The Heart Failure Bridge Clinic Quality Improvement Project

Madeleine Steinberg, Student at the Johns Hopkins University School of Nursing,
Tasha Beck Freitag, CRNP, MPH, CHFN, Department of Cardiology at the Johns Hopkins Hospital, 21287

1 Background

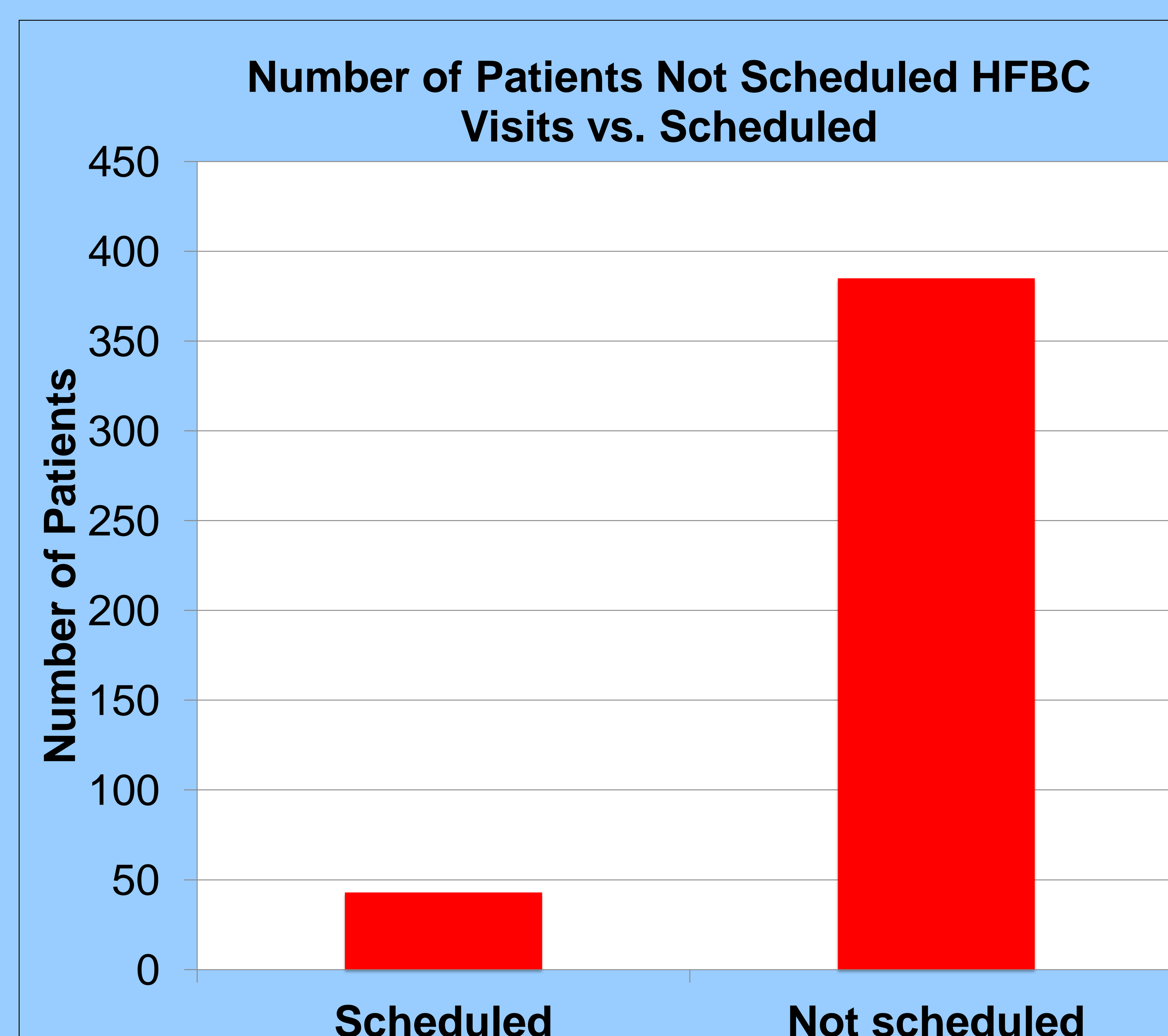
My project involved working with my mentor, Tasha Beck Freitag, CRNP, MPH, CHFN, and loosely with Deirdre Flowers, MSN-MPH, who is the heart failure case manager. The heart failure bridge clinic (HFBC), is a standalone clinic that was created for patients, with the primary diagnosis of congestive heart failure (CHF), to be seen in an outpatient setting within three days post discharge. The intended goal of the clinic was to reduce the 30 day readmission rate for this patient population. Unfortunately, the clinic was experiencing a high no show rate for appointments, and wanted to complete a quality improvement project in an attempt to increase show rate, and to better comprehend why patients weren't attending their appointments. Up to this point, it was the case managers role to communicate appointment dates to the patients, along with a wealth of other information. It was discussed that maybe patients were being overloaded with too much information at once, and that this could significantly be contributing to the high no show rates. We hypothesized that having a clinic representative approach a patient with the sole purpose of discussing the clinics purpose, function, and location, would improve patient show rates, compared to those patients who weren't specifically approached.

