

Reducing the CHF Length of Stay and 30 Day Readmission Rates at VA Northern Indiana Health Care System, VISN 11 FY 2009 and 2010

VA Northern Indiana Health Care System (VANIHCS) proudly serves veterans in northern Indiana and western Ohio. VANIHCS is a dual campus facility with hospitals located at Fort Wayne and Marion. There are four Community Based Outpatient Clinics (CBOC's) at Muncie, Goshen, Peru and South Bend.

Fort Wayne, Indiana
North Campus

Marion, Indiana
South Campus

Description of F-4E

- 26 Bed Acute Medical Unit
- Nursing School Affiliated
- Nursing Skill Mix
 - 44% RN, 28% LPN, 28% NA/HT
 - Unit based ward secretary days,
one social worker
 - Housekeeper available 24 hours
- Top 5 diagnosis: CHF, COPD, Pneumonia,
Chest Pain, Diabetes

CHF Management Issues

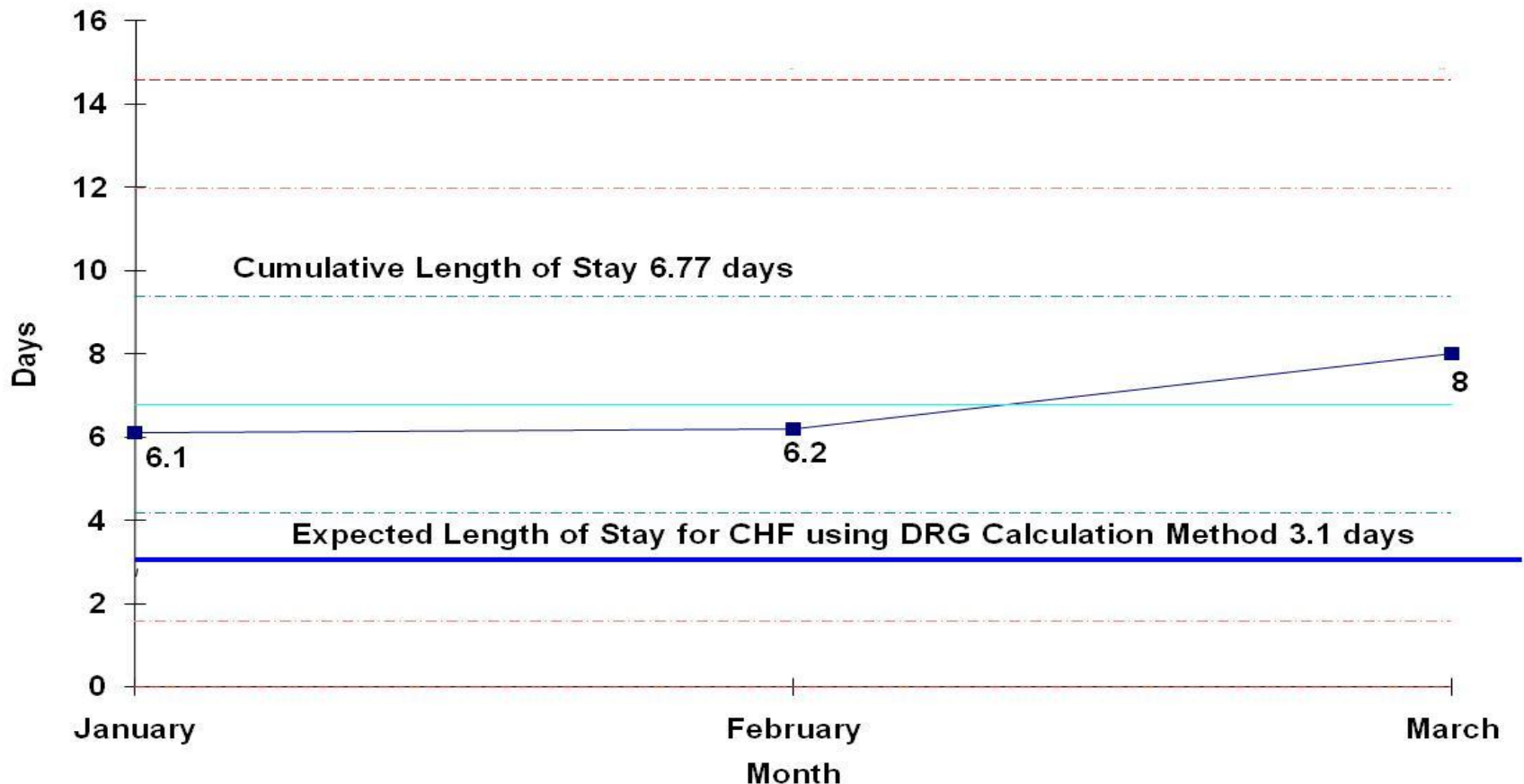
- ❖ High Volume of CHF Patients
- ❖ Lack of CHF Case Management
- ❖ Frequent Hospitalization / ED Visits
- ❖ High length of stays
- ❖ High Readmission Rates
- ❖ Patient Education Process
- ❖ Documentation of Patient Education

