Roles of the Heart Failure Coordinator: Validating Your Program and Return on Investment

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DISCLOSURES

I HAVE NOTHING TO DISCLOSE IN CONNECTION WITH THE CONTENT I WILL BE PRESENTING
First Objective:
Explain the varying roles of the heart failure coordinator
Responsible for coordination of care across the inpatient and outpatient care setting

- Patient education
- Engagement in care, including self management
- Arranging needed services such as transportation, medication assistance
- Collaboration with PCP and other practitioners
- Monitoring lab values
- Medication reconciliation
Inpatient

• Intake- create process to identify heart failure admissions, share with the team

• Review patient progress, working with team to identify obstacles and get appropriate consults such as social work, medication assistance, pharmacy, dietician, palliative care.

• Oversee the heart failure education process
Patient Engagement/Education

• Mentor nurses in patient engagement techniques
• Provide multiple resources for teaching such as written, video, electronic applications and web sites
• Create environment of patient involvement in goals of care, management strategies
Transitions of Care
Care Coordination and transitions

- Follow identified inpatients until discharge
- Make sure each patient has follow up appointment prior to discharge
- Track discharges for 72 hour follow-up calls
- Ensure discharge summary has been routed to next care provider and primary care provider
- Collaborate with outpatient clinics, home health, SNU and other providers to improve processes or other transition of care problems
Discharge Disposition

- Home Self Care: 54%
- Home Health: 25%
- SNU: 9%
- Rehab/LTAC: 3%
- Hospice: 5%
Validating Position

Know your Data

– Number of HF admissions
– Readmission penalties, if any
– Money at risk if penalties applied
– What margin does the hospital have before it falls into the penalty zone
– What is your LOS, financial position regarding profit/loss and heart failure patients
Proposal

• Obtain administrative support
• How would this position support the mission/goals of the hospital, department?
• How could it improve the financial position of the department/hospital?
• How could it improve the experience/outcomes of the patient?
Ideas for Controlling Costs

• Incorporate role into existing structure
• Share responsibilities of the role amongst more than one individual with one person coordinating
• One point person important for communication across disciplines and addressing issues identified
DECREASE COSTS/ COST AVOIDANCE

CMS Hospital Readmissions Reduction Program
- Eliminate any current readmit penalties
  - If close margin, avoid future penalties
The Predicted readmit rate is also referred to as the “Actual Adjusted Readmit Rate”. The Excess Readmission Ratio (also referred to as the Standardized Readmission Ratio [SRR]) is the measure that will be used to determine the payment adjustment for the Program. If a hospital performs better than an average hospital that admitted similar patients (that is, patients with similar risk factors for readmission such as age and comorbidities), the ratio will be less than 1.0000. If a hospital performs worse than average, the ratio will be greater than 1.0000. Excess Readmission Ratios greater than 1.0000 will be included in the payment adjustment formula.

### EXAMPLE CASE

<table>
<thead>
<tr>
<th>Measure [a]</th>
<th>Number of Eligible Discharges at Your Hospital [b]*</th>
<th>Number of Readmissions of Your Hospital's Eligible Discharges [c]*</th>
<th>Predicted Readmission Rate [d]*</th>
<th>Expected Readmission Rate [e]*</th>
<th>Excess Readmission Ratio [f]*</th>
<th>National Observed Readmission Rate [g]</th>
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<tbody>
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<td>250</td>
<td>50</td>
<td>21.5%</td>
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</table>

The Predicted readmit rate is also referred to as the “Actual Adjusted Readmit Rate”
- Decrease length of stay- DRG payments

- Decrease cost of heart failure admissions

- Conserve resources, social services, case management
Generally hospitals break even or lose money on heart failure admissions due to inadequate reimbursement.

Coordination of care may eliminate unnecessary heart failure admits and open beds for diagnosis that require higher reimbursement procedures.
Other Benefits

Potential increase in revenues due to increase in cardiac rehab referrals, GDMT such as CRTD

Improved coding for optimum case mix index

Track patient satisfaction scores especially regarding discharge/transition of care

– Regulatory, meets the requirements for heart failure certification, assists with magnet status
– Head start on bundled payments
Tracking Results

Create a dashboard to track data
Number of patients seen per month
Volumes of admits
Readmit data
Financial data
Impact on other positions
Patient satisfaction
with discharge process
- Follow up on inconsistent or irregular data noted in dashboard, set thresholds for PI projects

- Summarize progress to key players on a regular basis to keep them aware of successes and to engage them in quality process improvement initiatives
THANK YOU