

Success Stories: Heart Failure-1 Discharge Instructions

Staff at the Hospital Interventions QIO Support Center noticed that a number of hospitals nationwide were having trouble with the measure Heart Failure-1 in late fall 2007. This measure requires that heart failure patients be discharged home with certain written instructions and educational materials. The HI QIOSC developed a list of hospitals that were scoring in the top 5 percent on this measure. We then interviewed a sample of these hospitals to discover their commonalities and to find new interventions and processes that helped them provide significantly improved patient care.

Each hospital came up with unique ways to focus on this measure in ways that best fit their situation and culture. We encourage you to use these success stories as examples of what worked for other facilities and what might work for yours.

Here are their stories:

Alegent Health-Lakeside Hospital and Alegent Health-Bergan Mercy Medical Center Omaha, Nebraska

The Alegent system in Nebraska started on the path of success measurement with the implementation of a Design Team, a multi-disciplinary team with participants from the five hospitals in the system. The diverse team consisted of approximately 50 physicians, nurses, quality personnel, informatics representatives and others.

“The first thing we completed was a Failure Mode and Effects Analysis (FMEA),” said Sharon Sysel, RN, BSN, Quality Improvement Specialist at Alegent Bergan Mercy Medical Center. “We gathered representatives from all five campuses. Every department reported how they approached core measures through poster presentations. We were each assigned tasks and timelines and filed a weekly report on our progress.”

The system then developed the Alegent 20, a list of core quality measures all the hospitals focused on to improve. The basic strategy was to use evidence-based guidelines and to hold employees and leadership accountable for improvement, according to Julie L. Klein, RN, MSHCA, Operations Director, Alegent Health Bergan Mercy Medical Center. The success has been apparent.

“Our original goal was to get to 93 percent (on the HF-1 measure),” said Nancy McAlexander, RN, BSN, Operations

Director, Alegent Lakeside Hospital. “Then it went to 98 percent and now it’s at 99 percent.”

To meet their goals, core measure sheets are color-coded and put on patients’ charts. These sheets indicate who is responsible for meeting the measure goals and the time frame. The sheets also include what documentation is needed and by whom.

Alegent staff also conducts a ‘bed huddle’ each morning to identify core measure patients and perform concurrent review to prevent a heart failure patient from being discharged without all measure items completed. A daily log of core measure patients is sent to all department managers for tracking purposes.

Soon after the Design Team was created, the system also created an Evidence-Based Care Committee, composed of physicians and nurses from each of the system’s hospitals. This committee researches and creates evidence-based standing order sets, which are available online with references. Following the order sets is voluntary for physicians, but outliers are now part of the peer review process.

“It takes a lot of work, but our efforts have definitely paid off,” Klein concluded.

Baptist Northeast La Grange, Kentucky

Baptist Northeast in La Grange, KY, does well on its quality measures in part because of the strong commitment to improvement by leadership.

“The corporate system, Baptist Healthcare System, has set the expectation that all six of its hospitals will reach the top 10% on all core measures,” said CEO Dennis Johnson. “We talk about it in all of our meetings and our CMO champions this with our physicians.”

Two years ago, the hospital created a core measure team. Each measure has its own sub-team and physician champion. Concurrent review is handled by the core measure coordinator, or ‘cheerleader,’ who works with staff and physicians each day.

“Concurrent review is important for us because we are a small facility and even one case that falls through can really affect our numbers,” said Judy Best, Director of Quality Management.

For discharge instructions, the hospital uses an EMR program called LogiCare, which automatically generates proper

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discharge instructions for the patient's diagnosis except for medication reconciliation.

The discharge nurse is responsible for medication reconciliation. This is helped through the use of a pharmacy program called AdminRX, which includes home medications in the patient's record. However, discharge nurses must still look in several places for a complete list of discharge meds and some are missed.

"We are working to develop one form to be used for medication reconciliation at discharge, which would be all-inclusive for home, hospital and discharge meds," Best said.

Castle Medical Center Kailua, Hawaii

Castle Medical Center went through several possible solutions to the discharge instructions issue before finding what worked for them.

The hospital started by creating an educational form that included discharge instructions except for medication reconciliation, said Lauren Westphal, Director of Quality & Risk Management.

"That was good but it was hard to remember to print the separate forms," she said. "So we decided to hard-wire it into our system."

The hospital developed a universal discharge form for the discharge nurse to check before the patient is discharged.

"One problem we have is if the patient is not discharged to home, but say to a SNF," Westphal said. "Then the patient needs a discharge transfer form and we may not have all the pieces yet."