CHF Goals

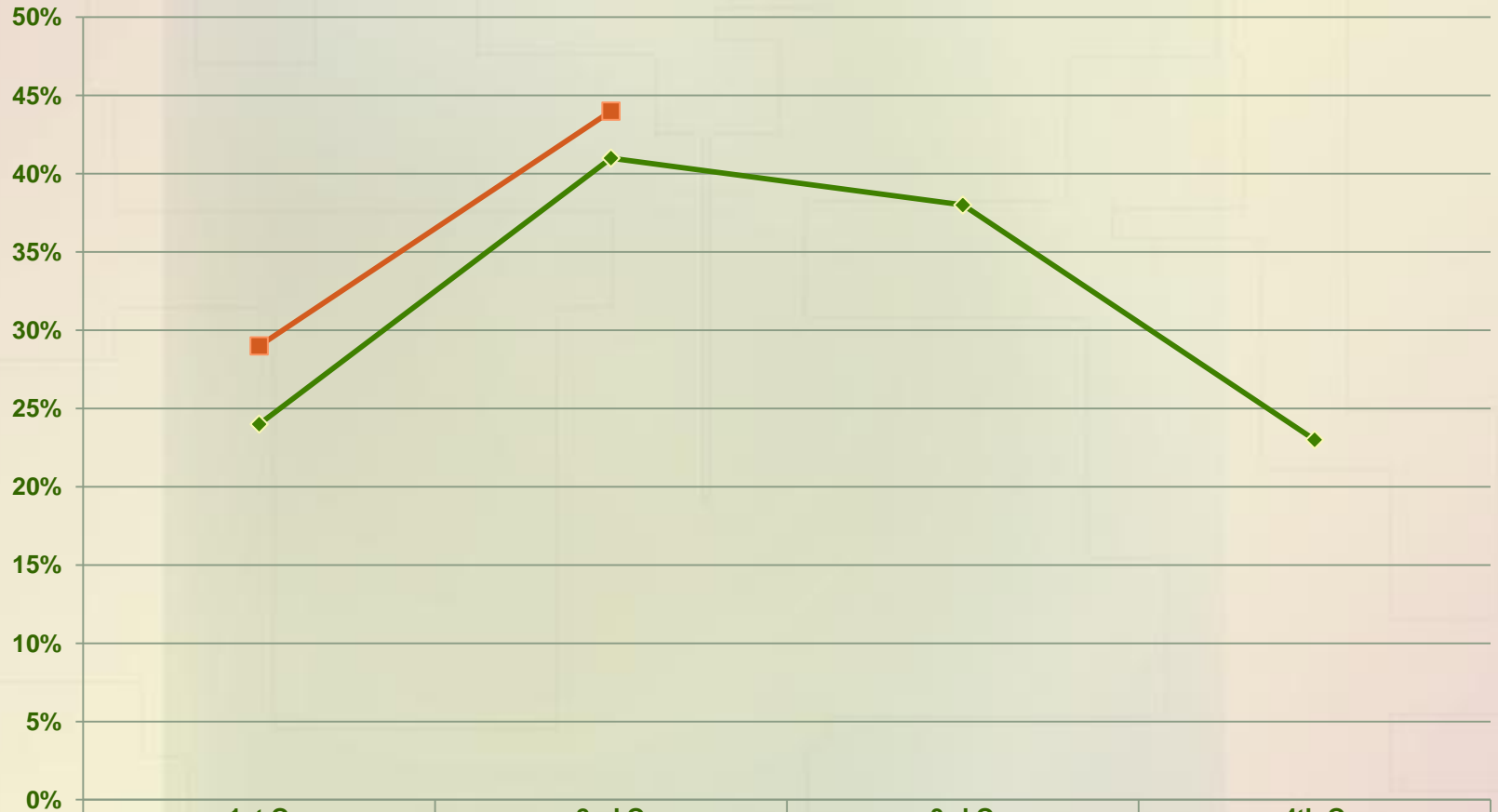
- ❖ Improve quality of Life
- ❖ Improve patient education
- ❖ Optimize Communication
- ❖ Enhance Compliance
- ❖ Early Intervention
- ❖ Reduce Length of Stay
- ❖ Reduce Frequency of CHF admissions

The average length of stay for CHF in 2nd Quarter 2009 was 6.77 days. The DRG length of stay was 3.1 days. One of our aims was to decrease the CHF LOS by 0.5 days by 9/09 AIMS for Fiscal Year 2009

