Utilizing and Evaluating Effectiveness of Palliative Care in Heart Failure (HF) to Reduce 30 Day Hospital Readmissions

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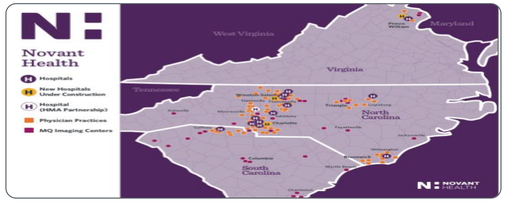
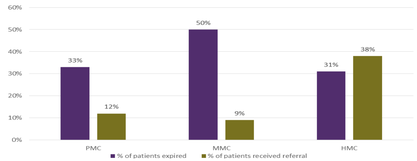
Theresa Waldron, RN, BS, CHFN, Clinical Analyst



Rationale

- . Six month review of 30 day HF readmissions conducted (January 2017 –June 2017) for each facility.
- Results showed over 30%, at each facility, patients had expired within 6 months of their index stay of HF, qualifying them for End of Life (EOL) care.
- Majority of these patients did NOT have palliative care or hospice referrals during their index stay.
- Literature supports use of Palliative care also improves quality of life.
- The facility with the highest percentage of palliative care referrals has the lowest readmission rate of the facilities.



Overview of Project

- Deeper dive into (EOL) population from readmission review showed patients exhibited one (1) of three (3) common factors; A. Hyponatremia B. Recurrent pleural effusions C. Unable to tolerate guideline directed medical therapy (GDMT).
- Results of readmission review shared with Regional Heart Failure Best Practice Team which included palliative care team members in October 2017.
- Team agreed to implement HF/Palliative PI project aimed to advocate for palliative care referrals for any HF patient admitted that exhibited one of the three common factors as above.
- HF/Palliative PI project was approved by Hospital Leadership/Palliative care team.
- Implementation of PI project began 11/6/2017

Methods

- Clinical Analyst reviews HF current admissions daily for each hospital and identifies patients with inclusion criteria for HF/Palliative PI project.
- Clinical Analyst sends list of patients who met criteria to the HF Navigator/Hospitalist RN for appropriate facility.
- HF Navigator/Hospitalist RN advocates for Palliative Care referral from Hospitalist MD or Cardiologist.
- Clinical Analyst tracks patients meeting inclusion criteria, referrals received, and 30 day readmissions.
- Results shared with facility Heart Failure Best Practice Team and Regional Heart Failure Best Practice Team.

Target Outcomes

•Increase percentage of palliative care referrals for patients meeting inclusion criteria by 50%.

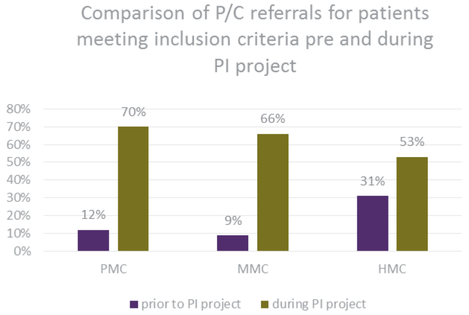
•Decrease readmissions for patients meeting inclusion criteria by 50%.

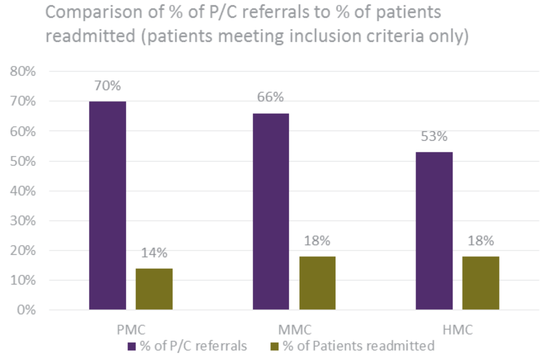
•Decrease overall 30 day readmission rate for HF by 15%.

•Ultimate goal is to improve the quality of life for EOL patients

•Results

Date reflective of patients meeting inclusion criteria (11/6/17-6/30/18





Conclusions

- Six months of data from PI project shows success surpassing goals to increase in palliative care referrals for all three facilities and decrease in readmissions for patients meeting inclusion criteria. The facility with the highest amount of palliative care referrals had the lowest amount of EOL patients readmit.
- >50% of patients that received palliative care referrals did accept outpatient palliative and/or hospice services. Literature supports these services will impact patients' quality of life.
- Not a focus of this PI project, however did show a positive impact in decreasing 30 day mortality rates for the 3 facilities.

For more information contact: Theresa Waldron, Clinical Analyst twwaldron@novanthealth.org

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