

ACC Accredited Hospital Lowers HF Readmission Rate Through Team Approach to CV Care

Challenge

During the third quarter of 2015, the healthcare professionals at Tolon Hospital¹ reviewed the facility's heart failure patient readmission data and reported a readmission rate of 17.9%. The number of readmissions was trending up and a closer look at the data revealed that most of these readmissions occurred within seven days after discharge.

Realizing that this posed several critical challenges, they turned to the Society of Cardiovascular Patient Care (now ACC Accreditation Services) for guidance as they pursued Heart Failure Accreditation. The hospital faced multiple hurdles associated with treating this complex patient population, including limited resources and only one cardiology group in the area. The national costs associated with heart failure patients are about \$32 billion a year, and the hospital is financially impacted whenever a readmission occurs. Even more alarming, the mortality rate increases every time a heart failure patient is readmitted. Knowing that decreasing heart failure readmissions would be better for both the patient and the hospital, they established a goal for improvement.

The accreditation process not only reinforced this goal, but it provided specifics for accomplishing it. The hospital's heart failure coordinator commented, "It's a daunting task to improve a program or a disease process. But accreditation gives you certain points to focus on, so you can zero in on those specific tasks."

Solution

The process of improvement began with monthly conversations between the team coordinator at the hospital and the accreditation review specialist. In addition, the ACC Heart Failure accreditation tool served as a guideline for enacting much-needed positive change. To begin, the hospital formed a multidisciplinary committee to explore possible changes and follow through on the accreditation guidelines. They also examined cultural hurdles, patient understanding of the disease and the need for post-discharge follow-up. The facility instituted the Readmission Coalition with Post Acute Care Services, a group that met quarterly to share metrics, goals, and PI initiatives. Using the team approach, they worked with home health agencies, cardiac rehab and other post-acute services to discuss readmission numbers and develop ideas for improvement.

The hospital also revamped its discharge education plan for heart failure patients. The new approach, which occurs while patients are still in the hospital, focuses on diet, medication regimen, exercise, daily weights and general disease process knowledge. They looked closely at post-discharge follow-up to determine if any cultural issues were getting in the way. If patients weren't taking their medication, for instance, they needed to determine the reason for this behavior. And when patients neglected to adhere to the recommended diet, that situation was also addressed. In both instances, the issue is often affordability. In the case of medication, they explored generic options. At the same time, many of these patients live alone and rely on meals from the local food bank, which are often heavily salted. Sometimes it was simply a matter of requesting a low-sodium option.

The professionals at Tolon Hospital¹ quickly realized they needed to be vigilant when uncovering the reasons for patient non-compliance. They discovered that for some patients, the word "compliance" has a negative connotation. A better, more successful approach is to simply find out why the patient is not able to do what he or she is supposed to do.

"We consider ourselves to be a very quality-oriented facility, but we needed to determine if we were jumping through the hoops or doing things that really make a difference. Accreditation makes you realize that you need to look closely at the numbers," the coordinator explained."

With only one group of cardiologists at the hospital, most patients were seeking follow-up treatment with their primary care physician or they simply weren't seeing a physician at all. The hospital instituted a pledge with all internal medicine physicians in the area, asking them to see heart failure patients within five to seven days after discharge. They even created a banner—signed by the physicians—that supported this commitment, and they presented it to the public.



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Based on this seven-day pledge, they worked closely with members of the office staff at the various physician offices to educate them about the need for scheduling patient follow-up appointments. Fortunately, there was an incentive. If high acuity patients with pneumonia and congestive heart failure are seen within the seven-day, post-discharge timeframe, the reimbursement code is higher.

ACC also shared best practices from other facilities around the country. "One of the hardest things to do is to invent the wheel," the coordinator said. "But if somebody has already invented the wheel and you can adopt it and use it for yourself, it's a lot easier because you're not starting from scratch." This came in handy in terms of document sharing, which helped the hospital change and update some of its documents. "Prior to accreditation, we had four or five different documents, including a mission statement and a policy statement, but we did not have a charter," the coordinator explained. "So, we pulled a charter from another facility and wrapped all of our documents into one, making it easier to communicate."

Results

The results were nothing short of phenomenal. The 2015 fourth quarter readmission rate was down to 2.6%, with the average for that year at 11.5%. And numbers from the first quarter of 2016 demonstrated a 50% reduction in readmissions from 2015. It was a classic case of enacting a series of smaller steps that affect the overall picture on a grander scale.

According to Tolon Hospital's¹ heart failure coordinator, the success has a great deal to do with the accreditation tool, which breaks the task down into manageable parts. "The accreditation tool gives you what you need to work on, but if you want to go a step beyond, it also gives you some recommended and innovative things you can do," he said. "Now we are going beyond what's mandatory, and we're stepping up our level of care."

The coordinator also points out the importance of increased awareness. "Awareness is 99% of where you need to be and how you can be effective. When you make people aware of the problem and aware of what's going on, then they want to do something about it," he said. That's where the accreditation process really made a difference.

As it stands right now, Tolon Hospital¹ continues to focus on patient education, better patient follow-up and overcoming cultural hurdles. Although they've considered establishing a heart failure clinic, resources are limited. For now, they've decided to wait and see if the pledge with area physicians continues to produce better outcomes. At the same time, they will continue to closely monitor patient behavior and, when necessary, implement small but significant steps for improvement.

Look to ACC Accreditation Services

Hospitals that are intent on connecting quality and cost with outcomes and patient satisfaction look to ACC Accreditation Services to help them create cardiovascular communities of excellence. Achieving accreditation status improves a hospital's productivity, patient throughput, and the quality and consistency of care. In short, it better positions a hospital as a preferred provider of cardiovascular care.

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1) Pseudonym

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