Implementing a Systematic Approach to Reducing Heart Failure Readmissions



Andrea Atkinson, BSHA, RRT, LSSBB, Director of Quality Outcomes; Andrea Lint, MA, CCC-SLP, Disease Management Coordinator

WVU Medicine Uniontown Hospital, Uniontown, PA

WWVUMedicine

IMPROVEMENT ACTION PLAN WITH ACTIONS TAKEN

BACKGROUND:

- Heart Failure is one of the leading causes of hospitalization in Pennsylvania.
- Our community-based, rural hospital faces exacerbated challenges, serving a county with notably high heart-failure risk factors of obesity, smoking, and diabetes rates.
- Our hospital's heart failure (HF) readmission rate was 8.25% higher than that of our peer group.
- CMS HRPP penalty of \$147,012 over 3 years

- Multi-Disciplinary
 Team Formation
- Created a dedicated team to address key issues.
- Encouraged cross-departmental problem-solving.

Root Cause Analysis

• The team identified gaps in diuretic management and discharge protocols contributing to readmissions

Standardized Protocols

- Diuretic Management: Ensuring appropriate and consistent use.
- Discharge Protocols: Clear, evidence-based processes for improved patient care

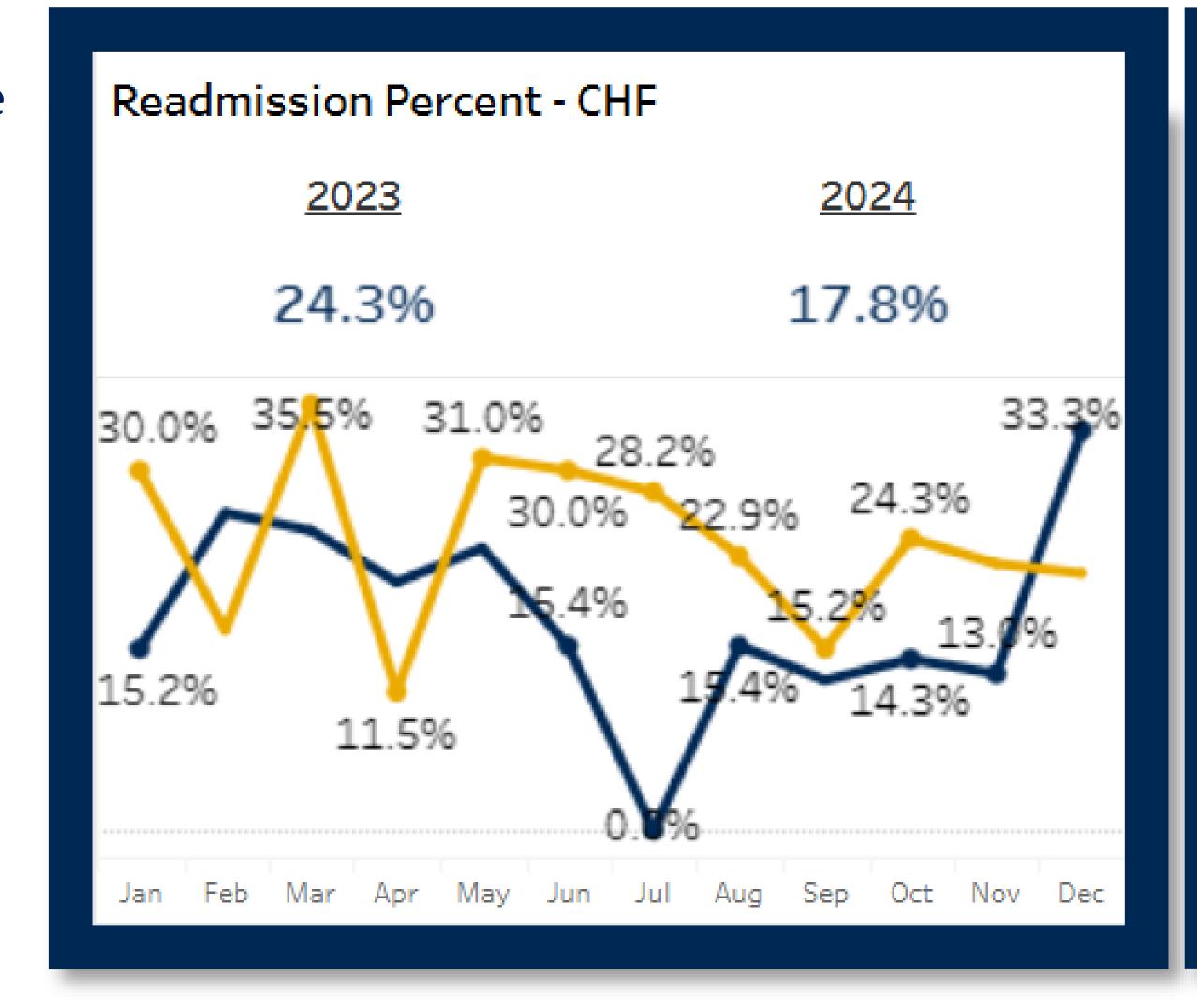
Built-in Sustainability Plan

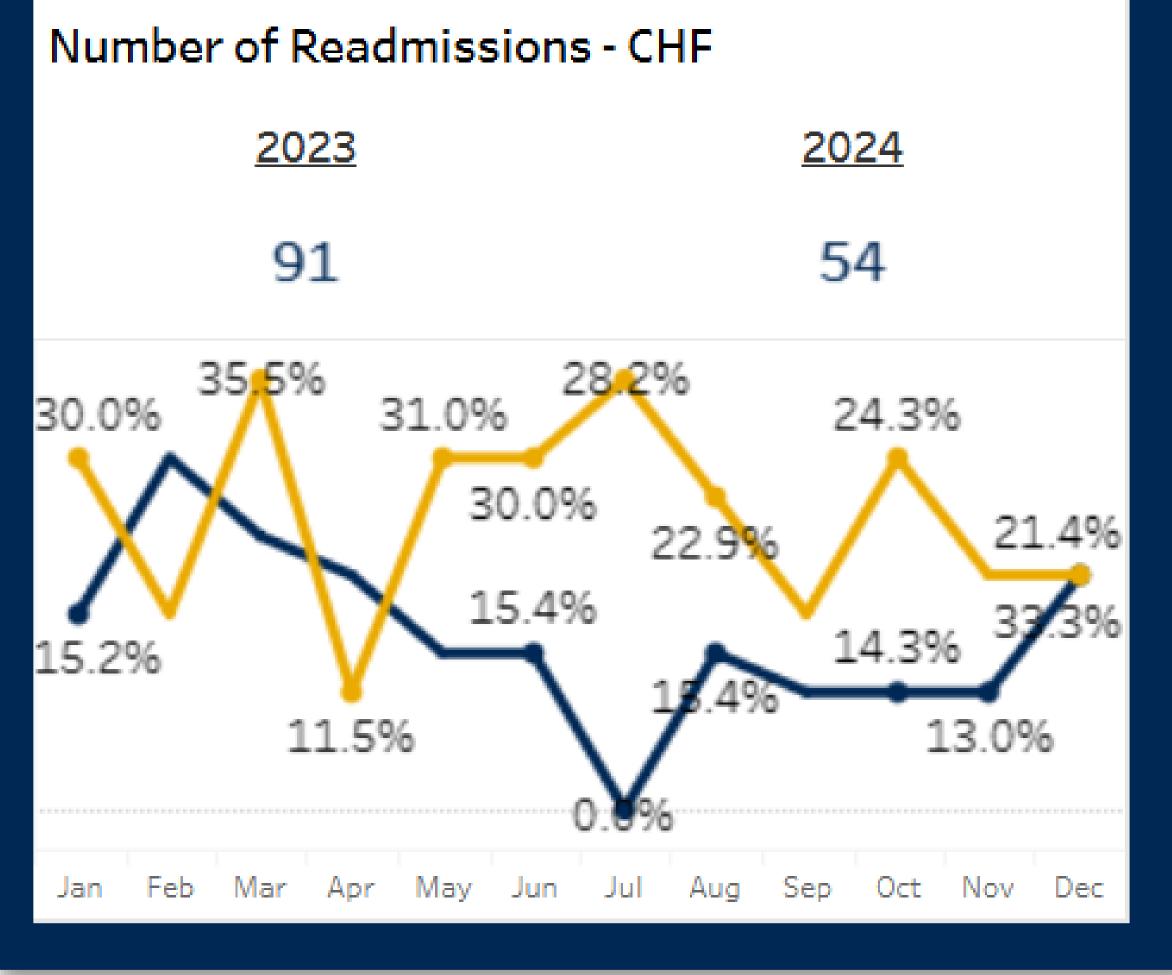
- Monitoring & Compliance
- Feedback & Continuous Improvement

SMARTER OBJECTIVE:

Implement targeted interventions to reduce all-cause 30-day readmission rates for heart failure patients by at least 10%, decreasing rates from 24.3% to 20.97% or lower by January 1, 2025, through enhanced care coordination, patient education, and evidence-based clinical strategies.







SCALE UP PLAN:

- No additional resources that required financial support were utilized, including no additional FTE.
- Focusing on a small scale allowed was the key to sustainability and adaptability, while also laying the groundwork for future expansions across the continuum of care.

SUSTAINABILITY PLAN:

Monitoring & Compliance

Tracking adherence and effectiveness.

Monthly audits of all heart failure readmissions.

Evaluation and scoring to identify areas for improvement.

Feedback & Continuous Improvement

Ongoing assessment and provider engagement.

Individualized feedback provided by the medical director.

Continuous evaluation to refine care practices.

LESSONS LEARNED:

- Keep a narrow scope with targeted approach
- Pareto Principle- 80% of the results come from 20% of efforts
- Importance of Multidisciplinary collaboration