A prospective approach to improving Heart Failure
Sinai Hospital of Baltimore

Program/Project Description.
The performance improvement team for heart failure core measures goal was to increase compliance with medication reconciliation and discharge instructions. The discharge instructions have been automated on the medical record system to require that critical steps be documented before the document can be closed and printed. These include medication reconciliation, scheduling of a follow-up appointment within seven days, the patient's admission and discharge weight, whether smoking cessation counseling has been given where indicated, delivery of the patient education booklet for heart failure care and vaccination status. Two copies are printed, one for the patient and one for the chart. The patient receives discharge instructions, including written discharge instructions, by the provider and nurse.

Medication reconciliation on the dictated summary showed variation when compared to the discharge instructions given to the patient. This measure using retrospective review has been among the most difficult issues to address. Here again, using innovation and critical thinking we sought to change the process by concurrently identifying all Heart Failure patients on admission and reviewing compliance with all the Heart Failure measures concurrently. Concurrent review has helped Sinai Hospital achieve 87 percent accuracy on the discharge summary and discharge instructions.

Process.
Quality improvement staffs identify HF patients and ensure that protocol requirements are met. Quality staff review admissions flagged by the system analyst with an admitting chief complaint of HF or with symptoms that could indicate HF for daily review. This process relies on quality and patient safety staff to immediately alert providers by e-mail and or phone call for cases not meeting any of the required measures for HF care.

Solution.
The quality department system analyst designed an electronic report to flag patients admitted with chief complaint of heart failure. The daily report is posted to the quality nurse reviewer email address with a copy to the safety officer. The integrated medical record system actively post all information documented in real time for the quality nurse to review. Any case not meeting criterion is flagged by the quality nurse and reviewed timely for follow-up notification with attending physicians for improvements needed. Because hospital care is driven by physician orders, a top priority for the Heart Failure team was revising standing order sets so that all hospital departments were operating off the same discharge instruction script. Meeting with hospitalists, cardiologist and emergency physicians, and with support from the director and vice president for quality and safety, a new process was established and implemented.

Measurable Outcomes.
While achieving top performer for all the National Hospital Quality Measures is a strategic priority for Sinai; this particular solution required thinking outside the box in implementing a new process with positive results for Heart Failure discharge instructions compliance. Quality staffs’ members believe the change has made it much easier to comply with the Heart Failure measure standards. The change helped Sinai Hospital achieve 87 percent compliance for 2010.

Sustainability.
At Sinai concurrent review has helped keep the Heart Failure process on track. Immediate feedback to providers has sustained the improvement efforts designed by the quality department. A standardized process of email reminders and notification to providers quickly reinforces the message that this too is a top priority for Sinai, demonstrating again the value of concurrent review.
Role of Collaboration and Leadership.
The quality committees report to the hospital Board of Trustees Quality and Patient Safety information. These groups meet regularly and are composed of medical staff members, senior managers and hospital leadership. Its function is to both educate and to oversee quality and performance improvement activities. A standardized report of performance metrics, including CMS Heart Failure core measures is presented and trends are discussed. The efforts of the quality department are clearly supported by management with organizational commitment to anticipate and address all emerging quality and safety requirements.

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