

Cleveland VA H2H Initiatives

Julio A Bárcena, M.D.

Julie Gee, C.N.P.

Sherry LaForest, Pharm. D.

José Ortiz, M.D.

Kim Schaub, Ph.D.

Brooke Watts, M.D.

H2H Initiative: Discharge Planning

- Formed a **Heart Failure Steering Committee** consisting of interdisciplinary staff from:
 - Quality management
 - Research
 - Clinical nursing
 - Heart failure team
- Conducted initial pilot project examining HF discharges during a 3 month period (11/1/09 - 1/31/10) to assess 30 day HF and all cause readmission rates
- Based on the results of the pilot, developed a database to track specific variables on patients identified as high system utilizers

Results of Pilot Project

Examined heart failure discharges from 11/1/09 - 1/31/10

- 115 unique patient discharges coded as 428.xx
 - November – 35 discharges
 - December – 50 discharges
 - January – 40 discharges
- Discharge location
 - Medicine Service – 46 patients
 - Geriatric Service – 3 patients
 - *Cardiology Service – 66 patients*
- Readmission Data
 - 30 day HF readmission rate of **8.7%**
 - 30 day all cause readmission rate of **11.9%**

Heart Failure Database for High System Utilizers

- Criteria
 - Admissions from November 2008-December 2009
 - Three or more admissions (at least 1 of which was for a primary diagnosis of HF)
- Baseline data of index population
 - 264 patients
 - Number of admissions ranged from 3-13
- Goals
 - To identify common variables among high utilizers that then may lead to the development of interventions to minimize readmissions
 - This study is ongoing

Transition from Hospital to Home:

Why are Cleveland's readmission rates so low?

Medication Reconciliation Clinic

- Administered and managed by pharmacy and heart failure nurse practitioner
- Scheduled within 10 days of hospital discharge
- Medications are reconciled and optimized to target heart failure therapy dosages
- Contact information and education is provided
- The clinic serves as a bridge from the inpatient stay to the initial outpatient Primary care or Cardiology visit

Medication Reconciliation Clinic Outcome:

Preliminary data

- 122 visits- 61% (74 patients) were seen following a HF hospitalization
- Patients were seen with their medication bottles (\pm pill organizer) in clinic
- Of the 74 post-discharge HF patients
 - Median time to visit was 9 days post-discharge
 - **64%** had discrepancies identified from discharge medication list during medication reconciliation
 - Medication regimens were optimized in **57%** of patients
 - 30-day all cause readmission rate 8%

Fast Track Clinic:

A Cleveland VA Cardiology Initiative

Created to provide open access for acute cardiac patients

- Staffed by Cardiology Attendings
- Patients are seen within 7 days of request
- All patients presenting to ED with heart failure receive a fast track clinic appointment
 - Recruitment of HF patients from the ED is done through a templated note
 - This note triggers an automatic GUI email to the Cardiology secretaries requesting a Fast Track Clinic Appointment

Medication reconciliation is completed for all ED patients just before being seen in Fast Track Clinic

Outpatient Heart Failure Care:

Shared Medical Appointment (SMA)

- Interdisciplinary team that includes:
 - Julie Gee, Heart Failure nurse practitioner
 - Sherry LaForest, Heart failure pharmacist
 - Kim Schaub, Cardiology psychologist
 - Gaybella Horton, Nurse documenter
 - Julio Andres Bárcena, Heart failure/transplant physician
- Target Population
 - Complex HF patients who have a history of non-adherence and psychosocial barriers to self-management (i.e. substance abuse, minimal/lack of social support)

SMA Format

- Scheduling
 - Scheduled within 2-3 weeks after discharge (were seen in med rec clinic 1st week after discharge)
 - f/u scheduled as needed according to medical necessity
 - Frequent visits during times of instability
- Format of Clinic
 - Group discussion/peer support regarding HF self-management led by the cardiology psychologist
 - Medication reconciliation by heart failure pharmacist.
 - Patients receive individual HF assessment and intervention by nurse practitioner
 - Individual interventions from the pharmacist and/or psychologist occur as needed