Heart Failure Best Practice Strategies:
Featuring Target: HF Honor Roll Hospitals

12/18/2013
Thank you for Joining the Webinar Today.

The Presentation will Begin Shortly.
Presenters:

• **Nasir Sulemanjee, MD, FACC,** *Clinical Adjunct Assistant Professor for the University of Wisconsin School of Medicine & Public Health and Advanced Heart Failure & Transplant Cardiologist for Aurora St Luke’s Medical Center*

• **Anthony Valente, M.D., FACP,** *Vice President of Medical Affairs for Hazleton General Hospital*

• **Andrea Andrews, RN, CHCQM, FAIHQ,** *Director of Quality/ Case Management/ Stroke Coordinator/ Accreditation Contact for Hazleton General Hospital*
Heart Failure Best Practice Strategies: Experience from Aurora St. Luke’s Medical Center

Nasir Sulemanjee, MD FACC
Advanced HF & Transplant Cardiologist
Aurora St Luke’s Medical Center
Webinar Objectives

- To share our experience on how we achieved best practice in heart failure management
- To help understand the past and ongoing challenges in achieving these goals

Every institution will have some common and some unique challenges; it's how you approach them which determines your success...
Target HF initiative

Target: Heart Failure is a national initiative of the American Heart Association that provides healthcare professionals with resources and materials designed to help advance heart failure awareness, prevention, and treatment.
Heart Failure in the US

- ~ 6 million Americans with HF (2.8% adult US population) – NHANES 2008
- 670,000 new cases/year (1 in 5 Lifetime risk for ages > 40y)
- 281,000 annual deaths (1 in 8 death certificates mention HF)
- 1.1 million hospitalizations for ADHF each year & 6.5 million hospital days (LOS 6.4 days)
- 1.8 million ambulatory visits each year
- #1 reason for hospitalization of people > 65y
- Readmission rate of 25% - Medicare to penalize for all reimbursements
- Cost $ 39.2 billion with $21 billion annual hospitalization cost ($160 billion by 2030)
- Mortality 50% at 5 years; 34% at 1 year after a single hospitalization
State of Heart Failure Management at Aurora St Luke’s Medical Center

- National Recognition for Cardiac Care
  - Top 50 “Best Hospitals in the US”
  - #1 Hospital for Cardiac Care in Milwaukee
- Awarded Gold-Star recognition for Quality Management of Heart Failure (ACC/AHA “Get with the Guidelines Program”) for the past 3 Years
- Over 1000 ADHF admissions annually
- Readmission rate is 18.1% (significantly below national average)
- Length of Stay ~ 4.5 days (significantly better than national average)
- Average Cost of HF admission is ~ $5,500 per patient – better than national average

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The Aurora Experience: Historical Perspective

The HF management at Aurora St. Luke’s Medical Center was not always like this...

- As recently as 2008-2009:
  - Our readmission rate for HF was 25%
  - Our use of evidence-based medications were < 50%
  - Our average Length of Stay for HF admission was ~ 9 days
  - Our Inpatient Mortality for HF was above national average
Oh, how we have changed…

STRATEGY

- Recognize the state of heart failure management at your institution
- Identify & understand the challenges
- Develop partnerships
- Implement strategies
- Create an accountable system

Aurora Health Care®
Recognize the State of HF Management at Your Institution

- Complete and Accurate Data Collection
  - Allocate resources and personnel
  - Provide appropriate access
  - Use electronic medical records

- Analyze the data
  - Identify areas you are excelling
  - Identify areas you need improvement
  - Compare with local and national institutes

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Identify Challenges

- Health Care providers awareness and education
- “Local” cultural challenges
- Infrastructure for HF management
- Logistical challenges
- Resources availability
- Financial implications to hospitals and providers
Develop Partnerships

- Identify and recruit “key” personnel to this cause
  - Content Expert (HF Physicians/Cardiologists)
  - Nursing leaders
  - Administrators
  - Allied Health Staff (Social Work, Pharmacist, Dietary, Rehab Team, VNA, Palliative Health, etc.)
  - Local physicians/Stake holders
  - IT personnel/EMR expert
  - Data collection/Quality department representative

Aurora Health Care®
Implement Strategies

- Literature review of best practice strategies
- Get approval from all Executive Committee’s
- Media blitz – *Get everyone to buy in...*
  - Grand Rounds
  - Memo’s
  - Website Announcements
  - Personal meetings
  - In-Hospital Advertisements

*Aurora Health Care®*
Create An Accountable System

- Quarterly report submitted to all providers
- Percent of revenue (bonus) attached to quality metrics.
- Disciplinary action algorithm in place for providers, with involvement of the Medical Staff Office, Physician Evaluation Committee (PEC) and Nursing Council.
HF Readmission @ SLMC

30 days HF Readmission % (1/2010 - 3/2011)