Length of Stay for Congestive Heart Failure Patients, 2nd Q FY 2009



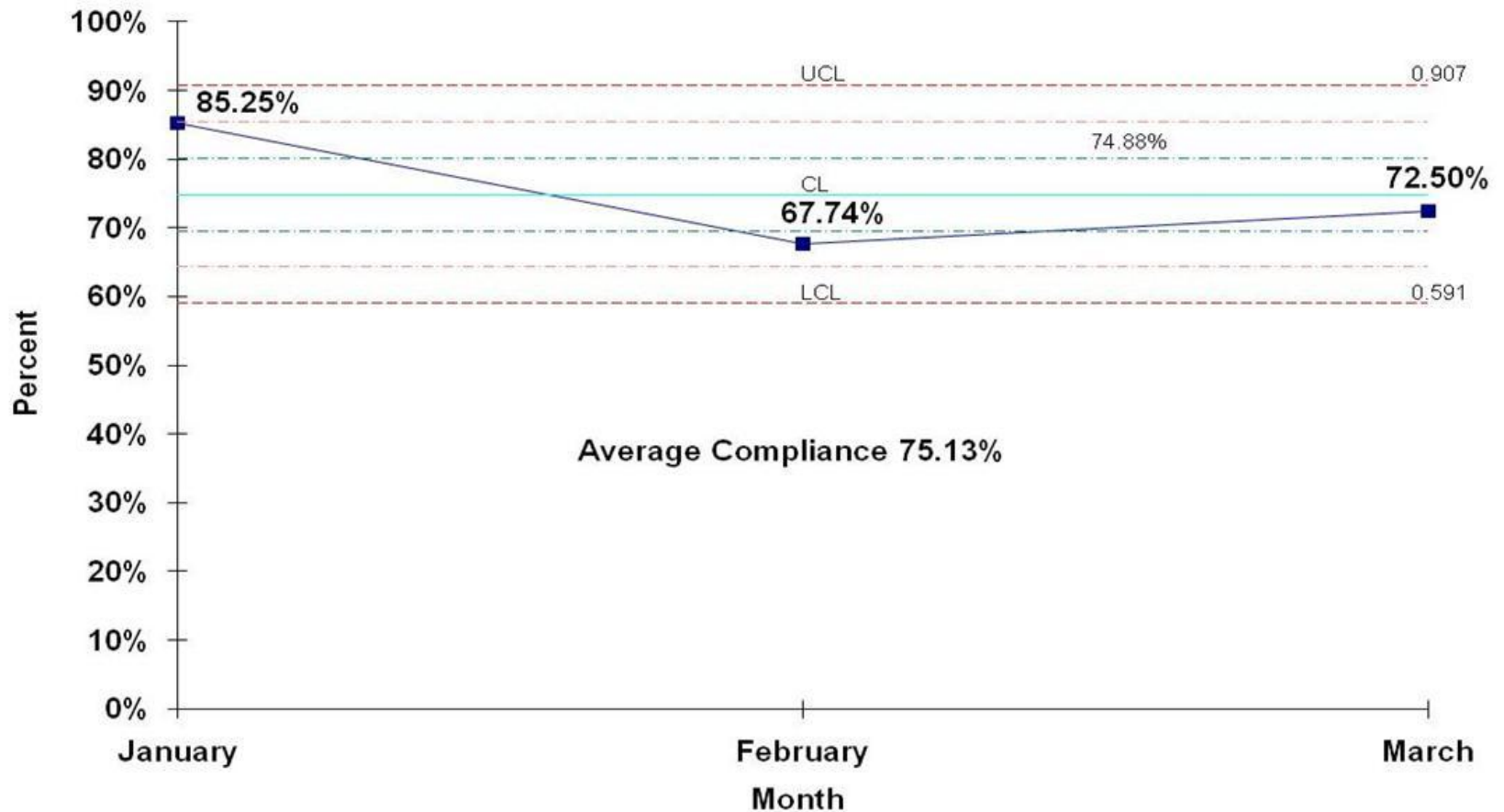
CHF 30 Day Readmission Rates



	1st Q	2nd Q	3rd Q	4th Q
FY 2008	24%	41%	38%	23%
FY 2009	29%	44%	38%	23%

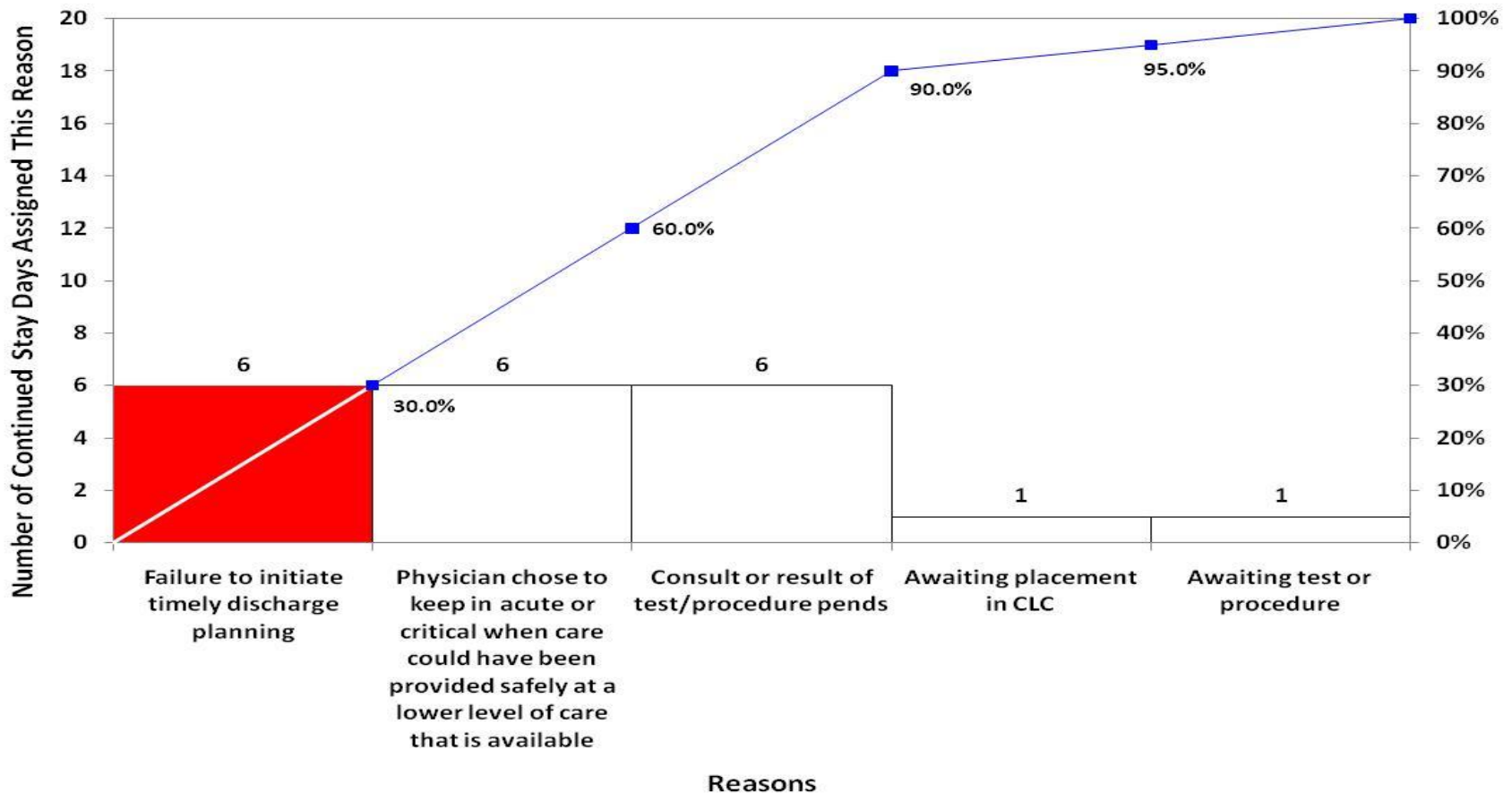
InterQual Criteria Compliance

Continued Stay Compliance for CHF, 2nd Quarter FY 09



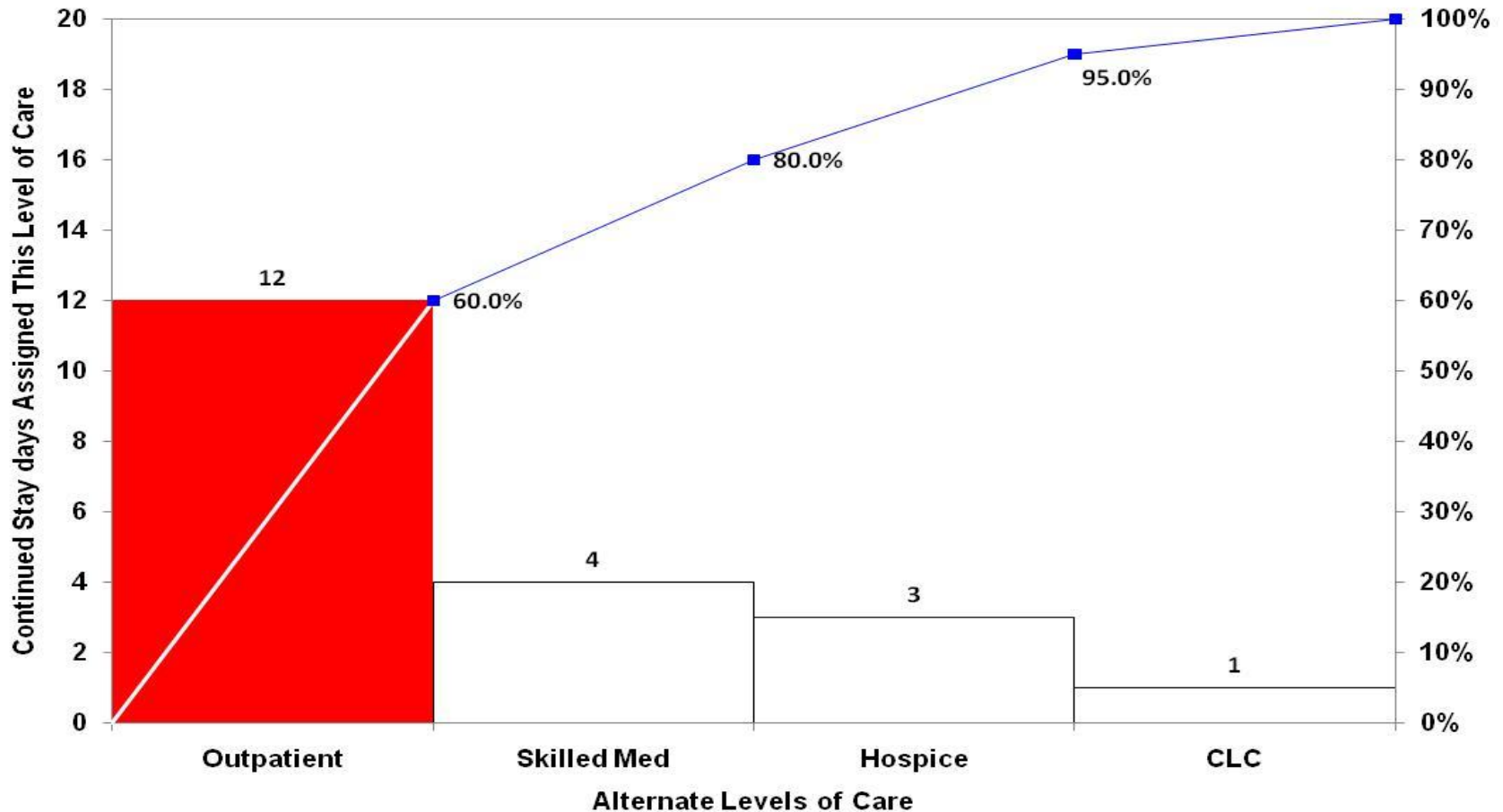
Reasons Patients Not Meeting Criteria Remained Inpatient

F-4E Pareto Chart of Reasons for Continued Stay When CHF Reviews No Longer Meet Criteria for July, 2009



Alternate Levels of Care for Cases Not Meeting Criteria

Most Frequent Alternate Levels of Care Assigned to Continued Stay Days When InterQual Criteria is Not Met for July, 2009



Plan, Do, Study, Act (PDSA) Changes at the Unit Level

- ❖ UM sends CHF admission note to case managers
- ❖ Daily Interdisciplinary Rounds 3/2/09
- ❖ Importance of Discharge at Stability shared in Medical Service Meeting 3/2/09
- ❖ Patient Satisfaction Questionnaire focusing on patient education 3/2/09
- ❖ Nurse caring for patient invited to attend daily rounds 3/9
- ❖ Patient education folders initiated for CHF 4/10
- ❖ Second Social Work position posted and filled
- ❖ Addition of DRG Length of Stay added to rounds 4/17
- ❖ Daily Goals Sheets Developed and Initiated 4/17
- ❖ Bedside Report at change of shift 5/15
- ❖ Employee Suggestion Form Developed/Initiated 6/12

