Transitioning Levels of Care

Reducing CHF Readmissions Through Effective Transitions

VAMC Huntington, WV Paula S. McKee RN, BSN, MSSL, CPHQ Doreen Ward, RN, BSN, MSSL

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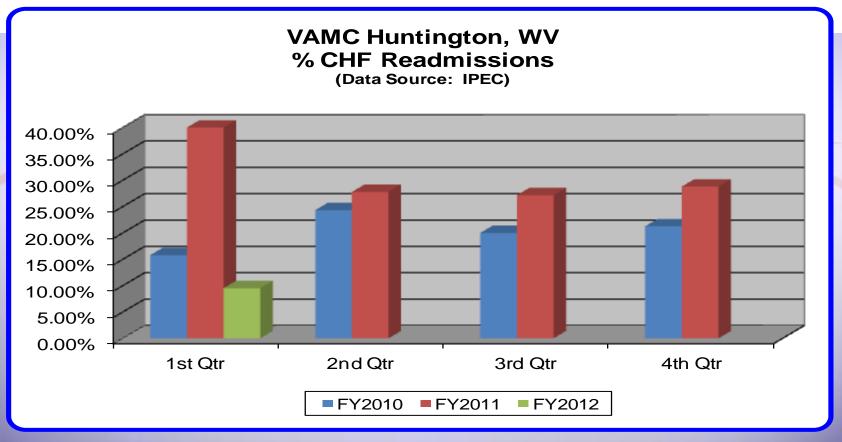
5/14/12 Update



Employee Education System

Vision & Analysis

Reduce the Percentage of Congestive Heart Failure (CHF) Readmissions (all causes)



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A Collaborative Vision

Transitioning Levels of Care (TLC) Collaborative

Acute Care Units: 4 South & 5 South Home with CHF Clinic Follow-Up

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TLC CHF Team

Core Team Members and Roles

Project Manager: Paula McKee RN, Quality Manager

Facilitator/Data Management: Doreen Ward RN, UM Coordinator/Supervisor Clinical Champions:

Stephanie McCagg MSN, RN-BC Primary Care and Medical Specialty Nurse Manager

Karen Bailey APRN Cardiology Clinic

Anna Perkins, Dietitian

Dr. Sara Allman Assistant Chief, Medicine

Dr. Vikas Virkud, Chief, Cardiology

Dr. James Allman II, Clinical Pharmacist

Leadership Support:

Dr. Jeff Breaux, Chief of Staff

Cathy Locher RN, Associate Director/Nursing Services

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Team

Additional Team Members and Roles

Gail Workman RN, Inpatient Care Manager Gail Spears RN, Associate Chief Nurse – Inpatient William Barnette RN, AA to the Chief of Staff Cora Hosey, Cardiology Supervisor Nola Conley RN, Associate Chief Nurse – Ambulatory Jerry Nelson RN, Inpatient Care Manager Sandra Shaw RN, Research Nurse Jeanine Bledsoe, Social Work Jana Studeny RN, Nursing Clinical Informatics Robert D. Thompson, HBPC Program Director Tammy Winters RN, CC/HT Lead Dr. Joye Martin, HBPC Physician Director

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AIM Statements

- By September 1, 2011, 80% of inpatients with a primary diagnosis of Congestive Heart Failure will have the CHF Order Set initiated within 1 day of admission.
- By 9/30/11, the average length of stay (ALOS) for inpatients with CHF transitioning from acute care to home with Cardiology Clinic follow-up will be reduced by 5%.
- By 11/1/11, Cardiology Clinic will have sustained capacity for 6 months in seeing 80% of CHF patients at high risk for readmission within 7 days of discharge from acute care.
- By 10/1/11, 80% of CHF patients at high risk for readmission will be seen by the new Cardiology "CHF" Clinic within 7 days of discharge from acute care. *(High risk for readmission is defined as inpatients with acute or decompensated CHF)*

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AIM Statements

 Clinical Aim: By 9/30/11, the rate of readmission for CHF patients will be reduced by 25%.

 Completed Kit Aim: Patients transitioning from acute care to the Cardiology Clinic will have a complete kit -40% by 7/1/11.

