

Congestive Heart Failure Quality Assurance Training for Rural Hospitals

CHF Quality Indicators: Discharge Planning

CHF Quality Assurance Training
for Rural Hospitals
Videoconference Seminar

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Session Goals

- Identify the components of appropriate discharge planning for CHF patients
- Identify interventions to improve CHF outcomes

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CHF Statistics

- Affects 4.6 million Americans
- Additional 400,000 new cases diagnosed each year
- Cost exceeds \$40 BILLION in the United States alone

Source: *Heart Failure News* Vol. 2, No. 1 (Jan. 2000)

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CHF Statistics in FFS Medicare Beneficiaries

- Represents 14 percent of all diagnosis
- Accounts for 43 percent of all Medicare expenditures

Foote, S. Population-based Disease Management in Fee-For-Service Medicare. *Health Affairs*, Web Exclusive, 30 July 2003, W3-350.

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CHF Performance Measures for CMS/JCAHO

1. Evaluation of left ventricular function before or during hospitalization
2. ACE inhibitor at discharge for patients with systolic dysfunction
3. Discharge instructions
4. Smoking cessation counseling

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MMA, the Market Basket, and NVHRI

- Part of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA)
- States that a hospital that does NOT submit performance data for 10 specific quality measures will receive 0.4% LOWER update for FY 2005 than hospitals that do report performance data
- NVHRI—*National Voluntary Hospital Reporting Initiative*

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The TEN Performance Measures

Acute Myocardial Infarction

1. Was aspirin given to the patient upon arrival at the hospital?
2. Was aspirin prescribed when the patient was discharged?
3. Was a beta-blocker given to the patient upon arrival at the hospital?
4. Was a beta-blocker prescribed when the patient was discharged?
5. Was an ACE inhibitor given for the patient with systolic dysfunction?

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The TEN Performance Measures

Pneumonia

6. Were antibiotics given to the patient in a timely way?
7. Had the patient received a pneumococcal vaccination?
8. Was the patient's oxygen level assessed?

Heart failure

9. Did the patient get an assessment of his or her heart function?
10. Was an ACE inhibitor given to the patient?

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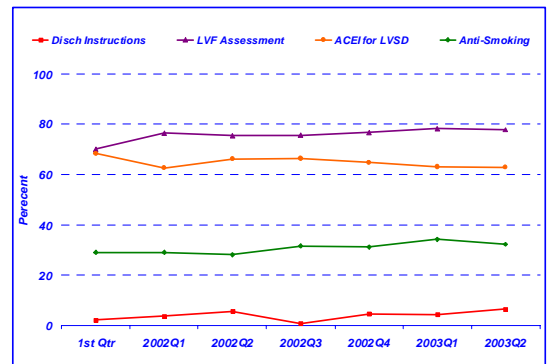
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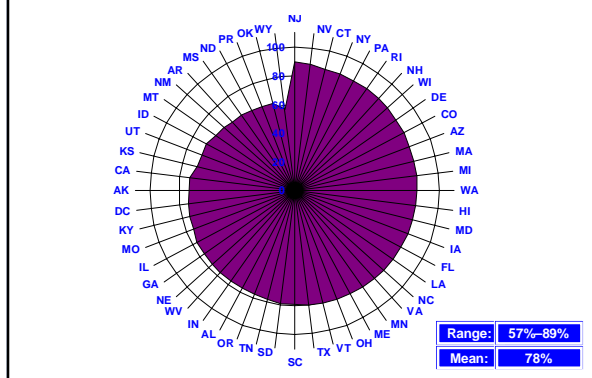
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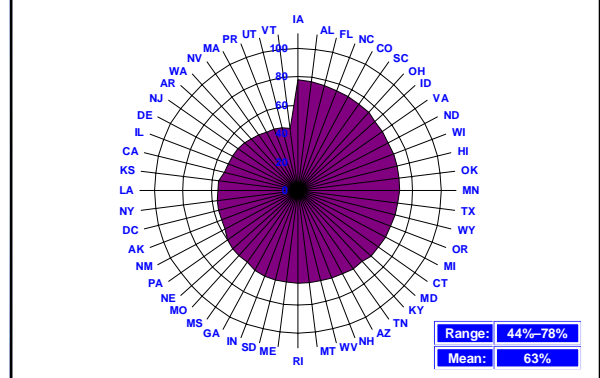
Quarterly Trends in U.S. Heart Failure Quality Indicators, January 2002 through June 2003