Aurora Health Care®
### Impact Score HF Readmissions (January 2011-August 2011)

<table>
<thead>
<tr>
<th>Destination</th>
<th>Total</th>
<th>%</th>
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<tbody>
<tr>
<td><strong>Home</strong></td>
<td>59</td>
<td>58.4%</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td>SNF</td>
<td>12</td>
<td>11.9%</td>
</tr>
<tr>
<td>Brookfield Rehab Center</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Brookside</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cameo Care Center</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Eastside Rehab Center</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Francisca Woods</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Holton Manor</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Heritage Square</td>
<td>2</td>
<td>16.7%</td>
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<tr>
<td>Jewish Home</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Mapleridge</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>Mt. Carmel</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>Southpointe</td>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td>Muskego HCC</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sunrise</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Village at Manor Park</td>
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<td>8.3%</td>
</tr>
<tr>
<td>Vista Medical Center (IL)</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Willowcrest</td>
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</tr>
<tr>
<td>Mercy Rehab</td>
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<td>8.3%</td>
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<tr>
<td>Williams Bay</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>VNA</td>
<td>21</td>
<td>20.6%</td>
</tr>
<tr>
<td>LTAC</td>
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<td>AMA</td>
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<tr>
<td>Other HHS</td>
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<tr>
<td>ICF</td>
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<tr>
<td>Rehab</td>
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<td><strong>TOTAL</strong></td>
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### Trend by Timing

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<tr>
<td>8-14 days</td>
<td>23</td>
<td>22.5%</td>
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<tr>
<td>15-21 days</td>
<td>20</td>
<td>19.6%</td>
</tr>
<tr>
<td>22-29 days</td>
<td>21</td>
<td>20.6%</td>
</tr>
<tr>
<td>30 days</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>102</strong></td>
<td></td>
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### Index D/C Unit (N=91)

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<tr>
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<td>17</td>
<td>18.8%</td>
</tr>
<tr>
<td>10T</td>
<td>16</td>
<td>17.8%</td>
</tr>
<tr>
<td>5KLM</td>
<td>11</td>
<td>12.1%</td>
</tr>
<tr>
<td>SS</td>
<td>10</td>
<td>11.1%</td>
</tr>
<tr>
<td>9T</td>
<td>8</td>
<td>9.9%</td>
</tr>
<tr>
<td>10S</td>
<td>8</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

### Readmission Diagnoses (N=111)

<table>
<thead>
<tr>
<th>Dx</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td>HF</td>
<td>43</td>
<td>35.0%</td>
</tr>
<tr>
<td>Afib/Flutter/Arrhythmia</td>
<td>7</td>
<td>5.7%</td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td>5</td>
<td>4.1%</td>
</tr>
<tr>
<td>ARF</td>
<td>5</td>
<td>4.1%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>4</td>
<td>3.3%</td>
</tr>
<tr>
<td>Acute MI</td>
<td>3</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mech Comp- Defib</td>
<td>3</td>
<td>2.4%</td>
</tr>
<tr>
<td>COPD</td>
<td>3</td>
<td>2.4%</td>
</tr>
<tr>
<td>CAD/Vascular</td>
<td>3</td>
<td>2.4%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3</td>
<td>2.4%</td>
</tr>
<tr>
<td>Valvular Disease</td>
<td>3</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
In Summary....

- Best Practice guidelines were being followed:
  - When multi-disciplinary team (including cardiologist, HF coordinators, social work, etc.) was involved in the care for HF patients
  - Those patients had better outcomes – inpatient mortality and 30-day readmission

- Majority were being readmitted from home and within 7 days after discharge.
Strategies Employed at Aurora St. Luke’s Medical Center

- Launch hospital-wide HF education and awareness
- Cardiology/Heart Failure Team Consult
- Heart Failure Education by HF Care Coordinators
- Effective use of EMR – Order sets, discharge checklist, etc.
- Discharge follow-up within 1 week with a primary care, cardiologist or the heart failure clinic
- Eligible patients being referred to community-based services (such as VNA, telemedicine, nursing homes, hospice care, etc.)
- Referral to Heart Failure Clinic – Multidisciplinary Team
- Designated Heart Failure Inpatient Units
Significant improvement in Length of Stay demonstrated by utilizing the HF designated unit(s).
AN OVERVIEW of TARGET HF: QUALIFYING for the HONOR ROLL and a DETAILED FOCUS on MEDICATION COMPLIANCE (ACE/ARB, ADLOSTERONE ANTAGONIST, and EBBB)

HAZLETON GENERAL HOSPITAL

HAZLETON, PENNSYLVANIA

PRESENTERS:
ANDREA ANDREWS, RN / CHCQM
DIRECTOR QUALITY / CASE MANAGEMENT
ANTHONY VALENTE, MD / FACP
VICE PRESIDENT OF MEDICAL AFFAIRS
Our objectives for this teleconference will be to:

(1) Discuss ways to improve quality, care transitions, and outcomes for patients with heart failure utilizing patient-centered domains, and

(2) Discuss medication optimization in heart failure patients.
• Target: Heart Failure is a national initiative of the American Heart Association that provides healthcare professionals with resources and materials designed to help advance heart failure awareness, prevention, and treatment.