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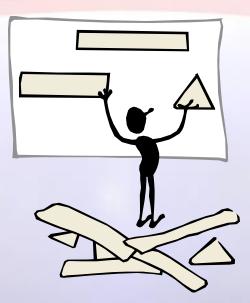
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Mapping the Process



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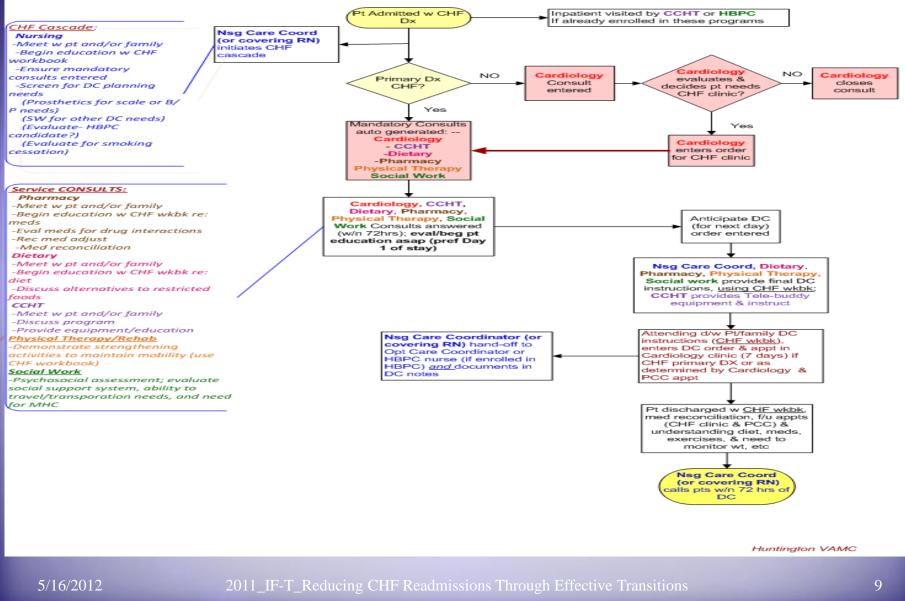
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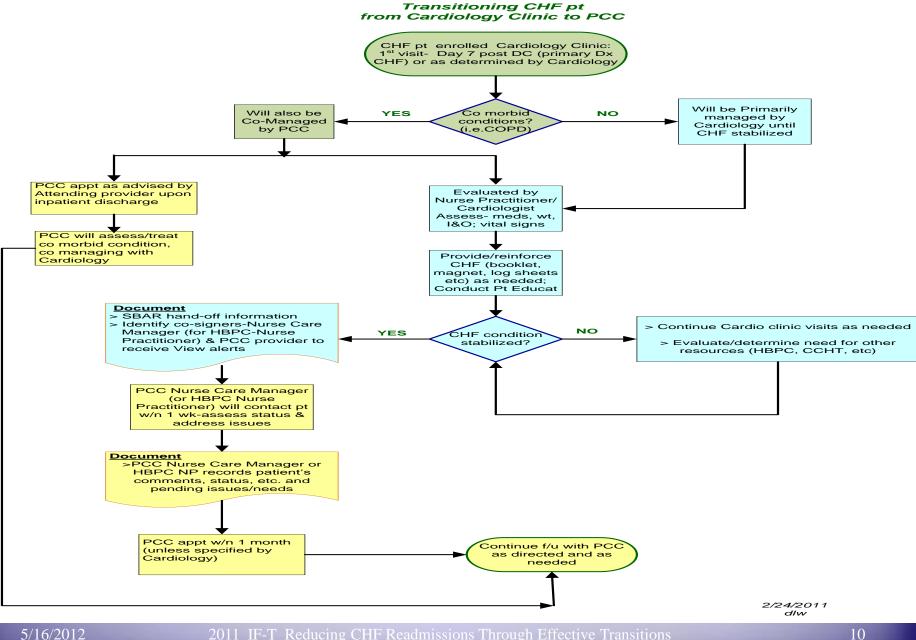