2 Methods

I started my work with the HFBC in the beginning of September 2012. I first spent time observing clinic visits with the two nurse practitioners, in an attempt to familiarize myself with the patient population and the challenges faced in managing their care. Once I understood what the visits consisted of, I devised a plan with my mentor to visit heart failure patients, and talk with them about the HFBC. For approximately four hours each week in October and November 2012, and January of 2013, I visited patients, with the primary diagnosis of heart failure, to talk about the HFBC. This required me to coordinate with Deirdre to get the census of CHF patients, their medical history number, and where in the hospital they were located. I then visited half of the patients on my list, I let them self select in terms of who I actually talked to because a lot of the times patients were asleep, or off the unit, or didn't want to talk. I explained what the HFBC was, and how they should be scheduled an appointment to be seen in the HFBC within 3 days of their discharge from the hospital. I kept a record of whom I had talked to, and who I didn't talk to, so that I could go back and assess whether or not they showed for their appointment. Well throughout this process, it became evident that while it was a problem that some patients weren't showing up for their appointment, a lot of the patients weren't even being scheduled appointments. In the beginning of February 2013, I began to analyze some data that Deirdre had been collecting on the heart failure patients, including whether or not a patient had been schedule an HFBC appointment, and whether or not they had been readmitted within the past 30 days. The focus of my project at this point shifted from talking to patients about the HFBC, to why appointments weren't being made. I compared the readmission rates of patients who were scheduled an HFBC appointment and those who weren't using an independent T- test assuming unequal variance starting with data from September 1, 2012 when HFBC services were available to all hospital firms, until February 20, 2013.

3 Results

I found that there had been approximately 428 patients that were admitted with CHF since September 1, 2012, and this does not include surgery patients, deceased patients, and patients who were admitted recently and were still in the hospital at the time of my analysis. Out of those 428 patients, 385 patients were not scheduled HFBC appointments. Which means only 43 were scheduled appointments. This is a raw count not accounting for any confounding factors in terms of how far they live (because patients who live farther than 50 miles from the hospital are not scheduled appointments), whether or not they have insurance, etc. Of the 385 patients who were not scheduled appointments, 95 were readmitted within 30 days. Of the 43 patients who were scheduled appointments, 12 were readmitted within 30 days. The independent T-test assuming unequal variance between the two groups showed a p value of 2.38785 X E – 18, which is significant. I was allowed to attend a meeting with the Director of Medical Nursing, Karen Davis, and the case managers responsible for scheduling HFBC appointments so I could share my findings, and try to comprehend why appointments weren't being scheduled.



4 Conclusions

Heart failure patients in general are very difficult to manage because they are very sick, and in addition to that, the demographics of the population that Johns Hopkins Hospital treats contribute additional challenges. The majority of patients have accompanying co-morbidities, which complicates treatment, and a large portion of patients don't have insurance or the means to pay for medications, let alone clinic visits. From this quality improvement project, we found that there are many reasons why patients don't show up for their appointments, and also why appointments weren't being made. Many patients weren't aware that they had an appointment scheduled, or didn't know when their appointment was, or didn't know where the HFBC was. Or they had no means of transportation to get to their appointment, or they couldn't afford the clinic visit, among many other reasons. There were also multiple reasons that clinic visits weren't being scheduled by the case managers. A lot of the times, there were no orders to schedule the appointments, or the case managers weren't quite sure who required a visit because it wasn't always clear from their admitting diagnosis.

5 Future Directions

As a result of this project, further efforts are being made to ensure clinic visits are scheduled for all CHF patients who are eligible for HFBC visits. Case managers are receiving the census from Deirdre each day of the CHF patients who require appointments, and efforts are being made to ensure orders are placed for each CHF patient to have an appointment scheduled in the HFBC. Deirdre is still collecting data on what patients are scheduled HFBC appointments, and it would be interesting to look at her data in a few months to see if he amount of appointments scheduled has increased and if it has affected readmission rates for this population.

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