

EVIDENCE-BASED HEART FAILURE CARE

Where we've been...

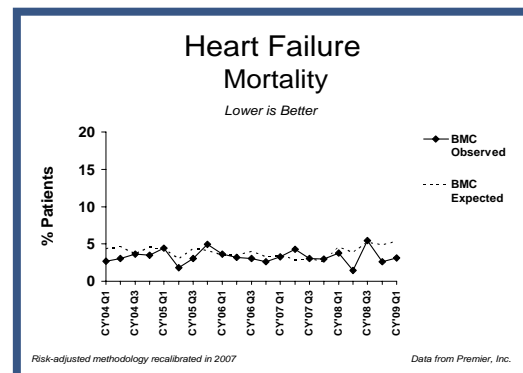
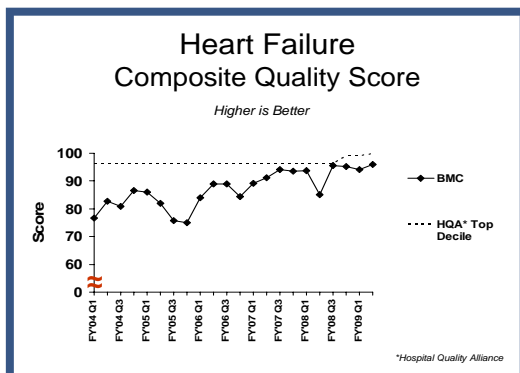
Delivering Reliable, Evidence-Based Care for Heart Failure (HF) Reliably deliver the key care components to all patients who come to BH with heart failure.

Heart failure (HF) is one of the most common inpatient admissions at Baystate Health (BH) facilities and has been a focus of quality improvement efforts for BH hospitals for many years. BH has participated in numerous projects over time, specifically focusing on quality management, length of stay, readmission, and mortality rates. In the past, each hospital established a quality action team to promote improvements in care and coordinate education programs for patients and staff. In 2003, BH began participating in public reporting through Hospital Quality Alliance (HQA). Baystate Medical Center also participates in the Hospital Quality Initiative (HQI) and has a composite score within the top 20th percentile of hospitals participating. The composite score represents how well BH facilities reliably provide all appropriate care. As a result of these efforts, clinical practice guidelines were developed that focused on key components of care, including the use of appropriate medications (such as ACEi/ARB, and nesiritide), the assessment of left ventricular function (LVEF), smoking cessation counseling, and detailed patient education at discharge. Additionally a Heart Failure Program was established to provide specialized patient-appropriate therapy, optimize quality of life, and reduce readmissions across the continuum of care.

Where we are now...

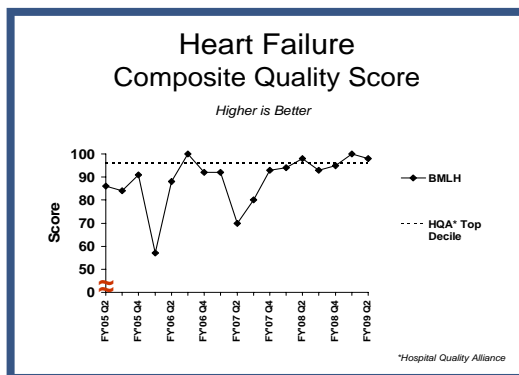
BAYSTATE HEALTH AMBULANCE Baystate Health Ambulance (BHA) applied to the Massachusetts Office of Emergency Medical Services (OEMS) and received a waiver to do continuous positive airway pressure (CPAP) in the pre-hospital setting for patients with heart failure. CPAP is a noninvasive device that is easy to handle, simple to learn, effective in emergent situations, and decreases costs throughout the emergency healthcare spectrum. Information from evidence-based studies using CPAP demonstrates a decreased pre-hospital, emergency department, and/or in-hospital need for endotracheal intubation, and improvement in the patient's respiratory condition in a safer and less costly manner. Using this information, BHA was able to demonstrate the benefits of CPAP use, as well as a direct impact on the quality and efficiency of care. In collaboration with BMC/BFMC, BHA has gained approval from the Massachusetts OEMS to continue to provide CPAP through 2009.

BAYSTATE MEDICAL CENTER We have observed sustained high rates of use of ACEi/ARB and in measurement of LVEF, and recent changes in our Clinical Information System (CIS) have helped us to provide smoking cessation information and detailed discharge instructions consistently to our patients. These changes, combined with our participation in the IHI Project Impact, have helped to increase our composite quality score to 96% in FY'09 Q2. Our observed mortality rate of 3% is lower than our expected mortality, and our 30-day CMS HF readmission rate is no different than the U.S. National Rate. New technologies, such as Telehealth, ultrafiltration, biventricular pacers, and cardiac resynchronization therapy, have been incorporated into our program and feedback loops have been developed to provide timely information to all clinicians if they miss an opportunity to provide optimal care.



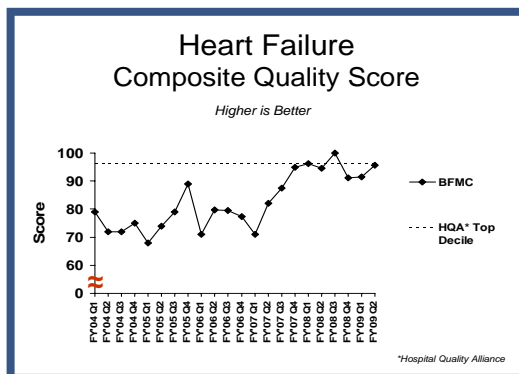
EVIDENCE-BASED HEART FAILURE CARE

BAYSTATE MARY LANE HOSPITAL Enhanced discharge documentation through CIS, resulting in more patient-friendly information on medications, has helped to increase satisfaction, communication and handoffs. Ongoing clinical education emphasizes that heart failure interventions need to be done not only when it is the primary diagnosis, but for any patient identified with heart failure as part of their clinical presentation. These changes have helped to increase our composite quality score to 98% in FY'09 Q2, and our 30-day CMS HF readmission rate is no different than the U.S. National Rate.



BAYSTATE FRANKLIN MEDICAL CENTER The Chief Nurse/Director of Patient Care Services (PCS) led efforts at BFMC in collaboration with BMC and BMLH to improve delivery of heart failure discharge instructions. A standardized approach to providing the required six elements for heart failure discharge instructions was implemented in May 2007. The process change has brought the heart failure discharge instructions rate to 100% in FY'09 Q2, with our overall composite score of 95.7%; our 30-day CMS HF readmission rate is no different than the U.S. National Rate. The "Quitworks" program has improved smoking cessation counseling. Through process review and improvements to smoking cessation counseling, we have maintained a 100% smoking cessation counseling rate for nearly 3 years. Feedback loops have been developed to provide timely information to all clinicians if they miss an opportunity to provide optimal care.

Education and information have been provided to the BFMC medical staff through email, journal articles, the BFMC Medical Staff Bulletin, and medical staff meetings. The PCS Division has provided additional education about the key elements of heart failure care, and new providers are educated regarding heart failure measures.



Where we are going...

Implementation of disease management programs to improve the health of patients with chronic diseases has emerged as an important part of healthcare delivery. Heart failure care provided at BH facilities consistently ranks among top performers for heart failure management. Tracking clinical indicators with timely reporting to clinicians drives quality improvement. Sustaining our high composite quality scores with potentially preventable mortality review and use of palliative care will be the focus of our heart failure work in 2010.