CHF Inpatient Flow







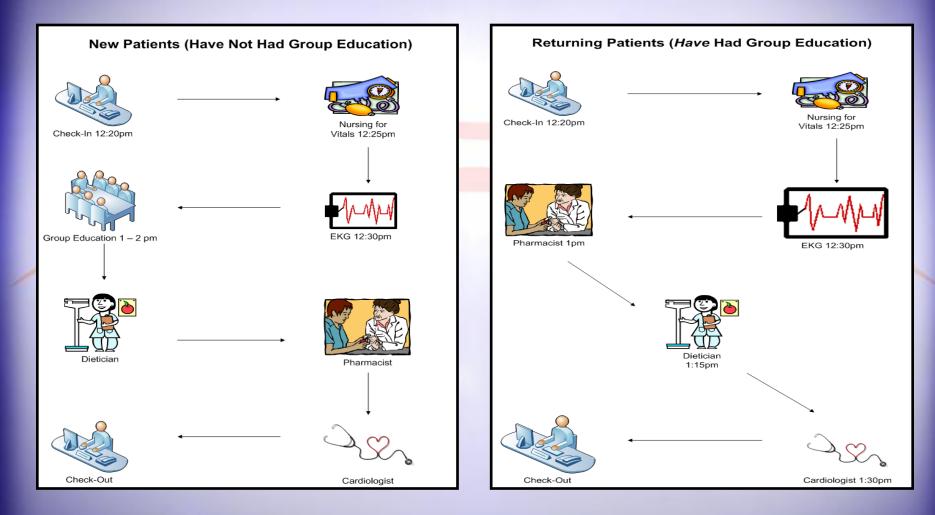


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MAP – CHF Clinic/Group Education



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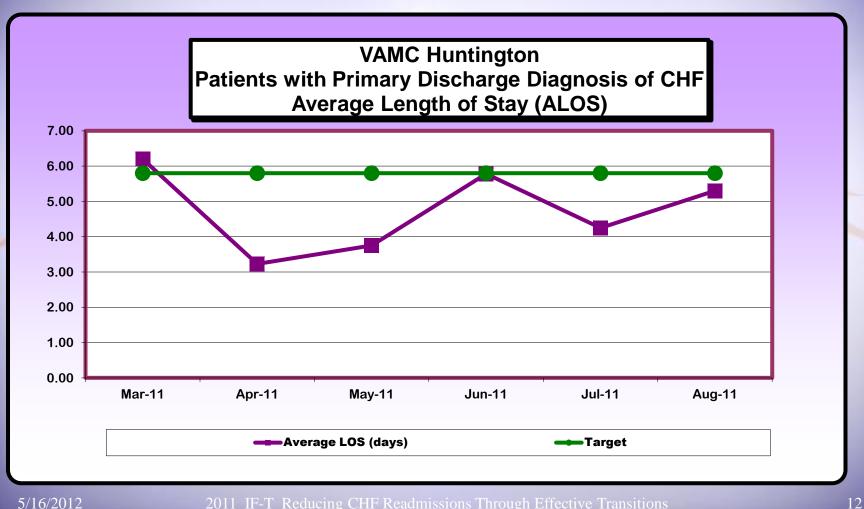
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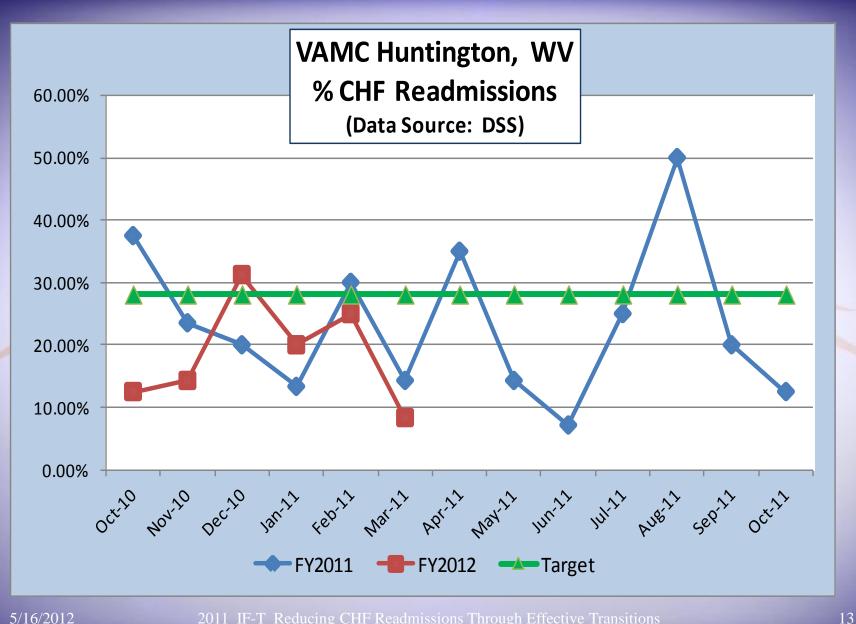
Measurement



