on intake</td>
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**Implementation:**

**Use of EMR initially voluntary, now mandatory and routine**

- Requires computer education efforts

**Tools:**

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<th>EMR</th>
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<td>Incorporates pop-up alerts/prompts based on background logic</td>
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<td>Is sophisticated enough to allow them to build a continuum of care: from in-patient to out-patient, back and forth</td>
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<td>Facilitates abstraction</td>
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**Education:**

Efforts made to reach everyone with education information; to promote a culture of excitement around education

- Bathroom, lounge posters

**Communication:**

Efforts to engage the whole hospital were employed; all were aware of initial heart failure survey process, with everyone engaged relative to their role: “The whole hospital knew we were doing something special for heart failure.”

The hospital newsletter was used to:

- Communicate metrics of what they are trying to improve; the current “quality” focus
- Share data about successes

**Impact:**

Hospital wide recognition of heart effort with strong team bond among team members who constantly look to improve efforts and patient outcome:

- Currently discussing expanding role to include second day post-discharge phone calls to patients

**Advice:**

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.