# Cleveland VA H2H Initiatives

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## **H2H** Initiative

- Heart Failure Interdisciplinary
  - Quality management
  - Research
  - Clinical nursing
  - Heart Failure team

# **HFIT H2H Quality improvement Initiative**

- HF admission template note
- HF management order set
- Institution standardization of didactic material
  - Evidence based update of HF booklet
  - Distribution of HF video

# **HFIT H2H Quality improvement Initiative**

- AHA GWTG HF program
  - How are we doing
  - Where can we improve
  - Tools to implement changes
  - Bronze status recognition 01/2011
- Platform for Joint Commission Center of Excellence Heart Failure Advanced Certification

### **HFIT H2H Research Initiative**

 Understanding Readmission and Care Coordination Patterns in Patients with Heart Failure: Pilot Data to Help Guide Optimization of Heart Failure Management

QUERI RRP: Pending

### **HFIT H2H Research Initiative**

- Factors Associated with Multiple Readmissions in Patients with Heart Failure
  - Pharmacotherapeutic factors
    - Retrospective chart review
  - Psychosocial factors
    - Phone interviews will be conducted to explore factors contributing to readmission
- IRB approved, data collection in progress

# **HFIT H2H Education Initiative**"Filling the Gaps"

- Educational sessions on diagnosis and evidence based treatment of Heart Failure for clinical staff (RN, CRNA) on telemetry floor as a pilot project
- Standardization of patterns of communication between hospital staff, patient and outpatient providers

# **Transition from Hospital to Home Outpatient**

#### **Medication Reconciliation Clinic**

- Administered and managed by pharmacy and Heart Failure nurse practitioner
- Patients 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

### **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 Heart Failure 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 Heart Failure patients who have a history of nonadherence and psychosocial barriers to self-management (e.g. substance abuse, poor social support)