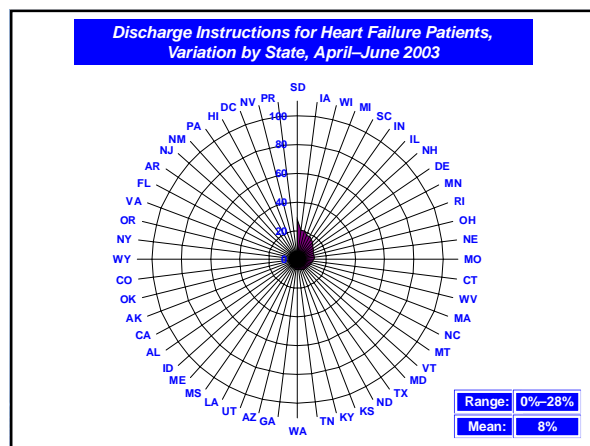
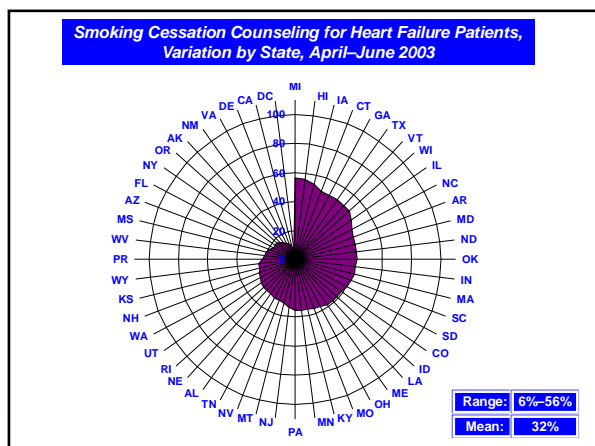
LVF Assessment for Heart Failure Patients, Variation by State, April–June 2003



ACEI at Discharge for Heart Failure Patients with LVSD, Variation by State, April–June 2003



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Discharge Instructions *(must do all six to “pass”)*

Heart failure patients must be discharged home with written instructions or educational material given to the patient or caregiver at discharge or during the hospital stay addressing all of the following:

- Follow-up appointment (highest QI results)
- Diet
- Activity level
- Discharge medications
- What to do if symptoms worsen
- Weight monitoring instructions (lowest QI results)

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Arizona’s 7th SoW Baseline Data for the Discharge Planning Quality Indicator

Written Discharge Instructions	92% (531/578)
Discharge Instructions Address Medications	55% (318/578)
Discharge Instructions Address Weight Monitoring	7% (38/578)
Discharge Instructions Address Diet	77% (443/578)
Discharge Instructions Address Activity	69% (400/578)
Discharge Instructions Address Follow-up	85% (492/578)
Discharge Instructions Address Symptoms Worsening	18% (102/578)
Discharge Instructions Addressing ALL 6 areas	2% (13/578)

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How Important IS Discharge Planning?

“Comprehensive discharge planning plus postdischarge support for older patients with CHF resulted in a 25% relative reduction in the risk of readmission, a trend toward 13% relative reduction in all-cause mortality, and ... improvement in QOL scores, without increasing the cost of medical care.”

JAMA. 2004;Vol. 291, no. 11, pp.1358-1367

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What Can We Do to Improve?

- Talk to the patients about these important CHF issues – Document the conversation
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Ummm, Could You Be More Helpful?

