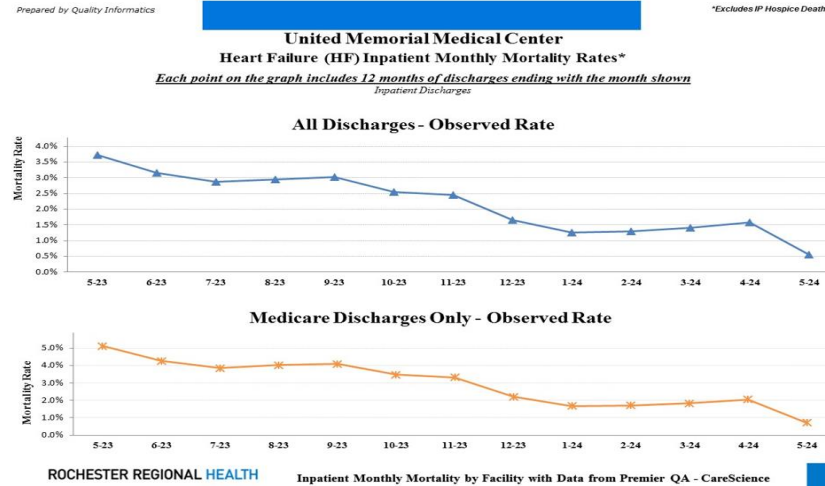
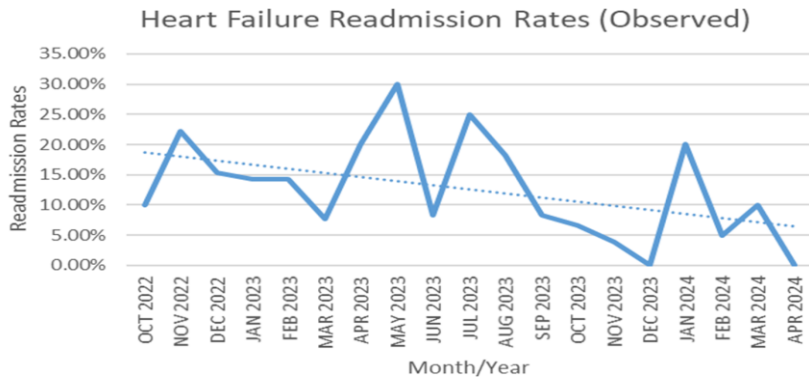


Heart Failure Readmission and Mortality Reduction

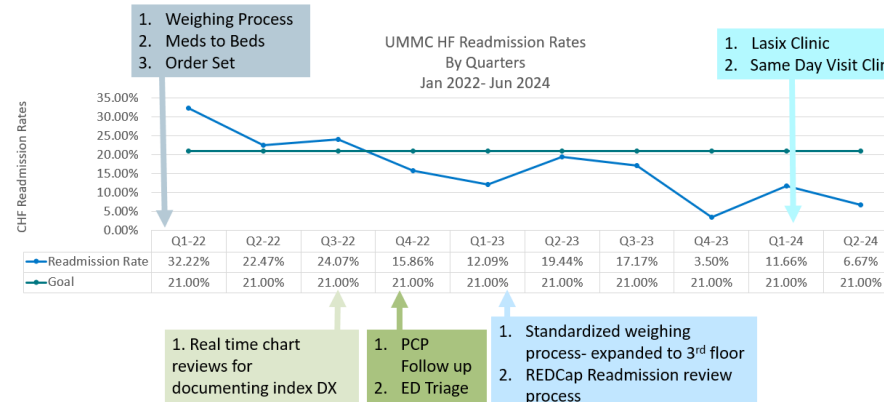
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The Problem

Since 2020 UMMC experience a steady rise in heart failure (HF) readmissions. In 2022 our annual HF 30-day readmission rate was 21.56% and our 18-month HF mortality rate was 4.27%. We lacked a standard approach to this population between our inpatient and outpatient settings. To tackle this complex challenge we developed a multidisciplinary team inclusive of our lead hospitalist, chief of cardiology, chief medical officer, nursing leaders, care management, pharmacy, and quality coordinator. Using the Plan-Do-Study-Act (PDSA) framework, we identified gaps and implemented several interventions over two years.



Outcome Measures



Lessons Learned

Analysis:

Process measures were collected for some of the interventions based on the decision and resources of the group. We also monitored a balancing measure of heart failure mortality to ensure that patients were receiving care appropriately.

Implementation:

Quality professionals can utilize a holistic approach to process improvement to improve health of the heart failure population. Several interventions were implemented across the care continuum. Interventions were prioritized based on available resources as well as potential impact.

Results/Discussion

As of Q2-24, our annual heart failure readmission rates decreased from 21.56% to 6.67%. Heart Failure mortalities also showed a steady decline from 4.27% to 1.98%. This substantiated the new interventions were allowing patients to obtain the right care at the right time. The prioritization matrix was critical to our success. It was able to keep the team engaged until the next initiative rollout. We have opted to keep heart failure measures as a hospital priority to implement further identified interventions as well as building resiliency into our processes.