NORTHPORT VAMC

79 Middleville RD. Northport, NY 11768

DESCRIPTION OF UNIT

- Unit 34: Med/Surg Telemetry
- ADC = 25, Average Hours of Care/Day = 5.0
- CHF LOS baseline: 10.5 days
- CHF 30-day readmission rate baseline: 33%

COLLABORATIVE AIMS

- Increase caregiver time at the bedside:
 - Implemented solo nurse-to-nurse report
 - Social Work Consult completed for CHF patients within 24 hours of admission Mon-Fri
- Improve caregiver patient communication
 - CHF teaching started within 24 hours of admission
 - Educate staff and patients on the use of My Health-e-vet and Telehealth programs

COLLABORATIVE AIMS CONTINUED...

Improve caregiver communication:

- Staggered IDT meeting times to facilitate attendance
- Implement CHF Goal worksheet for RNs to more easily track patient progress
- CHF LOS and readmission rate targets posted prominently in team offices and on unit
- Medical staff / RN "mini IDT meetings" between 1:30 - 2:30 p.m. to update patient goals for the evening / night tours

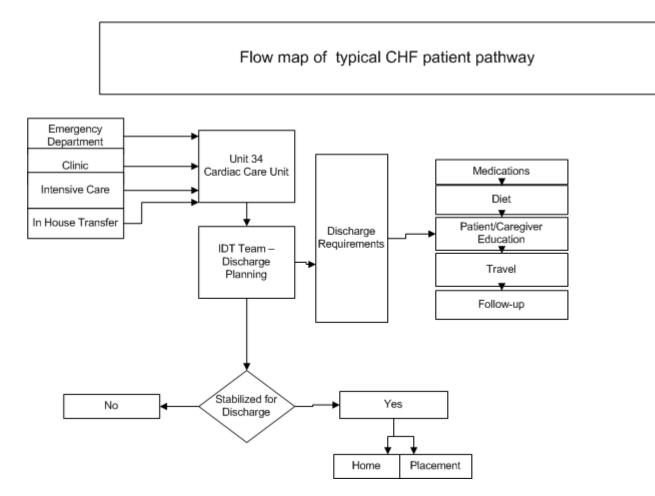
FY10 AIMS

- Reducing Congestive Heart Failure length of stay by 25% by 9/1/10.
- Reducing Congestive Heart Failure readmission rate by 25% by 9/1/10.
- These aims are aligned with Northport VAMC's strategic plan to implement a veteran centric model and to enhance the veteran's experience within the facility (via improved caregiver communication, improved coordination of care and increased patient participation in care).

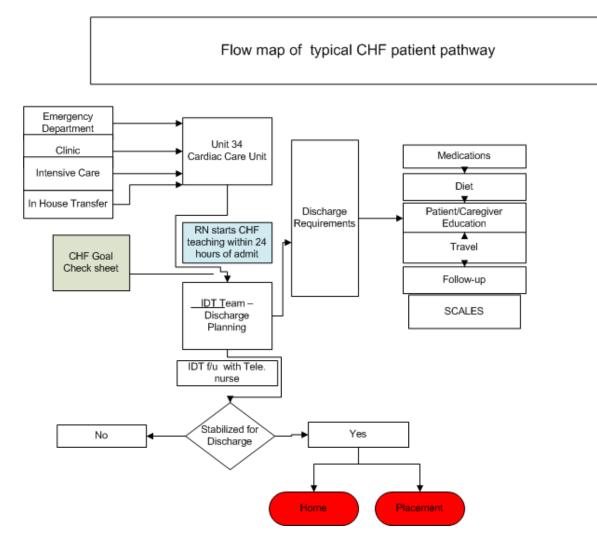
ACCOMPLISHMENTS FROM THIS YEAR IN THE BEDSIDE CARE COLLABORATIVE

- Facility Length of Stay for Heart Failure DRGs for 1stQ FY10: 10.5 days
- Readmission Rates for Heart Failure DRGs for 1stQ FY10: 33%
- Facility Length of Stay for Heart Failure DRGs for 3rdQ FY10: <u>4.73</u> <u>days</u>
- Readmission Rates for Heart Failure DRGs for 3rdQ FY10: <u>16%</u>