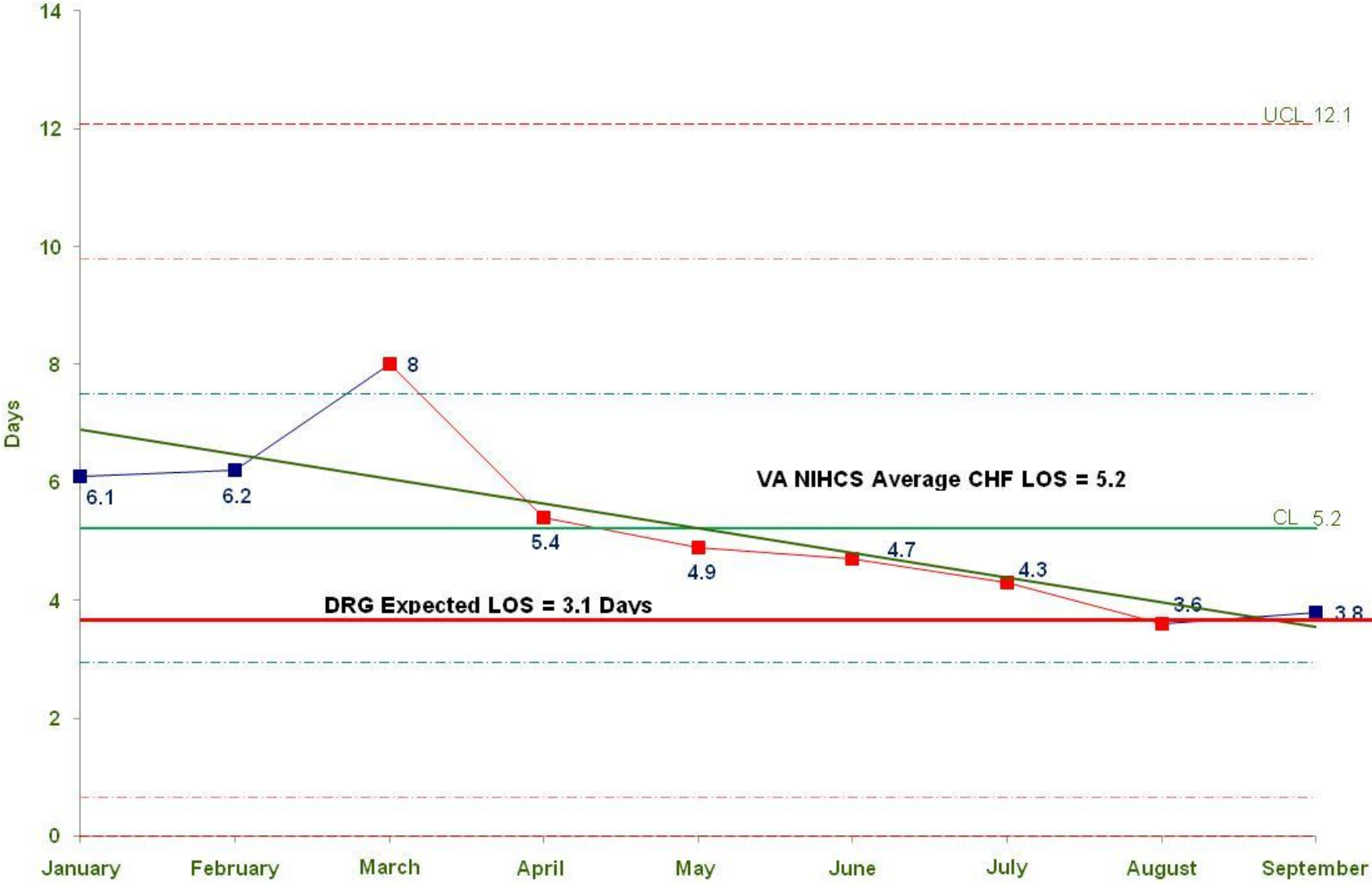
PDSA Changes Related to Inpatient Education

- ❖ CHF Brochure
- ❖ CHF Patient Folders are given to the patient at the time of admission. Staff uses these for patient education. The patient takes this home upon discharge.
- ❖ Patient is invited to participate in bedside report and treatment team meetings
- ❖ The family is invited to participate in Treatment team meetings as well as patient education on the unit.
- ❖ The laminated Heart Failure stop light was added to the inpatient educational folders.
- ❖ “Patient Snack Options” Brochure developed/initiated

PDSA Changes by Senior Leadership

- ❖ UM Message sent to case managers at time of admission
- ❖ Utilization Management Report shared daily Monday through Friday during morning report
- ❖ Prospective Review Process Initiated in June 2009
- ❖ Addition of the CHF education provided during hospitalization added to the Nursing Discharge Summary
- ❖ Patient Education Progress Note for CHF education
- ❖ All Time Hospitalist position approved and filled 4/10
- ❖ CHF Case Management initiated with notification to the CHF group the next business day