• Hazleton General Hospital is committed to providing quality, evidence-based standard of care for our heart failure patient population. Heart failure is one of our top 5 DRG admissions and one of our top readmit DRG’s.

• To help you better understand our care of the heart failure patient, let me provide you with a background of our journey.
• We began our journey in the care of our heart failure patients in January, 2007, when we were invited to be a part of the—Accelerating Best Care (ABC) in Pennsylvania Program funded by our state legislature.

• Representatives from The Baylor Health Care System, who developed the ABC at Baylor program, showed us the results of their quality improvement program.

• They explained the cultural changes needed to improve quality and the practical tools needed to accomplish their goals.

• The basis of the ABC Program is to break a problem down into small pieces, like a puzzle, quickly analyze the problem through data collection, implement interventions, and analyze results adding additional interventions if needed, all in a short period of time.
Prior to learning the methodology of the ABC Program, departments would identify problems and tackle the whole problem.

Findings were:
- Team work with other affected departments was sometimes present, but not always;
- Months and months of data would be collected;
- Interventions were delayed; quality targets were not always met and
- Improvements were not noted in a timely fashion.

A core group of 14 individuals, from different disciplines within our organization, began rigorous training on the ABC process in January, 2007.

Training, conducted by coaches from Baylor and Thomas Jefferson, focused on the structure, process, and outcomes of improving quality using the ABC methodology and laid the groundwork for projects the core group were to complete.
• Five quality initiatives were selected to go through the ABC methodology of quality improvement during the training period.

• One of these projects involved our HF core measures, first focusing on HF discharge instructions.

**WHY HEART FAILURE?**

- Top Admission Diagnosis
- Most Common Reason for Readmission
- Core Measure
- Financial Impact

• Our HF Team was formed and the assessment of all patients on the telemetry unit was our focus.

• The baseline for our heart failure discharge instruction core measure compliance for January, 2007 was 79%.
• Our team identified the need for standing order sets for CHF admissions. These were implemented and made mandatory for use by the Medical Staff, with support from the Medical Executive Committee leadership.

• To increase compliance with our core measures—more importantly—to provide quality care to each of our CHF patients every time—all the time, we placed a yellow CHF form on the front of the charts for all CHF patients with the words “STOP—CHF” on them.

• A CHF discharge instruction form was developed and implemented to be utilized for all CHF discharges. This form addressed all the required elements by CMS which include the following:
  - Diet
  - Activity
  - Medications
  - Weight
  - Symptoms
  - Follow-up
• After implementation of these interventions, our compliance for heart failure discharge instructions went to 100% in May, 2007.

• For a better understanding of where HGH began its journey with HF core measures, and where it journeyed to, please note the following:

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Baseline Data in 2004</th>
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</thead>
<tbody>
<tr>
<td>LVS Function</td>
<td>67%</td>
</tr>
<tr>
<td>ACE or ARB for LVSD</td>
<td>48%</td>
</tr>
<tr>
<td>Adult Smoking Cessation</td>
<td>19%</td>
</tr>
<tr>
<td>Discharge Instructions</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Fourth Quarter 2012</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>LVS Function</td>
<td>100%</td>
</tr>
<tr>
<td>ACE or ARB for LVSD</td>
<td>100%</td>
</tr>
<tr>
<td>Discharge Instructions</td>
<td>100%</td>
</tr>
<tr>
<td>HF—Patient Appropriateness of Care Compliance</td>
<td>100%</td>
</tr>
</tbody>
</table>
To sustain our HF compliance, as evidenced by the previous slide, we have implemented the following through our ABC process:

- Placed a clinical quality data RN specialist on the clinical units—monitoring the care our HF patients receive in “real-time”

- Have revised our HF discharge instructions to include a follow-up call to the patient within 72 hours of discharge

- Collaborated with our home health agency in utilizing home telehealth monitors for our HF patients who request our agency and who meet criteria for these monitors.
• These monitors assess weight, blood pressure, O2 saturations, and pulse, along with a set of questions individually selected for each patient regarding edema, shortness of breath, meds, etc.

• These monitors are set up to be checked daily and the information is then sent to a secure website, which our home health nurses check on a daily basis (Monday—Friday) and identify any real or potential problems. If a problem is identified, the home health nurse calls the patient for more information and then either calls the physician or sends a nurse out to evaluate.
ACCOMPLISMENTS AT HGH with OUR HF CORE MEASURE PROCESS

- Have submitted our CHF order sets and medication forms to the AHA, and were chosen to have our CHF tools posted in the GWTG Tool Library.