- This is a six-part quality indicator. The likelihood of forgetting a part is significant. Therefore, use a “SYSTEM” that will make doing the right thing easiest, and doing the wrong thing difficult.

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For Example???

- Ready-made CHF teaching booklets are available.
- OR**
- Steal shamelessly from other hospitals.
- OR**
- Make your own discharge form that addresses these six aspects of care.

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Address Activity Level

- No restrictions
- Resume normal activities as tolerated
- Up with assistance only
- Up with:
 - Cane
 - Walker
 - Crutches
 - Wheelchair
- Bed rest
- No heavy lifting
- No driving
- May return to work or school
- Special Instructions:

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Address Diet

- Diet Type:
 - Regular
 - Low Salt
 - Low Fat
 - Diabetic
 - Other
- Limit fluid intake as directed by your doctor
- Restricted fluids
- Patient given copy of diet
- Patient and/or caregiver states understanding of diet

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Address Discharge Medications

Besides the medication name, also list:

- Dose
- Route
- Special diet indications (e.g., less leafy greens if on coumadin)
- Lab work required / how often
- Side effects that should be reported to the physician
- Do other physicians know if the patient is on this medication (e.g., dentist needs to know patient is on coumadin)?
- What the patient should do if he or she misses a dose
- Is a medical bracelet a good idea?

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Address Follow-up Appointments

- Who the patient must see
- Telephone number
- Address
- Time of appointment
- Dates
- What to bring (depends on the physician, education class, etc.)
- Other special instructions
- Or—patient must make an appt with Dr. X in the next X number of days

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Address Weight Monitoring

- Weigh yourself first thing in the morning after you empty your bladder
- Use the same scale
- Wear the same amount of clothing at each weight session
- Write your weight down on your chart
- Call your doctor if you have more than a (doctor prescribed) pounds weight gain in a week

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Address What to do if the Symptoms Worsen

- If any of the following symptoms (problems) start or get worse, contact your doctor as soon as possible:
 - o Shortness of breath
 - o Chest pain
 - o Cough
 - o Swelling of hands feet, legs
 - o Palpitations—sudden fast heart beats
 - o Decreased urine output

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And Finally...

- Talk to the patients about these important CHF issues
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Resources

- In program binder:
 - Getting Started
 - Hospital Resources
 - Patient Resources
 - Community Resources
 - Web Site Links
- *Lippincott's Case Management Supplement*
- ACE-I Change Package

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Symptom	Action
<p>If you have:</p> <ul style="list-style-type: none"> • No shortness of breath • A usual amount of ankle swelling • No weight gain • No chest pain • No change in your usual activity level 	<p>→ Your symptoms are under control.</p> <ul style="list-style-type: none"> • Continue taking your medications as ordered • Continue to weigh yourself every day • Follow a low-salt diet • Keep all physician appointments
<p>If you have any of the following:</p> <ul style="list-style-type: none"> • Weight gain of 2 or more pounds • Increased cough • Increased swelling • Increased shortness of breath with activity • Increased number of pillows needed to sleep 	<p>→ You may need an adjustment of your medications.</p> <p>Call your health care contact for instructions:</p> <p>Name _____</p> <p>Number _____</p>
<p>If you have any of the following:</p> <ul style="list-style-type: none"> • Shortness of breath at rest • Wheezing or chest tightness at rest • Need to sit in chair to sleep • Weight change of more than 5 pounds over or under normal weight • Dizziness, extreme fatigue, or falling 	<p>→ You need to see a doctor now.</p> <p>Call your doctor now:</p> <p>Name _____</p> <p>Number _____</p>
<p>If you have:</p> <ul style="list-style-type: none"> • Unrelieved shortness of breath • Unrelieved chest pain • Confusion or fainting 	<p>→ Call 9-1-1 immediately</p>

MSHO HF QI Initiative

LIVING WITH HEART FAILURE

PUTTING THE PIECES TOGETHER

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