Medication reconciliation now is done automatically through the hospital's EHR system, and most physician summaries are done by hospitalists, who copy both the patient and the patient's physician.

To assist mainly community physicians with measure compliance, the hospital uses a clinical documentation specialist to educate them, including creating physician profiles so the doctors can compare their scores to others.

"We haven't had a lot of barriers to implementing these processes," Westphal said. "Everybody is thankful that the discharge process has been improved so it helps to take the daily burden off."

Delray Medical Center Delray Beach, Florida

Delray Medical Center began working on core measures first by moving that responsibility from case management to nursing. It then started developing user-friendly tools to make compliance as easy as possible for its busy staff.

"For HF-1, we developed a generic discharge instruction form," said Lisa Brundage, Director of Clinical Quality Improvement. "We used to have multiple versions. Now we have one generic one that includes where the patient is being discharged to, and also includes patient and medication instructions. The decreased number of forms is easier for the nurses and physicians, and our compliance is much better now."

The hospital also instituted a 'discharge time-out' process, where the instructions are reviewed and a charge nurse signs off on them before the patient is discharged.

The hospital has tracking tools for all of the core measures and uses daily bed huddles and concurrent monitoring to be sure all measures are satisfied. Medication reconciliation is conducted on admission or in the ED, and then done again at discharge, and Pharmacy is active in all of the medical units. All of the patient's chart information is scanned into a computer once the patient is discharged. Physicians can access the chart online as they prepare their summaries.

"One difficult step was assuring the nurses understood their accountability for the measures but I think Delray has been very successful in educating their staff," said Maria Fernandez, National Director, Clinical Quality Improvement, Tenet Healthcare Corp.

Greenview Regional Hospital Bowling Green, Kentucky

Electronic health records and a bright green 'alert tool' have helped Greenview Regional Hospital achieve top scores on the HF-1 measure for discharge instructions.

"We have a green 'alert' form that is placed on the chart of every heart failure patient," said Altricia Harrell, Director of Quality & Risk Management. "This form lists all the measure requirements for that patient so everybody who works with that patient can see immediately what needs to be done."

The hospital's extensive electronic health record system includes registration, nursing notes and patient medications. When the patient is discharged, the discharge instructions are printed directly from the system with all the necessary information included. A case manager is assigned to each patient to be sure they receive all the appropriate care,

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and supervisors receive a log sheet every day that lists each ‘core measure’ patient with notes on which steps have been completed and which ones have not.

“Being an HCA hospital has been a big plus for us, because we also can see how we are doing across its 180 hospitals nationwide,” Harrell said. “We also have a lot of heart failure patients. It’s one of our top DRGs so working with these patients is just a part of what we do every day.”

HCA provides leadership incentives for high performance on the core measures. Performance on core measures is noted in yearly evaluations for nurses. Physicians are provided with a quarterly ‘scorecard’ that shows their performance on the measures compared with their HCA peers; those that fall out on a component go through peer review.

For medication reconciliation, the patient’s electronic record includes medications taken both at home and in the hospital. The case manager assigned to the patient interacts with physicians to be sure all physician notes are included and appropriate documentation is made.

The hospital’s biggest barriers concerning this measure are when patients are transferred to a long-term acute care facility or to a skilled nursing unit within the hospital. The nurse “may not think of it as a discharge because they know the patient is not going home,” Harrell said.

Hilo Medical Center

Hilo, Hawaii

Hilo Medical Center struggled for a long time to capture all the needed documentation for discharge instructions, said Gail Rhoades, Director of Quality Management.

In 2006 the hospital took its existing physician and nurse documentation form and revised it so that most discharge instructions are printed on the form with checkboxes. The form includes details on activity, diet, smoking cessation, weight monitoring and symptoms to report, along with follow-up care instructions. The hospital is working on a smoking cessation package that will be given to all new admissions as well.

“Our main problem with discharge instructions is that we have a shortage of long-term care beds,” Rhoades said. “We have patients that are down-graded from acute care to LTC but then we have no beds to put them in,” so the discharge instructions are incomplete.

In addition, patients that are transferred to another facility must use a universal transfer form, which has instructions for the next caregiver but not for patients. The hospital is looking

into whether it can add a page with the patient discharge instructions.

Medication reconciliation also has been a problem. It can be difficult to get a list of home medications from patients, especially those that are admitted through the Emergency Department. The hospital has developed a new Discharge Medication Summary List developed by nursing that is being built into the ED’s new EHR program, which also will be used by the new hospitalists.



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