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Complete Kit at Discharge

	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011
D/C Instruction Sheet		100%	100%	100%	100%
Pt Centered Medication List		97%	100%	86%	100%
CHF Education Booklet Reviewed with Pt		26%	8%	21%	71%
CHF Order Set Implemented		39%	21%	57%	82%
CHF Clinic Appointment within 7 Days of D/C	9.5%	10%	22%	46%	59%
Overall Compliance	9.5%	5%	8%	21%	47%

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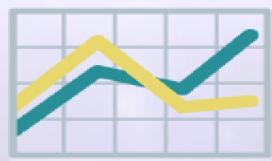
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When Aggregate Data Isn't Enough



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Patient Case Study

- 7/20/11 7/22/11
 - Cardiology consult on 7/20/11
 - Seen by Cardiology on 7/20/11 and f/u on 7/21 and 7/22/11
- 8/19/11 8/21<mark>/</mark>11
 - CHF Order set consult on 8/19/11
 - Not seen by Cardiology
- 8/25/11 8/29<mark>/</mark>11
 - CHF Order set consult on 8/26/11
 - Not seen by Cardiology
- 8/30 OBS to admission
 - CHF Order set consult on 8/30/11
 - Patient transferred from a community facility with chest pain & pulmonary edema
 - Palliative Care Consult ordered for end stage CHF

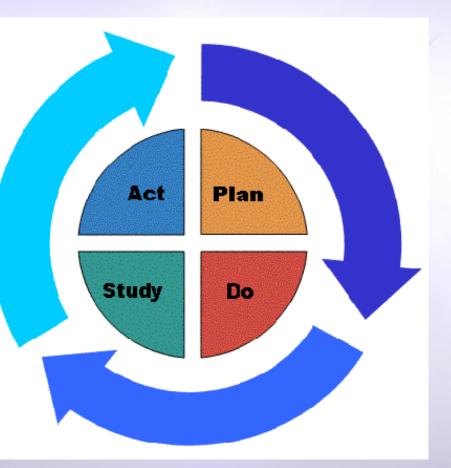
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Change – PDSA Cycle



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CHF Clinic



CHF Clinic Hours:

Patients are seen in Cardiology Clinic on additional days if needed. CHF Clinic is on Fridays, allowing for expansion into the morning hours for the clinic if needed.

Once weekly x 1 month Once a month x 3 months F/u in 3 months if stable

Hours: 1 p.m. to 4:30 p.m. with capacity to expand into the a.m. hours

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Actions Taken



- CHF Clinic established December 2010
- Scales distributed through Prosthetics w/order from Cardiology
- CHF Order Set Multidisciplinary Consult Implemented January 2011 (Pharmacy, SW, Nutrition, CCHT, Rehab, & Cardiology) - NOTE: The CHF Order set has since been expanded to include Palliative Care, Code Status, Medications, etc.

Patient Education:

- Pocket shopping guide with Dos and Don'ts to remember
- Foods to Avoid or Limit handout
- Living with CHF A Patient's Guidebook
- Managing Heart Failure Refrigerator Magnet

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Actions Taken



- ✓ Patients not scheduled for CHF Clinic
- ✓ Special reviews
- Director's Morning Report Included in UM Report
- Director's Staff Meeting Presentation April 2011
- UM Shared File with Care Managers Ensure staff can identify inpatients with CHF

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Actions Taken

• Orientation for Home Based Primary Care (HBPC) staff

 Article for Health Beat – Patient Newsletter (publication pending)

View Alert to the Inpatient Care Managers

CHF Health Summary

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** FOODS to AVOID or LIMIT **	Serving Size	Calories	Sodium (mg)		
Meat & Meat Substitutes		Calories per serving	Sodium per serving		
Limit:					
solution of the second state of the second sta					
Fish, Poultry	3-4 oz	490	820		
Bacon/Sausage	2 slices/links	88/107	185		
Hot Dogs	1 dog	150	515		
Bologna	1 slice	86	205		
Pickle Loaf	1 oz	75	360		
Spam	2 oz	175	767		
Beef,Pork,Deer Jerky	1 piece	40	445		
Canned corned beef	1 slice	50	210		
Cheese (Cheddar/Swiss)	1 slice	115	175		
Cheese Spreads/ Cheese Whiz, Velveeta®	2 TBSP	90	540		
Regular Peanut Butter	2 TBSP	190	220		
Frozen Entrees	· · ·		· · · · ·		
	Congestive Heart Failure (CHF) Shopping Guide				
Breads & Cereal					
Limit:		for			
Pancake Mix	Patient				
Self-rising Flour					
Instant Hot Cereals					
Salted Crackers	Sodium (Salt) Restrictions:mg a day				