FORMER PROCESS FLOW

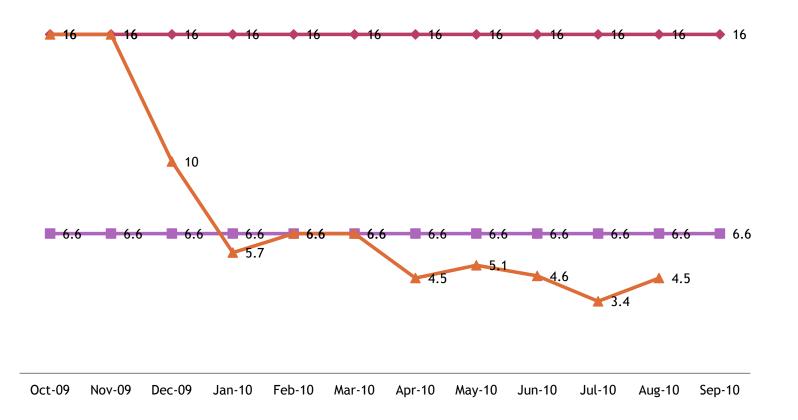


REVISED PROCESS FLOW





FY 2010 CHF LENGTH OF STAY (IN DAYS) -2009 ALOS - Target - 291-MCC





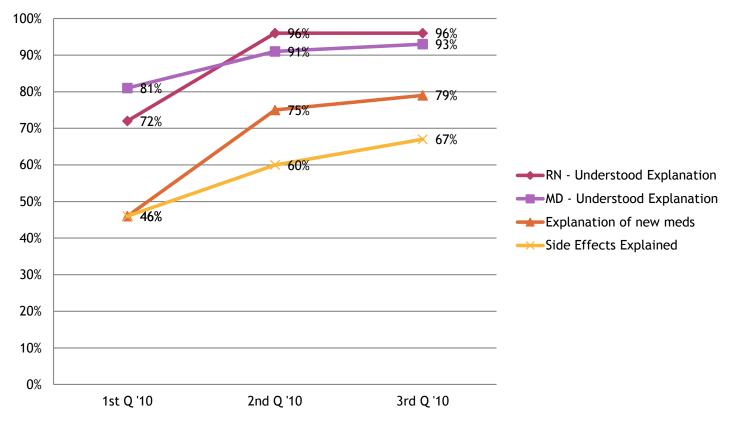
FY 2010 CHF READMISSION RATES



Oct-09 Nov-09 Dec-09 Jan-10 Feb-10 Mar-10 Apr-10 May-10 Jun-10 Jul-10 Aug-10 Sep-10

MORE RESULTS

FY 2010 Patient Education Satisfaction Rates



NOW WHAT?

- •Use standardized tools that don't depend on BCC team presence.
- Include these guidelines in all new employee orientation.
- Continue to evolve the culture where extended length-of-stay just isn't acceptable- it's all about patient safety!

NOW WHAT?

Spread program to TCU and U23 (Med-Surg).

- Continue to track CHF data; start tracking Tele-Health enrollment rates.
- Explore LOS issues for other DRGs.
- Apply the lessons learned to ETOH withdrawal patients (implement CIWA protocol in Med-Surg)

FINAL THOUGHTS

- Don't assume to know either the problem or the answer before mapping it out with all stakeholders.
- Set the bar high!
- Involve front line staff early on- look for those innovators and early adaptors.
- Repetition is vital to create "stickiness".
- Create buy-in by finding the "hook"- there may be several.
- Educate new staff about the program right awaycreate good habits.
- Celebrate successes (feed them and they will come).