BEST PRACTICE 100 % Compliance with HF Discharge Measures; the Clinical and Economic Impact

Hospital:	 Hazelton General Hospital, Hazelton, PA (HF module) 150 beds HF is #1; 75-80% of admissions Older population
Key Stakeholder	Director of Quality and Case management
Overview:	With heart failure the hospital's number one admission diagnosis the hospital's low compliance performance on GWTG measures (14%), intervention was necessary. In an effort to reverse that the hospital implemented an ABC plan for improvement that focused on discharge instructions, an area of particularly poor performance.
	 ABC (Accelerated Best Practices) is a very structured method for performance improvement that focuses on fixing one piece before moving on to something else. It is designed to quickly produce results. (ABC also identified the forms approval process in this hospital as a barrier to improvement – a best practice already highlighted in this report).
Heart Failure Project Discharge instructions	 A Heart Failure Discharge Instructions team was formed with a facilitator, team leader, and front-line staff as team members. The team completed an AIM statement, following the ABC methodology of being SMART that is specific, measurable, agreed upon, realistic, and time bound. The AIM Statement: "By May 1, 2007, 100% of patients discharged on the Telemetry Unit with a diagnosis of heart failure will receive HF Discharge Instructions per CMS guidelines." A slogan was developed: "Heart Failure Instructions Given, Promote Healthy Living." A flowchart of current process was developed identifying the reasons why the current process was not working and identifying the high leverage points. The team met weekly for 15 - 30 minutes, and over a one-week period of time. Charts were reviewed for specific discharge instructions as per CMS core measure requirements (data collection). Rapid cycle interventions, which included development and implementation of a yellow Heart Failure form for the front of the chart, medication profiles being printed on the unit, and education of all staff, were initiated. By April 28, 2007 (2 days before our expected target date), the compliance rate, after implementation of the ABC coress and rapid-cycle interventions, was 100% compliance. (see the complete Hazelton ABC project summary)

Outcome	Having improved the process there was a desire to look at outcomes. The initial plan was to assess the impact on readmission rates following improved discharge instructions wherein the patient is made more aware of the disease process and their role in self-care. The finance department became interested in the resultant cost savings. The economic analysis was able to quantify substantial cost savings via compliance in the form of reduced length of initial stays and reduced readmission rate. They also projected an improved mortality rate. The findings led to Administration's belief in and commitment to GWTG , and ultimately let to increased resources , including those needed for a dedicated data abstractor.
Process / Timeline:	 It took 4 months to implement the revised discharge practices and obtain comparative data for the economic analysis: While implementing revised discharge practices the team met weekly for 15 minutes to review data. Cost benefit analysis incorporated data from Med Pro, Medi-Qual and core measures Team included: Physician Champion VP of Medical Affairs Finance department to provide cost/day and financial analysis Corporate Compliance for obtaining Med Pro data regarding readmissions, and for statistical help Medical Records department for core measure data Data abstractor to pull information
Findings:	 Reduced length of stay, at \$392/day, contributed to hospital's margin: Readmits reduced to 7.7% (vs. state benchmark of 14.7%), along with shorter length of stay (down to 3.6 days) Original admission stay reduced from 5.5 days to 4.6 days The financial gains realized by a decrease in our heart readmit rate to 7.7% was \$31,046. (This was based on a LOS of 3.6 days and 22 fewer readmits with variable costs of\$392 per day - realizing our readmits stayed a day less than an actual admission with heart failure). 315 heart failure admissions with a decrease LOS of one day = \$111,132 in cost savings

	Predicted 10% reduction in mortality as well.
Impact:	Improved compliance utilizing ABC method: 100% within 4 months.
	Hospital proactively supports GWTG. Hospital agreed to fund a clinical abstractor (had previously been a non-clinical person); now have 2 clinical abstractors: one collecting data concurrently on floor, the other retrospectively, with plans to cross-train them. Improved perception of hospital: results publicized in the Journal for
	Medical Quality; profiled in American Hospital's Superior Guide to PI.
Advice:	 Involve Finance Director: Explain what you are looking for Working together as a team to gather and analyze data is critical