Abstract Submission - Indiana Nursing Summit - November 6, 2017 multiple pages : Entry # 1477

Presentation Information

Presentation Title
Advanced Heart Care Center Impact on Heart Failure Readmissions

Presentation Type
- Poster

From the choices above, do you have a preferred presentation type?
Poster

Category/Topic for Submission
- 2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- 7. Prepare and enable nurses to lead change to advance health

Learner Objective 1
Identify the admission impact on patients seen in the Advanced Heart care Center (AHCC) compared to those that decline care at the AHCC.

Learner Objective 2
Describe interventions provided at the Advance Heart Care Center that decrease readmission for patients with Heart Failure.

The purpose of the initiative/project/strategy:
The purpose of this Quality Improvement (QI) project was to compare the number of readmissions, both 30 day and six months, between Heart Failure (HF) patients that received care at the Advanced Heart Care Center (AHCC) - Indiana University Health, Bloomington Hospital and those that declined care at the AHCC. A retrospective chart review was completed on 154 patients who had referrals to the AHCC from January 1, 2016 to June 30, 2016.

Presentation Information (cont.)

Background and significance:
The number of adults living with Heart Failure (HF) has increased from approximately 5.7 million (2009-2013) to approximately 6.5 million (2011-2014) and is associated with heavy financial burden. Management of patients with HF through specialized clinics is associated with a reduction in hospital readmissions, along with improved medication adherence and titration efficacy to evidence based HF therapies. The IUH Bloomington AHCC is overseen by a physician and run by Registered Nurses that specialize in HF. The goal of the AHCC is to 1) reduce readmissions, 2) return patients to optimal health and improve quality of life, 3) share best practice with local providers, and 4) serve as an adjunct to the provider’s care.

Method/procedures:
A retrospective review of 154 charts was conducted to compare the number of readmissions for patients seen in the AHCC with the number of readmissions for those patients who declined care at the AHCC. The time frame for this retrospective review was January 1, 2016 through June 30, 2016. There were a total of 83 patients seen in the clinic and 71 patients that declined clinic services.
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Major outcomes:

The patients that were seen in the AHCC had a 30 day readmission rate of 1% compared to a 30 day readmission rate of 23% for those patients that declined to be seen in the AHCC. Additionally, 6% of those patients that declined to be seen had two consecutive 30 day readmissions. An independent-samples T-test also revealed a significant difference in the number of 30 day readmissions for patients seen in the AHCC (M=.01, SD=.110) and those that declined AHCC (M=.30, and SD=.571); t(74.44)=-4.12, p=.000. Additionally, there was also a significant difference in the number of total readmissions for patients seen in the AHCC (M=.01, SD=.110) and those that declined to be seen (M=.62, SD=.704); t(72.91)=-7.19, p=.00.

Conclusions and implications:

The results indicate that the AHCC provides care that is critical in preventing HF readmissions, specifically 30 day HF readmissions. These findings are consistent with published research. Jackevicius and colleagues 4* found that a multidisciplinary HF post discharge management clinic was associated with a significant reduction in the rate of 90-day HF readmissions. Additional data collection is needed to examine the impact of the AHCC on readmissions at one and two years post discharge, as well as why patients decline to receive care at the AHCC. Opportunities exist for healthcare provider education regarding the AHCC services and readmission rates.

3-5 References/Citations


Presenter Information

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