- Remain a HF mentor hospital for the IHI 5,000,000 Lives Campaign

- Had an article, showcasing our Heart Failure Tools, appear in the December, 2009 issue of “Critical Pathways in Cardiology” journal.

- Received our Target: HF first time Status/Recognition in 2012 and again in 2013.

- Received the Gold Plus Heart Failure Award in 2013 (5 years in a row).

- Have received the five star rating for treatment of our HF patients from Healthgrades.
• When providing optimal HF care, we benefit in many ways:
  • LOS is decreased
  • Utilization of resources is decreased and
  • most importantly, patient satisfaction is increased.

Hazleton General Hospital continued its journey in caring for the heart failure patient by submitting an honor roll award application for Target: HF in 2012. We were one of two hospitals in the Nation that was recognized as a Target Heart Failure Honor Roll Hospital in The US New and World Report ad in August, 2012.
Our compliance to the required measures (where 50% compliance was needed) is as follows—(for 07/01/2012—06/30/2013).

(1) ACE/ARB at discharge – 100% compliance
(2) EBBB—85% compliance
(3) Aldosterone Antagonist at Discharge—58.8% compliance
(4) Follow-up visit within 7 days or less—89.7% compliance
(5) Referred to HF disease management, 60 minutes patient education, or HF interactive workbook—96.9% compliance

The Target: Heart Failure Mission involves 3 key patient-centered care domains that I will address at this time, as they pertain to Hazleton General Hospital and its heart failure patients.
ACEI/ARB at Discharge

Heart failure patients with left ventricular systolic dysfunction (LVSD) and without both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI orARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction.

Time Period: 07/01/2012 - 06/30/2013; Site: Hazleton General Hospital (37794)

### Data For: ACEI/ARB at Discharge

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>Baseline</td>
<td>4</td>
<td>4</td>
<td>100.0%</td>
</tr>
<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
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<td>14</td>
<td>100.0%</td>
</tr>
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</table>

Date of report: 11/18/2013 13:14:51 GMT-05:00 run by User: Andrea Andrews (a.andrews) at Site: Hazleton General Hospital (37794)

Please note: UW-1Q aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. d/b/a Outcome for external presentation or publication of benchmark data.
Evidence-Based Specific Beta Blockers*

Percent of HF patients who were prescribed evidence-based specific beta blockers (Bisoprolol, Carvedilol, Metoprolol succinate CR/XL) at discharge.

Time Period: 07/01/2012 - 06/30/2013; Site: Hazleton General Hospital (37794)

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Baseline</td>
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<td>8</td>
<td>100.0%</td>
</tr>
<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
<td>17</td>
<td>20</td>
<td>85.0%</td>
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Date of report: 11/18/2013 13:15:16 GMT-05:00 run by User: Andrea Andrews (asandrews) at Site: Hazleton General Hospital (37794)

Please note: GWTG aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. d/b/a Outcome for external presentation or publication of benchmark data.
# Aldosterone Antagonist at discharge

Heart failure patients with left ventricular systolic dysfunction (LVSD) with no contraindications or documented intolerance who were prescribed Aldosterone Antagonist at discharge

**Time Period:** 07/01/2012 - 06/30/2013; **Site:** Hazleton General Hospital (37794)

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>Baseline</td>
<td>0</td>
<td>8</td>
<td>0.0%</td>
</tr>
<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
<td>10</td>
<td>17</td>
<td>58.8%</td>
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</table>

Data for: Aldosterone Antagonist at discharge

My Hospital

Date of report: 11/18/2013 13:15:17 GMT 05:00 run by User: Andrea Andrews (aandrews) at Site: Hazleton General Hospital (37794)

Please note: QWTG aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. dba Outcome for external presentation or publication of benchmark data.
Measure LV Function*

HF patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.

Time Period: 07/01/2012 - 06/30/2013; Site: Hazleton General Hospital (37794)

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>Baseline</td>
<td>22</td>
<td>22</td>
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<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
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Date of report: 11/19/2013 09:09:50 GMT-05:00 run by User: Andrea Andrews (saandrews) at Site: Hazleton General Hospital (37794)

Please note: QVTG aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. db/a Outcome for external presentation or publication of benchmark data.
## Follow-up Visit Within 7 Days or Less

Percent of eligible patients with a follow-up visit scheduled within 7 days or less from time of hospital discharge

**Time Period:** 07/01/2012 - 06/30/2013; **Site:** Hazleton General Hospital (37794)

### Data For: Follow-up Visit Within 7 Days or Less

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>Baseline</td>
<td>0</td>
<td>12</td>
<td>0.0%</td>
</tr>
<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
<td>26</td>
<td>29</td>
<td>89.7%</td>
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**Date of report:** 11/18/2013 13:15:17 GMT-05:00 run by User: Andrea Andrews (aandrews) at Site: Hazleton General Hospital (37794)

Please note: OWTG aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. d/b/a Outcome for external presentation or publication of benchmark data.
Post Discharge Appointment for Heart Failure Patients

Percent of eligible heart failure patients for whom a follow-up appointment was scheduled and documented including location, date, and time for follow up visits, or home health visit.