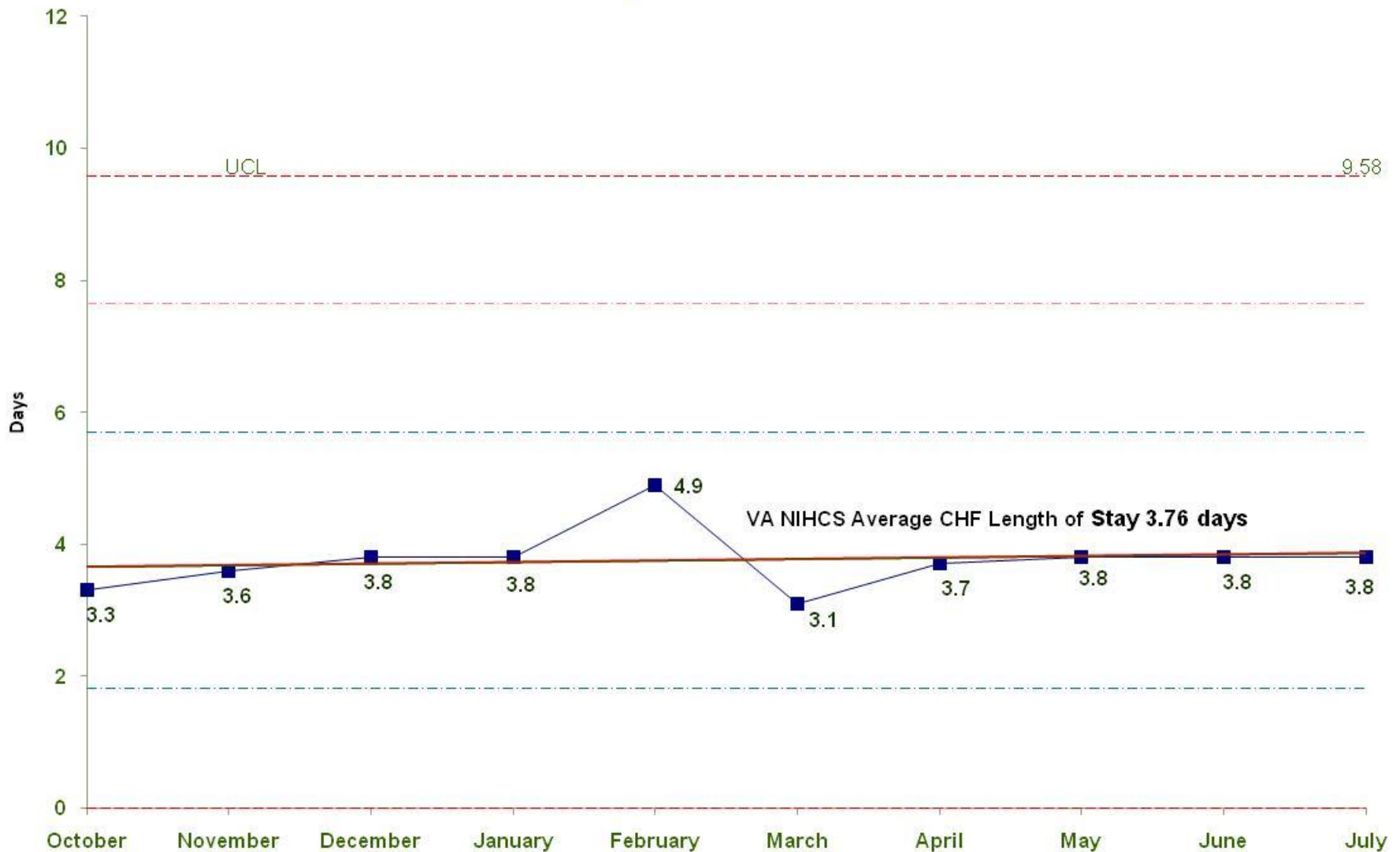
CHF Length of Stay 2009



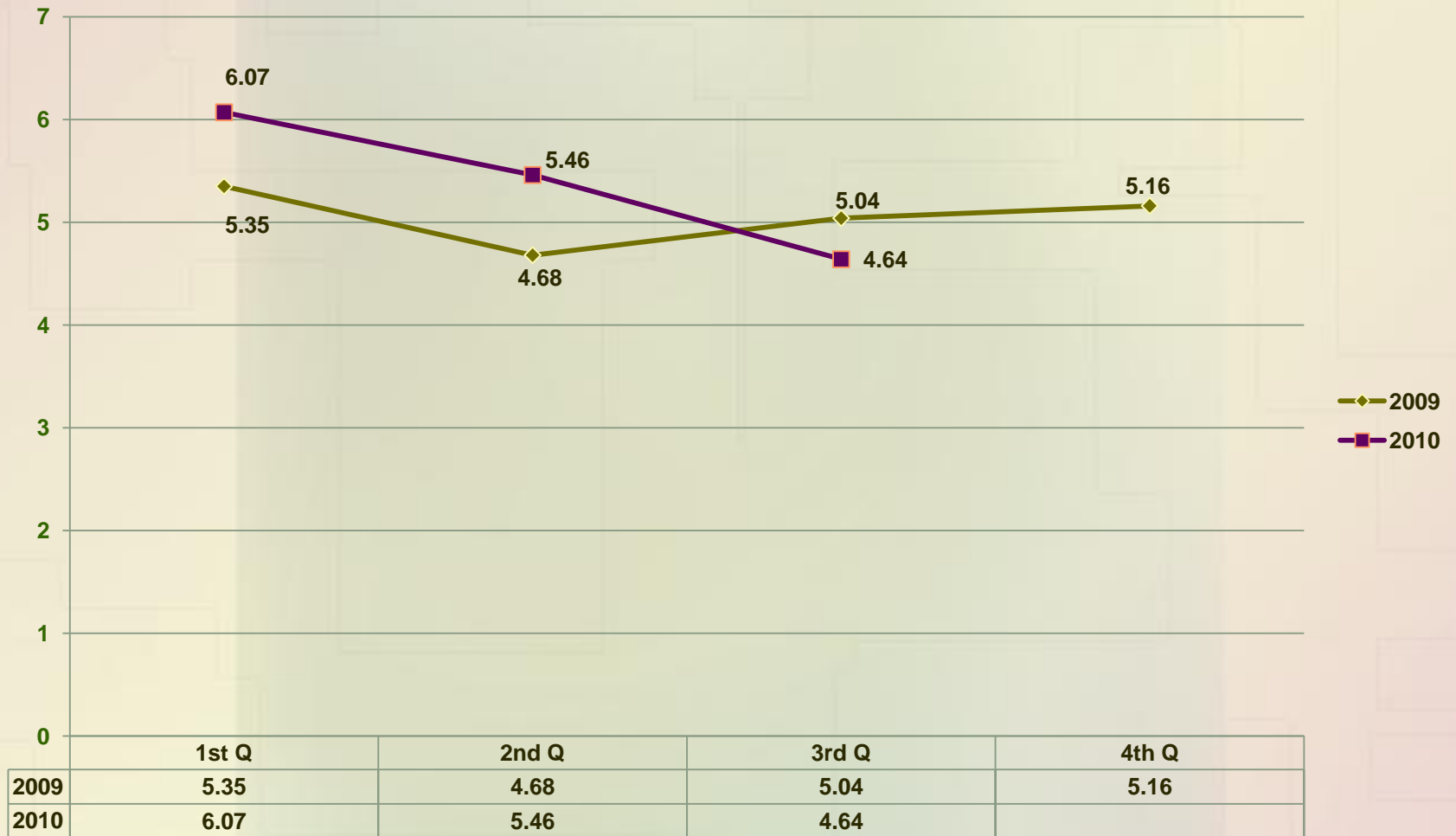
PDSA's Initiated in 2010

- ❖ CHF Case Management
- ❖ Home Health Care Staff Notification added
- ❖ Patient Rounding Checklist
- ❖ Visitor's Guidelines
- ❖ First all time hospitalist started April 1st 2010
- ❖ "Patient Snack Options" Brochure developed and in use
