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Risk Stratification to Reduce **Heart Failure** Readmissions

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Details

Location:

- Salem Hospital, Intermediate Care Unit (IMCU)

Time Frame:

- Development- 3 Weeks
- Implementation- 3 Weeks
- Evaluation- 4 Weeks

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Objectives

- Decrease Heart Failure Readmissions
- Evaluate High/Low Risk for readmission
- Arrange Follow up appointment
- Improve Transitional Care

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Plan for Project

- Research and select an evidence based risk stratification tool
- Track heart failure patients throughout their stay on the Intermediate Care Unit
- On the day of discharge, use tool and evaluate high or low readmission risk
- Educate patient on follow up and HF education, determine time/day preferences
- Make follow up appointment according to high or low risk

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Participant & Roles

CNS student-

- Review charts for HF patients
- Participate in daily rounding to determine status and needs at transition
- Risk stratify patient on the day of discharge (DC) (Monday thru Friday only)
- Contact PCP and/or Cardiology office to schedule appointment
- Educate patient on follow up and self care parameters during IP stay

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Background/Available Evidence (Literature review)

Two categories:

1. Risk Stratification Tools
   - 16 articles reviewed
   - LACE risk stratification tool chosen
     - Two supporting studies
   - Tested in HF, but can be applied to other patient populations

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Background/Available Evidence (Literature review)

Two categories (con't):

2. Appointment made with provider prior to DC
   - 12 articles reviewed
   - Supports early follow up with a provider to decease readmissions
   - Two articles support that the initial visit with Cardiology vs. PCP has a more significant impact on readmissions.

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Study Description

- **High Risk Patient: LACE score > 10**
  - Cardiology appointment (Not NP or PA) within 7 days of discharge (PCP if no cardiologist following patient) **AND**
  - PCP appointment within 14 days of discharge
- **Low Risk Patient: LACE score <10**
  - PCP appointment within 10 days of DC

Walraven, Dhalla, Bell, Etchells, Stiell, Zarnke, Austin, & Forster, 2010

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Ottawa Hospital Research Institute
LACE Index Scoring Tool for Risk Assessment of Death and Readmission

Step 1. Length of Stay
Length of stay (including day of admission and discharge): _____ days

Length of stay (days)	Score (circle as appropriate)
1	1
2	2
3	3
4-6	4
7-13	5
14 or more	7

L

Step 2. Acuity of Admission
Was the patient admitted to hospital via the emergency department?
If yes, enter "3" in Box A, otherwise enter "0" in Box A

A

Step 3. Comorbidities

Condition (definitions and notes on reverse)	Score (circle as appropriate)
Previous myocardial infarction	+1
Cerebrovascular disease	+1
Peripheral vascular disease	+1
Diabetes without complications	+1
Congestive heart failure	+2
Diabetes with end organ damage	+2
Chronic pulmonary disease	+2
Mild liver disease	+2
Any tumor (including lymphoma or leukemia)	+2
Dementia	+3
Connective tissue disease	+3
AIDS	+4
Moderate or severe liver disease	+4
Metastatic solid tumor	+6
TOTAL	

If the TOTAL score is between 0 and 3 enter the score into Box C. If the score is 4 or higher, enter 5 into Box C

C

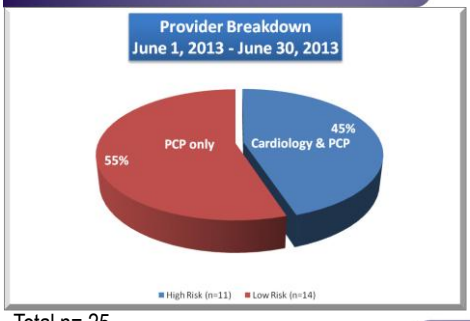
Step 4. Emergency department visits
How many times has the patient visited an emergency department in the six months prior to admission (not including the emergency department visit immediately preceding the current admission)? _____
Enter this number or 4 (whichever is smaller) in Box E

E

L + A + C + E = Score

Walraven et al, 2010

Outcomes



Total n= 25

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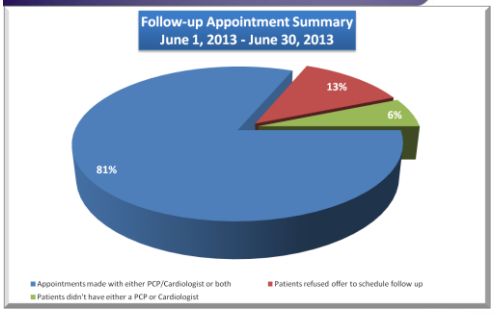
Outcomes



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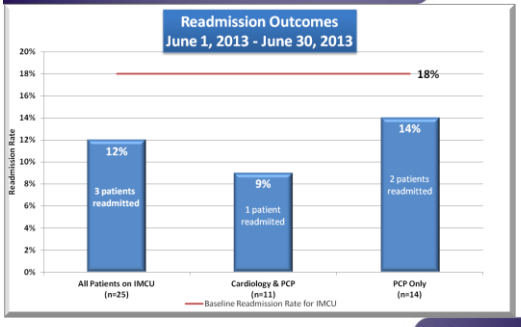
Outcomes



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Lessons Learned & Projected Barriers

- Controversial topic, must proceed with caution
  - PCP vs. Cardiologist
  - Two co-pays for patients in high risk
- Challenging Implementation: Who, How?
- Limited time slots in Cardiology and PCP schedules for follow up appointments within the time parameters

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Good News!

Project was implemented on a larger scale for the entire month of March 2014.

- Care management making the appointments
- 4 units
- Goal is for all appointments to be scheduled by day 7 post discharge
  - If they were seen by Cardiology: Cardiology appointment set up
  - All other to PCP within 7 days
- New Risk Stratification tool for inpatients starting soon.

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Questions? Comments?

Thank You!

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