Time Period: 07/01/2012 - 06/30/2013; Site: Hazleton General Hospital (37794)

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>Baseline</td>
<td>0</td>
<td>12</td>
<td>0.0%</td>
</tr>
<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
<td>28</td>
<td>29</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

Date of report: 11/19/2013 09:14:05 GMT-05:00 run by User: Andrea Andrews (aandrews) at Site: Hazleton General Hospital (37794)

Please note: QWTCI aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. d/b/a Outcome for external presentation or publication of benchmark data.
Referral to HF Disease Management, 60 Minutes Patient Education, Or HF Interactive Workbook

Percent of heart failure patients who were referred to heart failure disease management, received 60 minutes of patient education by a qualified educator, or received an AHA heart failure interactive workbook.

Time Period: 07/01/2012 - 06/30/2013; Site: Hazleton General Hospital (37794)

<table>
<thead>
<tr>
<th>Benchmark Group</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>Baseline</td>
<td>0</td>
<td>22</td>
<td>0.0%</td>
</tr>
<tr>
<td>My Hospital</td>
<td>07/01/2012 - 06/30/2013</td>
<td>63</td>
<td>65</td>
<td>96.9%</td>
</tr>
</tbody>
</table>

Data for: Referral to HF Disease Management, 60 Minutes Patient Education, Or HF Interactive Workbook

Date of report: 11/18/2013 13:13:17 GMT-05:00 run by User: Andrea Andrews (aaandrews) at Site: Hazleton General Hospital (37794)

Please note: QWIG aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. for external presentation or publication of benchmark data.
1. Medication optimization—regarding discharge use of ACE/ARB, EBBB, and Aldosterone antagonist in all eligible heart failure patients.

   (a) ACE/ARB at discharge—for fiscal year 2012/2013, we are at 100% compliance.

   (b) EBBB—for fiscal year 2012/2013, we are at 85% compliance.

In order to address the EBBB and Aldosterone antagonist medication optimization, we have revised our HF order sets to include these meds. We have also heightened awareness with our medical staff, Pharmacy and nursing in regards to medication optimization of our heart failure patients through use of evidence-based standards of care and team collaboration.
(c) Aldosterone antagonist at discharge—for fiscal year 2012/2013, we are at 58.8% compliance. This measure addresses heart failure patients with LVSD with no contraindications or documented intolerance to this medication.
## Allergies:
Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.

### Heart Failure Admission Orders Page 1 of 4

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Allergies</th>
</tr>
</thead>
</table>

**General**
- Patient Condition: Critical, Guarded, Stable, Unstable
- Resuscitation Status: Full Code, Do Not Resuscitate, Limited Do Not Intubate, Limited Meds Only

**Nursing Orders**
- Measure intake and output
- Measure daily weight
- Insert/maintain Saline Loop

**Respiratory**
- Stroking sputum
- Ensure coughing
- Oxygen via nasal cannula
- Oxygen via nonrebreather face mask
- Oxygen via Venturi mask
- Pulse oximetry
- Frequency
- Notify physician if pulse ox less than 80% despite oxygen therapy

**Diet**
- Prealbumin (To be done on all admissions except OB, SPU, Pediatrics & Observation (CANNOT be cannulated))
- Diet, Low Sodium (2 Gm)
- Diet, Low Cholesterol
- Diet, Cardiac fluid intake: 24 hrs 1000 ml, 1200 ml, 1500 ml or no fluid restriction
- Diet, Renal fluid intake: 24 hrs 1000 ml, 1200 ml, 1500 ml or no fluid restriction
- Diet Carbohydrate Consistent calorie level: 1200, 1600, 2000

**Diuretics:** Loop
- Bumetanide 1 mg (Bumex) IV daily
- Bumetanide 2 mg (Bumex) IV daily
- Bumetanide 3 mg (Bumex) IV daily
- Furosemide 20 mg (Lasix) IV daily
- Furosemide 40 mg (Lasix) IV daily
- Furosemide 80 mg (Lasix) IV daily
- Furosemide 100 mg (Lasix) IV daily

**Diuretics: Thiazide and Thiazide Type - Oral**
- Metolazone 2.5 mg (Zaroxolyn) orally daily
- Metolazone 5 mg (Zaroxolyn) orally daily