- ❖ Improved intake and output documentation
- ❖ Process set for input of oxygen saturation in the patient record
- ❖ Nursing Check Sheet for CHF
- ❖ "Keeping You Safe" brochure developed and in use

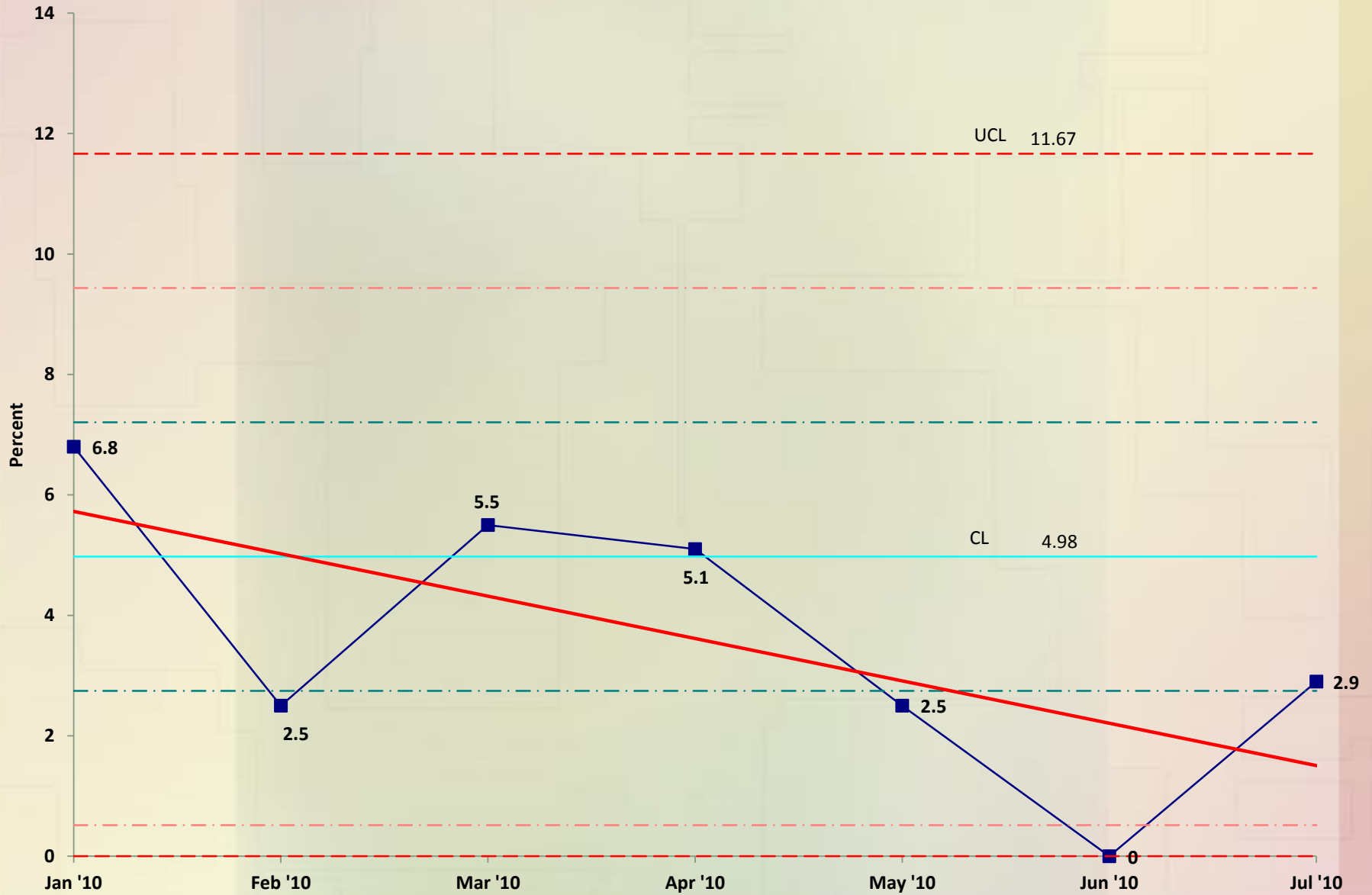
Congestive Heart Failure Length of Stay, FY 2010, Target 4.9 days or less



