Implementation of a Heart Failure Navigator to Reduce Hospital Readmissions

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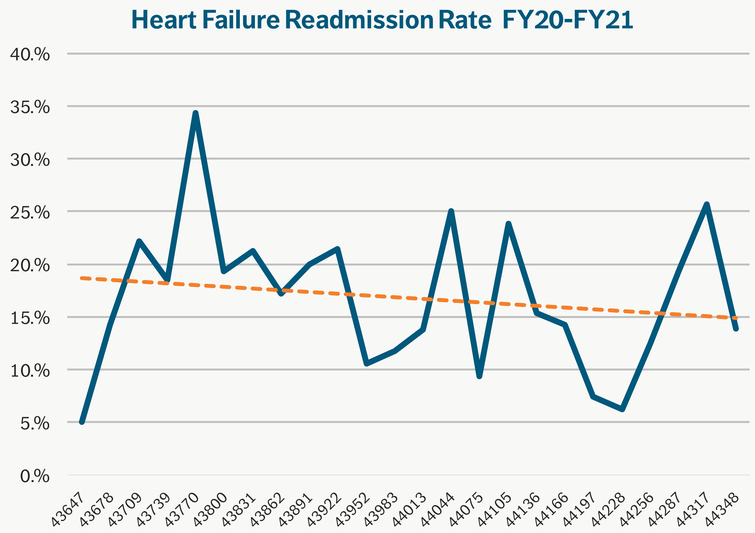
Define

Heart Failure is one of the leading causes of hospitalizations and readmission in the United States making it a significant heath issue that needs to be addressed. The cost to treat heart failure patients is projected to reach $70 billion by 2030. North Kansas City Hospital's cardiology program set up out to identify ways to reduce heart failure patient hospitalizations, readmissions and cost for care. Fiscal year 2020, the hospital Medicare FFS heart failure readmission rated was 18.28% (O/E 1.12). Recognizing this rise in readmission in October 2019. North Kansas City Hospital implemented the heart failure navigator role to focus on decreasing readmissions and improving patient outcomes for the heart failure patient across the continuum of care.

Measure



Analyze

Patients:

- Compliance
- Lack of education
- Lack of resources
- Denial of disease progress

System:

- Failure to schedule follow up appointments prior to discharge
- Inaccurate medication list
- Breakdown of continuum of care
- Ineffective patient education

Improve

Add Dedicated Heart Failure Navigator to:

Provide Heart Failure education

- Collaboration with multidisciplinary team
- Complete post hospital discharge phone calls
- Collaboration with post acute facilities
- Complete interval follow up calls with high-risk patient
- Review all heart failure readmission to identify opportunities and gaps in care

Multi-disciplinary Team:

Custom heart failure documentation

- Heart Failure Patient education Booklet
- Heart failure Nurse Navigator protocol to initiate timely referrals

Control

Monthly Multidisciplinary Meetings to:

- Review heart failure navigator work and patient outcomes.
- Track new referrals to the heart care clinic
- Review Heart Failure patient satisfaction
- Review all Heart Failure patient readmissions

Conclusions & Limitations

- Adding a dedicated heart failure navigator has proven beneficial for more than readmission deduction. The role is a patient and staff satisfier.
- Patient volume: Heart Failure Navigator - Case Load
- Defining roles in multidisciplinary team

Recommendations

- Review historical readmission reasons to identify common gaps.
- Gain leadership and staff support of dedicated role.
- Clearly define role to eliminate duplication and waste.

References

Yancy, C., Jessup, M., Bozhurt, B. et. al. (2017). 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. American Heart Association. https://www.ahajournals.org/doi/10.1161/CIR.0000000000000509