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Breads & Cereal		Calories per serving	Sodium per serving
Choose:		culories per serving	Sourdin per Serving
White, Wheat, Whole Wheat, Rye,			
Pumpernickle	1 slice	70	130
Hard Dinner Rolls	1 roll	87	145
Cooked Cereal No Salt	1 cup	130	8
Dry, Low Sodium Cereal 🛛 🛛 📉	1 cup	100	2
Unsalted Crackers/Biscuits	1 cracker	13	25
Low Sodium or Homemade Bread Crumbs	1 oz	110	95
Fruits		Calories per serving	Sodium per serving
Choose: All Fruits			
Banana	1 medium	105	1
Grapes 👘	1 cup	104	3
Canned Peaches	1 cup	135	10
Dried Cranberries	1/2 cup	220	5
Vegetables		Calories per serving	Sodium per serving
Choose: All Fresh Vegetables			
Romaine Lettuce	2 cups	15	8
Raw Carrots	1 cup	50	85
Fresh Green Beans	1 cup	35	7
Low Sodium Canned Green Beans	1 cup	30	3
Low Sodium 100% Vegetable Juice	4oz	25	85
Milk & Milk Products		Calories per serving	Sodium per serving

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Meat & Meat Substitutes	3-4 oz	Calories per serving	Sodium per serving
Choose:	(size of a deck of cards)		
Fresh Chicken Baked without skin		135	64
Fresh Turkey Baked without skin		141	72
Fresh Roast Beef		168	86
Fresh Pork Grilled		126	90
Fresh Lamb Roasted		186	66
Fresh Venison Roasted		211	107
Fresh Game (Rabbit)		147	38
Fresh Fish Unbreaded		89	66
Low Sodium tuna		99	42
Low Sodium Peanut Butter	2 TBSP	200	64
Dried peas/beans	1/2 cup	120	16
Eggs/Egg Substitute	1 egg	77	62
Limit:		Calories per serving	Sodium per serving
Smoked, Cured, Salted or Canned Meat,			
Fish, Poultry	3-4 oz	490	820
Bacon/Sausage	2 slices/links	88/107	185
Hot Dogs	1 dog	150	515
Bologna	1 slice	86	205
Pickle Loaf	1 oz	75	360
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Cheese (Cheddar/Swiss)	1 slice	115	175

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Shopping Pocket Guide

	SHOPPING GUIDE				
High Sodium	(Salt) Alert Foods—S	Shopping DON'Ts			
Don't Choose:	(more than	300mg sodium per serving)			
Regular Salt	Olives	Regular Ketchup			
Sea Salt	Any Sauce Mixes	BBQ Sauce	• 177570	٩,	_
Garlic Salt	Soy Sauce	Pickles			8
Onion Salt	Teriyaki Sauce	Any salted snacks	a a SH	OPPING GUIDE 🛛 👼	6
Canned Vegetables	Nuts, Seeds	Instant Cereals	Low Sodium (Salt) O	ption Foods to Choos	se—Shopping DOs
Smoked, cured, salted, or canned meats	All Boxed Dinners	Spaghetti Sauce	114		
Lunchmeats, sausage, bacon	Buttermilk		Do Choose: 📉	(less than 300n	ng sodium per serving)
All Frozen Entrees	Cheese		Fresh Meats (chicken, lean	Dried Beans	Brown Rice, Whole Wheat
Any Quick Bread Mixes			pork, & fish)		Pasta
Salt Substitute—(low-			Eggs	Wheat bread	Low Sodium Peanut Butter
sodium table salt			Fresh/Frozen Vegetables	Milk, Yogurt	Canola/Olive Oil
alternative)—ask your			Fresh Fruit	Low Sodium Cereals	Low Sodium Margarine
doctor about this before use	· · · · · · · · · · · · · · · · · · ·		Salt-free Spice Blend	Hot Sauce	Unsalted Snacks(chips,
*Read Food Labels and Look C	-				nuts, popcorn)
Sodium Phosphate, Sodium Bo			Pepper	Low Sodium Baking	
Sodium Nitrate, Sodium Sorbate Hidden fluids—(foods that appear as solids; but are			Powder		
liquid at room temperature)	pear as solius; but are		Herbs	Vinegar	
VAMC Huntington June 2011		Low Sodium Ketchup	_		
				VAMC Huntington	