IPEC CHF LOS by Quarter 2010



CHF 10 Days Readmission Rates on F-4E - FY 2010



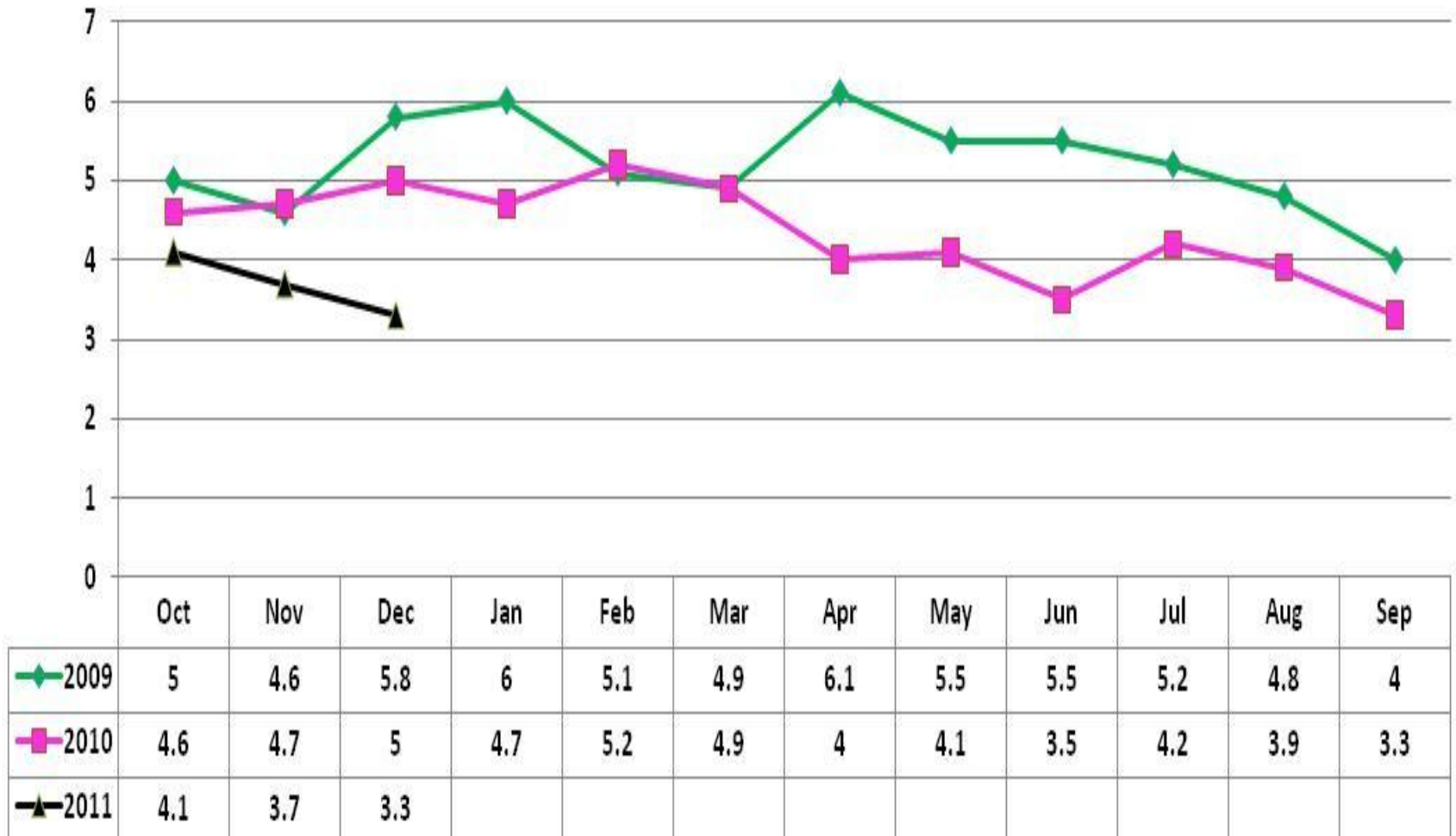
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■ FY 2009	29%	44%	21%	20%
▲ FY 2010	21%	29%	18%	23%
× FY 2011	22%	11%		

Acute Medical Length of Stay

Acute Medical LOS FY 2009 - 2011



Benefits Reaped Due to Changes

- ❖ Early Interventions due to alerts
- ❖ Improved patient education
- ❖ Improved patient compliance
- ❖ Active patient participation
- ❖ Improved communication with providers
- ❖ Decreased CHF length of stay
- ❖ Decreased number of hospitalizations per year
- ❖ Improved outcomes

Pearls of Wisdom

Lessons Learned

Cultural Change takes time

Things to replicate:

- Set a standing meeting place, date, and time
- Cohesive and supportive team
- Focus on some ideas that are easy to accomplish
- Encourage creativity. Do not say why, ask why not

Things to avoid:

- Negativity
- Large problems that cannot be solved at the unit level

PDSA Cycles: Plan, Do, Study, Act

Developed, Adopted, Amended: Diabetic Folders, Inpatient Satisfaction Questionnaire, Diabetic Pre-education Questionnaire, Diabetic Education Flow Map Pre- Collaborative, Change in Interdisciplinary Rounds led by physician, Change in Interdisciplinary Rounds with Primary Nurse Present, Glucometer Education on Unit, Visitor's Guidelines, Rounding Checklist, Inpatient Diabetic Education Flow Map, "Keeping You Safe" brochure, All time Hospitalist, Diabetic Education Checklist, Physician scripting and introductions in rounds, Nursing Time and Motion Study, Physician Satisfaction with Rounding Questionnaire, Nursing Satisfaction with Rounding Questionnaire, Yacker Tracker, TRIP Ticket, "Patient Snack Options" brochure, Improved Intake and Output documentation, Oxygen Saturation Input Clarification, Inpatient Quality Care Checklist.

Opted Not to Use: No One Veteran Dies Alone (NOVDA) Program, Diabetic Post-education Questionnaire

New Tools Developed

Any tools that were used to accomplish change at VANIHCS can be shared upon request. There were too many new tools and process changes to be able to share in this presentation. Please contact me at Deborah.Hale2@va.gov for copies of tools you are interested in.

Thank you for your time today

**I invite any questions you
may have at this time**