**Beta Blockers (continued onto page 2)**
**Reminder** Only Carvedilol (Coreg) and Metoprolol Succinate (Toprol XL) have indications for heart failure
- Carvedilol 1.25 mg (Coreg) orally twice daily
- Carvedilol 2.5 mg (Coreg) orally twice daily
- Carvedilol 6.25 mg (Coreg) orally twice daily
- Carvedilol 6.5 mg (Coreg) orally twice daily
- Carvedilol 12.5 mg (Coreg) orally twice daily
- Metoprolol Succinate 12.5 mg (Toprol XL) orally daily
<table>
<thead>
<tr>
<th><strong>Date and Time</strong></th>
<th><strong>Heart Failure Admission Orders Page 2 of 4</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergies:</strong></td>
<td>Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.</td>
</tr>
<tr>
<td>Metoprolol Succinate 50 mg (Toprol XL) orally daily</td>
<td></td>
</tr>
<tr>
<td>Metoprolol Succinate 25 mg (Toprol XL) orally daily</td>
<td></td>
</tr>
<tr>
<td><strong>If none must specify the reason:</strong></td>
<td></td>
</tr>
<tr>
<td>EF equal to or greater than 40%</td>
<td></td>
</tr>
<tr>
<td>Allergy Intolerance</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Hyperkalemia</td>
<td></td>
</tr>
<tr>
<td>Bradycardia/High Degree AV Block</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td>On Beta Blocker</td>
<td></td>
</tr>
<tr>
<td>Other: Specify</td>
<td></td>
</tr>
</tbody>
</table>

| **Angiotensin Converting Enzyme Inhibitors** |
| Lisinopril (Prinivil) 2.5 mg orally daily |
| Lisinopril (Prinivil) 5 mg orally daily |
| Lisinopril (Prinivil) 10 mg orally daily |
| Lisinopril (Prinivil) 20 mg orally daily |
| **If none must specify the reason:** |
| EF equal to or greater than 40% |
| Allergy Intolerance |
| Hypertension |
| Hyperkalemia |
| Renal Insufficiency |
| On ACE Inhibitor |
| Other: Specify |

| **Angiotensin Receptor Blockers** |
| valsartan 20 mg (Diovan) orally daily |
| valsartan 40 mg (Diovan) orally daily |
| valsartan 80 mg (Diovan) orally daily |
| valsartan 160 mg (Diovan) orally daily |
| **If none must specify the reason:** |
| EF equal to or greater than 40% |
| Allergy Intolerance |
| Hypertension |
| Hyperkalemia |
| Renal Insufficiency |
| On Angiotensin Receptor Blocker |
| Other: Specify |

| **Medications - Aldosterone Antagonists** |
| eplerenone 25 mg (Inspra) orally daily |
| spironolactone 25 mg (Aldactone) orally daily |
| **If none must specify the reason:** |
| Intolerance |
| Hyperkalemia |
| Chronic Kidney Disease |
| Breast Swelling |
| Other: Specify |

<p>| <strong>Antifibrinolytic Agents</strong> |
| eptifibatide 10 mg (Integriti) orally daily |
| <strong>If none must specify reason on page 3</strong> |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.</td>
</tr>
</tbody>
</table>

Heart Failure Admission Orders Page 3 of 4

** If none must specify the reason: 
- Allergy
- Myasthenia
- Acute Liver Disease
- Increased Liver Enzymes
- Hx of Statin Failure
- Pregnancy
- Breast Feeding
- Other: Specify

**Cardiac Glycosides**
- Digoxin 0.25 mg orally daily
- Digoxin 0.5 mg orally daily

**Platelet Inhibitors: SALICYLATES**
- Aspirin (Enteric Coated): 81 mg orally daily
- Aspirin (Enteric Coated): 325 mg orally daily

**Nitrates**
- Nitroglycerine 0.1 mg patch (Nitrolingual) daily
- Nitroglycerine 0.2 mg patch (Nitrolingual) daily
- Nitroglycerine 0.3 mg patch (Nitrolingual) daily
- Nitroglycerine 0.4 mg patch (Nitrolingual) daily
- Nitroglycerine 0.8 mg patch (Nitrolingual) daily

**Potassium Supplements**
- Potassium Chloride 20 mEq orally daily

**Vasodilators: Combination Agents**
**Reminder - Consider using if contraindication to ACE/ARB**
- Hydralazine 25 mg (Apresoline) orally three times daily
- Hydralazine 50 mg (Apresoline) orally three times daily
- Isosorbide mononitrate (Isordil) 30 mg orally daily
- Isosorbide mononitrate (Isordil) 60 mg orally daily
- Isosorbide mononitrate (Isordil) 90 mg orally daily

**Cardiac Markers**
- Troponin

**Chemistry**
- BUN
- B-type natriuretic peptide (BNP)
- Creatinine, serum
- Glucose, serum, random
- Magnesium (Mg), level, serum
- Potassium level, serum

**Hematology**
- Complete blood count

**Panels**
- Comprehensive metabolic panel
- Hepatic function panel
- Fasting Lipid panel cannot be cancelled

**Therapeutic Drug Levels/Toxicology**
- Digoxin level

Hackett General Hospital
700 East Broad Street, Hackett, PA 19381

Heart Failure Admission Orders
Page 3 of 4 ORGCHF P-0077-0713
Date and Time
Allergies:

Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.

