Taking Aim at Reducing CHF and COPD Readmissions

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Background:
West Virginia has the nation’s highest prevalence of cardiovascular disease (CVD) and ranks fourth for chronic obstructive pulmonary disease (COPD).

Charleston Area Medical Center, a not-for-profit, 956-bed, four-hospital system in central West Virginia, initiated six key strategies aimed at improving transitions of patient care coordination, patient education and patient engagement to impact reducing readmission outcomes on these chronic patient populations.

Improvements:
- Detailed clinical assessment at admission and an assignment of a severity or readmission risk score.
- Nurse Navigators provide education, make referrals and ensure smooth transitions of care.
- Interactive multi-media based patient and family education and engagement standard of care activities.
- “Meds to Beds” program, providing bedside delivery of a 30-day supply of prescription medications, by a pharmacist.
- Follow-up appointments with a provider within seven days.
- Escalation to rehabilitation, palliative care, home health/skilled nursing to support needs when discharged.

Outcomes

WV ranks 4th in the nation for prevalence of COPD with hospitalizations in some years, being twice the national rate.

WV has the highest prevalence of CVD in the nation and CHF is the #1 diagnosis for 30-day readmissions.

Project Aim: Decrease readmission rates for chronic conditions, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD).

Project Design/Strategy: Implement a comprehensive clinical program to improve system-wide performance in achieving readmission reductions for patients with CHF and COPD.

Key elements:
- Effective Multidisciplinary Team(s)
- DMAIC improvement process (Top 5 Boards)
- System-wide Spread/Standardization
- Change Effectiveness/Sustainability

Next Steps:
- Best practice provider “power plans” with new EHR
- Patient engagement/self care responsibility
- Increase referrals to support services: Rehabilitation, Palliative Care, Hospice, etc.
- Growth and development of a “population health” clinic