VAMC Huntington June 2011

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Sustain the Gains

- Reinforcement with Inpatient Providers
- Continuous monitoring and feedback

			-			
Morning Report Date	8/24/11	8/25/11	8/26/11	8/29/11	8/30/11	8/31/11
					Adm	
	Adm 8/22				8/26-8/28	Adm 8/29
	ContStay				ContStay	ContStay
	8/20-22	8723711	8/24/11	8725711	8/26	8/27-8/29
# Acute Adm	11	18	8	21	11	18
# Met Criteria	10	18	6	19	11	16
% Adm Meeting Criteria	91%	100%	75%	90%	100%	89%
# Referred Phys Advisor	0	0	0	0	0	0
# PUMA Override	0	0	0	0	0	0
% PUMA Override	NA	NA	NA	NA	NA	NA
# Not Referred/Hosp policy	1	0	2	2	0	2
# wło ER notes	0	0	0	0	0	0
# Obs Adm	6	5	8	7	7	9
# Obs Met	6	5	6	7	aw review	aw review
# Obs Converted Acute	6	5	4	8	2	4
# Convers Met Acute	5	5	4	6	2	3
% Convers Met Acute	83%	100%	100%	75%	100%	75%
# Cont Stays Pts	76	40	51	44	54	22
Total Cont Stay Days	128	40	51	44	54	54
# Cont Stays Meeting	122	40	51	42	51	51
% Cont Stays Meeting	95%	100%	100%	95%	94%	94%
# Referred Phys Advisor	0	0	0	0	1	0
# PUMA Agree w current level care	0	0	0	0	1	0
% PUMA Override	#DIV/0!	NA	NA	NA	100%	NA
#NOT Referred/Hosp policy	6	0	0	2	2	7
Day of Discharge	8/26/2011	8/27/2011	8/28/2011	8/29/2011	8/30/2011	8/31/2011
Day of Discharge	012012011	012112011	012012011	012012011	010012011	010112011
Detion to substitution and CLIE do at discharge						
Patients w/primary CHF dx at discharge scheduled for f/u appt with CHF Clinic	1	0	1	1	0	0
Scheduled for Mulappt with CHF Clinic	'	0		· ·	· ·	U
						~
Patients w/primary CHF dx at discharge	2	0	1	1	0	0
	FOR		10001	10001	ا مىم ا	
% w/CHF F/U appt (within 7 days of d/c)	50%	NA	100%	100%	I NA I	NA

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Spread

Sharing with others

- Note: OHI CAP Review Guide Coordination of Care Heart Failure October 2011
- Establishment of a Pneumonia Clinic
- Group Appointments
 - On site at the Medical Center
 - Via TeleHealth for CBOC and State Veteran's Home Residents

Cardiology Education – Fridays at 1 p.m.

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for Better Health

COPD Education - Tuesday 1:00pm

Cardiology Education - Friday 1:00pm

 Smoking Cessation - Mon, Tues 12pm, Thur 12:30

Move! - Tuesday 2:30pm

Diabetic Education—2nd and 4th Friday 9:00

Your health care provider has recommended the above class. Classes meet every week at our



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Lessons Learned

- Active leadership support & physician involvement is necessary
- Share current data & provide continuous feedback to your stakeholders
- Get the word out! Staff understanding is essential for buy in.
- Encourage early intervention. Discharge planning starts in the Emergency Department. Don't wait!

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More Lessons Learned

- Develop a contingency plan before you need it. Plan while you still have capacity.
- Use the resources you have available.
 - Evidenced Based Journal Club provided literature reviews
 - Utilization Management established a shared file for the inpatient Care Managers & Cardiology staff to assist with identifying CHF patients

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Sing the Same Tune!



Continuity across all services. Remember: It's a team within a system that is providing care, not just one individual!

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Grateful Acknowledgements

- The Transitioning Levels of Care Collaborative
 - <u>The TLC Leadership</u>: Dr. William Cahill, Barbara Boushon, Anna Marie Lieske, Christina Conde, and Kendra Brown
 - The VA Facilities who share their experiences, "cool tools", and knowledge
- Our TLC Coach: David C. Yarbrough
- Our Veteran consultant

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Serving Our Nation's Heroes



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 We learned to share as children, so here is our chance to do what our mothers told us to do.....

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5/16/2012





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2011_IF-T_Reducing CHF Readmissions Through Effective Transitions

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VHA IMPROVEMENT FORUM: BRIDGING TO EXCELLENCE



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QUESTIONS?

5/16/2012



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