H2H Initiative/HAMVAMC

Reducing 30 day readmission rates for patients with heart failure (HF)

HAMVAMC enrolled on February 16, 2010
Initial readmission rate for patients with diagnosis of HF is 13.3%.
Team leader : Gloria Engelberger NP

Identifying patients who would benefit from HF Clinic

* Evaluation of current process at discharge for patient with HF diagnosis
- Identifying key team members

* Hospitalists did not routinely consult to HF clinic. Case management did not alert HF Clinic of discharge phone call. HF Clinic staff did not routinely check T Drive for patients admitted with primary diagnosis of HF.

Identifying patients who would benefit from HF Clinic

- Enlisting key players (HF Clinic NP)
- Changing processes

HF clinic NP checks T Drive daily for patients admitted with HF diagnosis.
- Evaluates the inpatient for HF clinic referral.
- Documents inpatient encounter and requests HF clinic consult at discharge if appropriate.
- Appointment in HF Clinic scheduled within 10 days of discharge.

Identifying patients who would benefit from HF Clinic

- Enlisting key players (Hospitalist)
- Changing processes

-H2H initiative presented at medical service staff meeting.
-All hospitalists have been provided with H2H/CHF Queri information by email and invited to join H2H initiative.
-Hospitalists prompted by HF Clinic NP to consult HF Clinic at patient discharge.
-Hospitalists place consult at discharge to HF Clinic.

Identifying patients who would benefit from HF Clinic

- Enlisting key players (Case managers)
- Changing processes

-Case managers call all patients discharged with HF within 24-48 hours.
-Case managers alert HF Clinic NP with follow up phone call.
-HF Clinic arranges to see patient on follow up within 10 days of discharge

Identifying patients who would benefit from HF Clinic

- Evaluating change in process for identification of patients admitted for primary diagnosis of HF.

-HF Clinic NP is checking T Drive inpatient roster daily for inpatients with primary diagnosis of HF.
-Increased HF Clinic consults by hospitalists have occurred.
-Case managers have alerted HF Clinic NP with discharge phone calls.
-Patients have been scheduled HF Clinic within 10 days.

Reducing 30 day readmission rates for patients hospitalized with primary diagnosis of HF

Concurrent initiatives include:

- Improved resource allocation for HF patients (scales for home use and medication reconciliation)
- Improved identification of high risk HF patients who would benefit from CCHT
- Improved identification of high risk patients who would benefit from HBPC.

- Scales for home use now available in house via Prosthetics.