Heart Failure Admission Orders Page 4 of 4

Urine Studies:

Urine Analysis

Radiology:

Chest X-Ray 2 Views

Diagnostic Tests:

12 lead EKG

X Echocardiogram- Obtain copy of echocardiogram if done in the last 12 months. If unavailable, order echocardiogram

Echocardiogram reading physician

Reason for echocardiogram

Consult:

Consult to dietitian for diet management

X Consult to social services to arrange for discharge planning/home health visit

X Consult to cardiologist of choice for heart failure

** If none must specify the reason:

Already established

Patient declines

Self Limiting Episode

Secondary Diagnosis

PHYSICIAN SIGNATURE

DATE/TIME
2. Early follow-up and care coordination—early post-discharge follow-up with visit or phone call scheduled to occur within 7 days of hospital discharge—for fiscal year 2012/2013, we are at 89.7% compliance.

Nursing is responsible for meeting this measure and we have a Clinical Quality Data RN Specialist who reviews this daily. We also try to place our heart failure patients on our telemetry unit. We also make the post-discharge appointment for heart failure patients, whom we have identified as our high-risk population—for fiscal year 2012/2013, we are at 96.6% compliance.
3. Enhanced patient education—this involves referral to HF disease management, 60 minutes of patient education, or HF interactive workbook—for fiscal year 2012/2013, we are at 96.9% compliance.

We have revised our CHF Discharge Instructions to include the AHA’s Information Prescription for Healthier Living with HF—which we give to the patient.
Admission Diagnosis: 

Condition on Discharge: 

Improved 
Stable 
Stable but Unchanged 

Pharmacy Name: 

Phone Number: 

Allergies: 

Activity & Restrictions: 
1. Avoid intense exercise 
2. Space out your activities and rest or stop if any symptoms occur 
3. Get plenty of sleep 
4. Avoid heavy lifting (for most people this is over 20 pounds) 
5. Avoid very hot and cold temperatures 
6. Other: American Heart Assn. Information Prescription for Healthier Living with Heart Failure give to patient 

Diet: 
1. Watch salt intake (no more than 1 tsp of salt per day) 
2. Watch your fluid intake (no more than 8 cups per day) 
3. Watch your alcohol intake (no more than 1-2 servings per week) 
4. Watch your caffeine intake (no more than 1 serving per day) 
5. Other: 

Lab Tests/X-Ray: 

Special Instructions – Signs/Symptoms to Report: 
1. Call your doctor within 8 – 12 hours if: 
   a. 3 - 4 pound weight gain 
   b. New shortness of breath 
   c. Wake up with a cough or notice you have constant cough 
   d. Increase in weakness or fatigue 
   e. Swelling of hands and feet or stomach bloating 
2. Call your doctor immediately if: 
   a. Chest pain or pressure 
   b. Fast heartbeat 
   c. Dizziness, fainting 
   d. Any unusual bleeding or bruising 

Smoking: If you smoke – STOP. Smoking causes additional injury to your heart. If you are ready to quit smoking or want more information, discuss this with your physician 

Safe Effective Use of Medical Equipment 

N/A 

Wound & Dressing Care: 

Pending Testing – results will be sent to the ordering physician: 

Follow up – Patient/Family/Significant Other is responsible for contacting the following physicians for follow up as listed below if an appointment was unable to be prescheduled or missed. Please Bring This Copy With You 

Dr. Address: 

Phone Number: 

Appointment Date/Time: 

Call for appointment in days/weeks 

Dr. Address: 

Phone Number: 

Appointment Date/Time: 

Call for appointment in days/weeks 

Dr. Address: 

Phone Number: 

Appointment Date/Time: 

Call for appointment in days/weeks 

Home Health Follow Up With: 

Phone Number: 

I have received a copy of the above instructions and I and understand the information listed: 

Patient/Significant Other Signature: 

Relationship: 

Nurse Signature: 

Date: 

Physician Signature: 

Date: 

Hazleton General Hospital 
700 East Broad Street, Hazleton, PA 18201 

CHF Discharge Instruction Sheet 

DISINSTRUCTCHP P-0301-0412
Information Prescription

“When Patients and Their Families Know More, Everyone Benefits”

Now that your hospital stay is over, it’s time to focus on preventing recurring events. These interactive workbooks are designed to help you better understand your condition, how to maximize your recovery and provide the skills you and your caregivers need to better manage your future health.

