Improving Discharge Teaching Efficiency in Congestive Heart Failure Patients at Indian Path Medical Center
330 Bed Acute Medical Center

- 216 acute beds
- 61 bed Indian Path Pavilion
- 25 bed geropsychiatry unit
- 28 bed skilled nursing facility
Presenters

- Monty McLaurin – CEO Indian Path Medical Center
- Ken Marshall, MD – MSHA Senior Vice President for Medical Affairs and Quality
- Scott Williams – CEO Sycamore Shoals Hospital
IPMC Process Team Participants

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- Dr. Ken Marshall
- Scott Williams
- Betty Bell
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Opportunity Statement

The CHF team recognized the opportunity to positively impact patient outcomes of congestive heart failure with the implementation of detailed discharge instructions while adhering to CMS guidelines. The guidelines require 6 elements that must all be completed. Success will be measured by benchmarking against best practice facilities according to Premier data of CMS criteria with a goal of achieving the top decile by June 30, 2005. The target population are patients discharged from IPMC with a diagnosis of Congestive Heart Failure. Achieving the top decile will result in improved clinical outcomes and cost by reducing readmission rates and improving the quality of life for patients which have this chronic disease.
Customers of the Process and Their Expectations

1-Patients
- Better understanding of their disease process.
- Instructions which are easy to comprehend.
- Visual reminders.

2-Physicians
- All CHF patients get the same education including a list of medications, dietary instructions, a checklist of items the patient will need to follow.
- Directions for the patients to follow up with a physician should certain physical changes take place such as weight change.

3-Nursing staff
- Reliable listing of patients to be taught.
- Good quality, easily understood education materials.
- Consistent (checklist) information.
- Training program for new nursing staff to become familiarized with process of training patients.
Flowchart of Current Process

1. Patient Admitted to an Inpatient Bed
2. At discharge, the RN reviews the chart to see what teaching needs to be done
3. Discharge form given to patient
Patient Admitted to an Inpatient Bed

Needed education determined by Admitting Diagnosis

Case Managers, Dept Directors, and staff RNs review chart daily to check for new diagnoses

Medication review list of drugs, dosage and schedule given along with a MEDEX printout

At discharge, the RN reviews the IER to see what teaching still needs to be done

Teaching occurs during the stay and is recorded in the Interdisciplinary education record (IER)

Patient signs that discharge instructions received and understood

Copies of instructions sent to Home Health, Nursing Home, etc as appropriate.
Expectation List

- Increased awareness of physicians and staff
- Identification of all patients needing CHF education
- Documentation of detailed discharge instructions on every CHF patient
- Resources provided for needy CHF patients
Key Measurements

- Chart review indicating completion of detailed discharge instructions on patients with a primary or secondary diagnosis of CHF
- Monthly review of re-admissions within 30 days with a diagnosis of CHF
Plan of Action

- Education sessions to staff and physicians to increase awareness
- Daily conduct State of the House Rounds to identify patients with CHF and needs
- Patient charts with Diagnosis of CHF flagged by Case Management with appropriate colored reminder to implement criteria
Plan of Action

- Case Manager to review with Clinical Leader to identify appropriate patients
- Scales ordered for needy CHF patients
- Detailed discharge check sheet including all 6 required elements implemented
Results After Implementation

H01-19 CHF Detailed discharge instructions

- IPMC%
- Top Decile%
- FY05 Target%