The workbooks are self-guided, so you can learn at your own pace. They include audio voiceover, video, animations and printable tools and logs.

Patient Instructions: Please go to heart.org/workbooks to register and begin using the FREE* interactive workbook that I have selected for you. If provided below, please include the special code when you register.

Maximizing Independence After Stroke

Chapters include:

- Understanding Stroke
- Physical Challenges After Stroke
- Behavioral and Emotional Changes After Stroke
- At Home After Stroke
- Understanding Risk Factors
- Taking Medications to Prevent Another Stroke
- Eating Healthy to Prevent Another Stroke
- Getting and Staying Physically Active
- Moving Forward

Healthier Living With Heart Failure

Chapters include:

- How Heart Failure Affects the Body
- Making Healthy Eating Choices
- Quitting Smoking
- Getting Physical Activity
- Getting Enough Rest
- Managing Stress
- Managing Medications
- Additional Treatment Options
- Living Well with Heart Failure

Physician/Healthcare Professional

American Hospital Association Code

Date

(Special Code/Sticker)

*These workbooks are provided by Get With The Guidelines®, an American Heart Association/American Stroke Association program used by our hospital to ensure treatment that’s based on the latest scientific guidelines.
We also begin HF education / teaching on admission, and reiterate again at discharge. We use the CHF teaching / discharge instruction form.
After you leave the hospital, you should follow these instructions. These instructions are necessary for continuing your medical care.

**Congestive Heart Failure Teaching/Discharge Instructions**

**Medication**
- Make a schedule and take your medicine exactly as instructed.
- Check with your doctor before taking any other medicines including over-the-counter medicines. They may interfere with your heart medicine.

**Diet**
- Watch your salt intake (no more than 1 teaspoon of salt per day).
- Watch your fluid intake (no more than 64 oz (8 cups) per day).
- Watch your alcohol intake (no more than 1 to 2 servings per week).
- Watch your caffeine intake (no more than 1 caffeinated beverage per day).

**Weight**
- Weigh yourself at the same time every day.
- If you gain 3 to 4 pounds within 2 days, call your doctor. You may be holding fluid.

**Activity**
- Avoid intense exercise.
- Space out your activities and rest or stop if any symptoms occur.
- Get plenty of sleep.
- Avoid heavy lifting (for most people this is over 20 pounds).
- Avoid very hot and very cold temperatures.

**Symptoms**

**CALL your doctor WITHIN 8 to 12 hours if:**
- 3 to 4 pound weight gain.
- New shortness of breath.
- Wake up with a cough or notice you have a constant cough.
- Increase weakness or fatigue.
- Swelling of hands and feet or stomach bloating.

**CALL your doctor IMMEDIATELY if:**
- Chest pain or pressure.
- Fast heartbeat.
- Dizziness, fainting.
- Any unusual bleeding or bruising.

**Follow-up**
- Keep all doctors appointments.
- Keep any/all appointments for blood work, tests and studies.

If you smoke — STOP. Smoking causes additional injury to your heart. If you are ready to quit smoking or want more information, discuss this with your physician.

☐ Copy given to patient  ☐ CHF educational booklet given to patient

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Hadston General Hospital
700 East Broad Street, Hadston, PA 18201

**Congestive Heart Failure Teaching/Discharge Instructions**

P-0011-0812

CHF TEACHING
We have an ABC team that remains in place working with nursing, the medical staff, home health and other involved ancillary departments in providing the best care to our HF patients—every time, all the time—utilizing evidence-based standards of care and team collaboration.

We definitely have room for improvement with EBBB and Aldosterone antagonists ordered at discharge, and this is where our focus will be with our ABC team as we strive to improve the care of our heart failure patients and maintain Target: HF Status/Recognition.
For more information contact:

Andrea Andrews  
Director of Quality / Case Management  
Hazleton General Hospital  
570-501-4744  
aandrews@ghha.org

Anthony Valente, M.D./FACP  
Vice President of Medical Affairs
Want to learn more about Advanced Certification in Heart Failure?

Please visit www.heart.org/certification or email us at accreditation@heart.org.
Thank You!

• For more information and to register for Target: HF®, go to www.heart.org/targethf.
  – In order to claim your continuing education credits for attending this Target: Heart Failure webinar please download the document entitled “Instructions for Claiming CME/CE Credits” or download the instructions from www.heart.org/targethf click on icon that says “webinars/slide decks”. Find this event and download the document.
  – Please follow the instructions listed in this document.
  – Remember to visit learn.heart.org
  – This is also a great site that the American Heart Association provides where you can Learn at Heart with the latest Cardiovascular and Stroke CME/CE activities