



 **Most experienced
HEART CARE in the region.
Top 5 volumes in PA.**
Know us before you need us.

Using a Patient Contract in Heart Failure: Engaging the Patient & Nurse

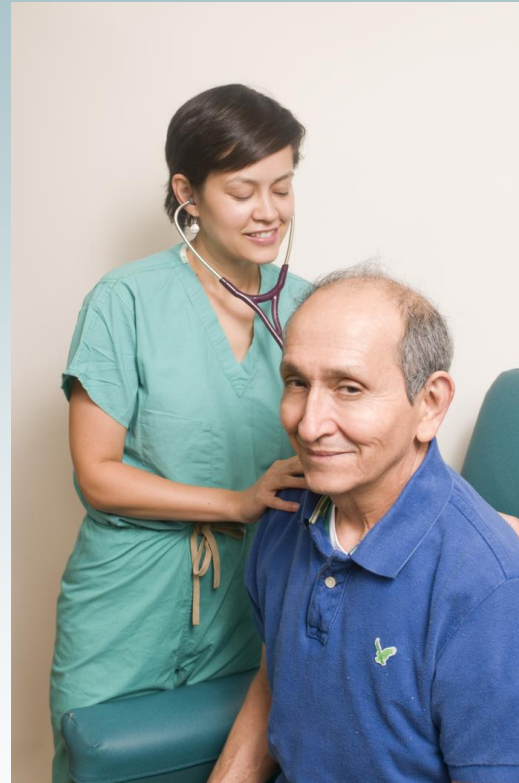
The Heart Failure Program
Pinnacle Health Cardiovascular Institute
Christina M. Ring, MSN, RN-BC, CRNP



→ PINNACLE HEALTH  Proven.

Who They Are

Living with
Heart Failure



Who We Are

- Located in Harrisburg, Pennsylvania
- Only regional heart failure program
 - Two hospitals
 - Two distinct demographic regions
 - Two large cardiology practices

...ONE PROGRAM!



Harrisburg City

- Harrisburg City
 - 83% Ethnic & cultural minorities
 - 32% Living below poverty line
 - 23% Less than a high school diploma
 - Average Household Income - \$31,000
(PA state = \$50,000).

www.census.gov



Our Population Served

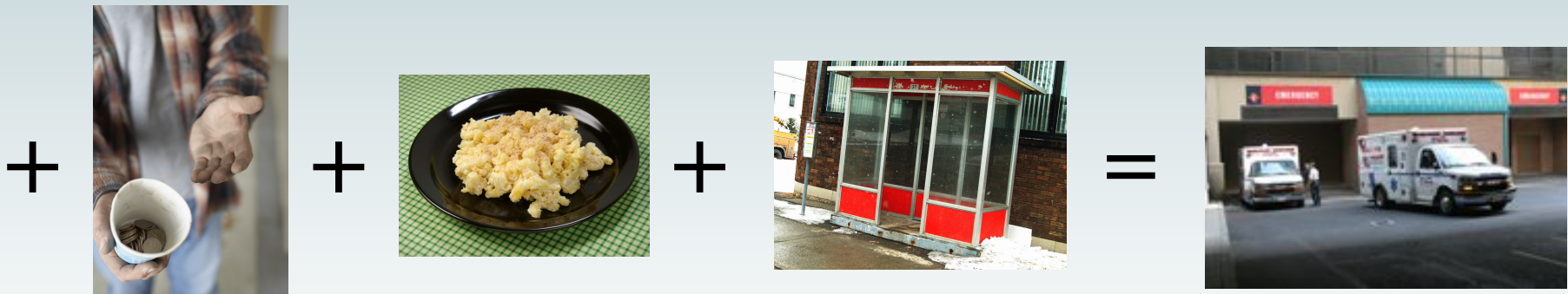
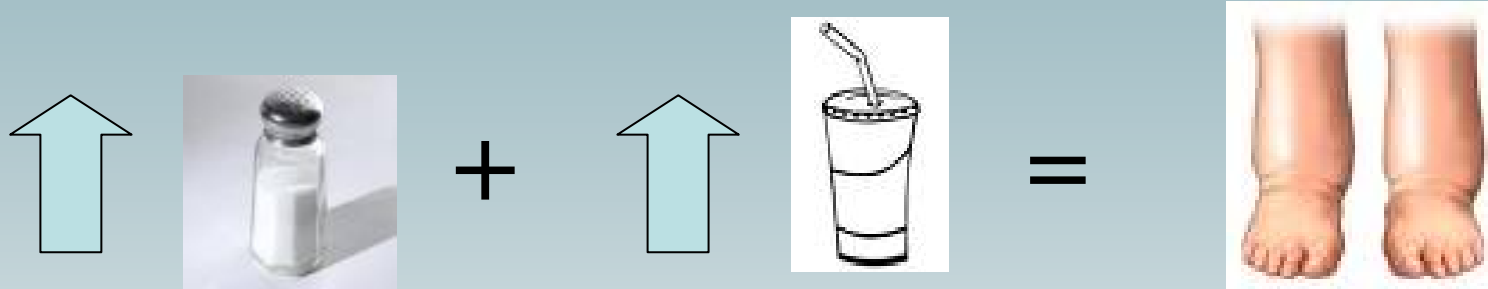
717 individuals

Primary Diagnosis, CY 2011

- **359 Females, 358 Males**
- **77% White, 20% Black, 2% Hispanic, 1% Asian, Middle Eastern or Unknown**
- **46% Reside within a Harrisburg Zip Code**
- **Ages range from 30 to 90**



Heart Failure & Low Income



Identified Issues in Care

- Care Transitions
- Communication
- Adherence
- Readmissions

Heart Failure Readmissions % by Year	2006-2009	2007-2010	2008-2011	US Rate 2008-2011
	25.2%	25.0%	24.8%	24.7%



Blue Card: Step One

- Aim to standardize education
- Scaffold education day to day
- Expect a Gold Standard every time

Driving Goal:

Improve overall care provided, improve quality of life for the patient, reduce inpatient admissions.



The Original “Blue Card”

Heart Failure Discharge ~ Patient Education

	Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials
Heart Failure Packet Given:					
○ “Managing Signs and Symptoms of HF” handout					
○ Daily Weights					
○ Medications and potential side effects					
○ Sodium restriction					
○ Fluid restriction					
	▼	▼	▼	▼	▼
Follow-up appointment scheduled					
Pharmacy name and fax number:					
Prescriptions faxed to pharmacy					
Outpatient follow-up					
○ Outpatient clinic					
○ Home care					
○ Refused services					
Daily hospital weight					Weight upon D/C
Phone number to reach patient at home for follow-up phone call					

{ *Please remember to document your teaching in Soarian!* }

Patient Label:



Blue Card: Step Two

- Initiate on one unit...
 - Initiate on two units...
 - » Initiate on 22 units.....

Remember...

Measure, Measure, Measure!

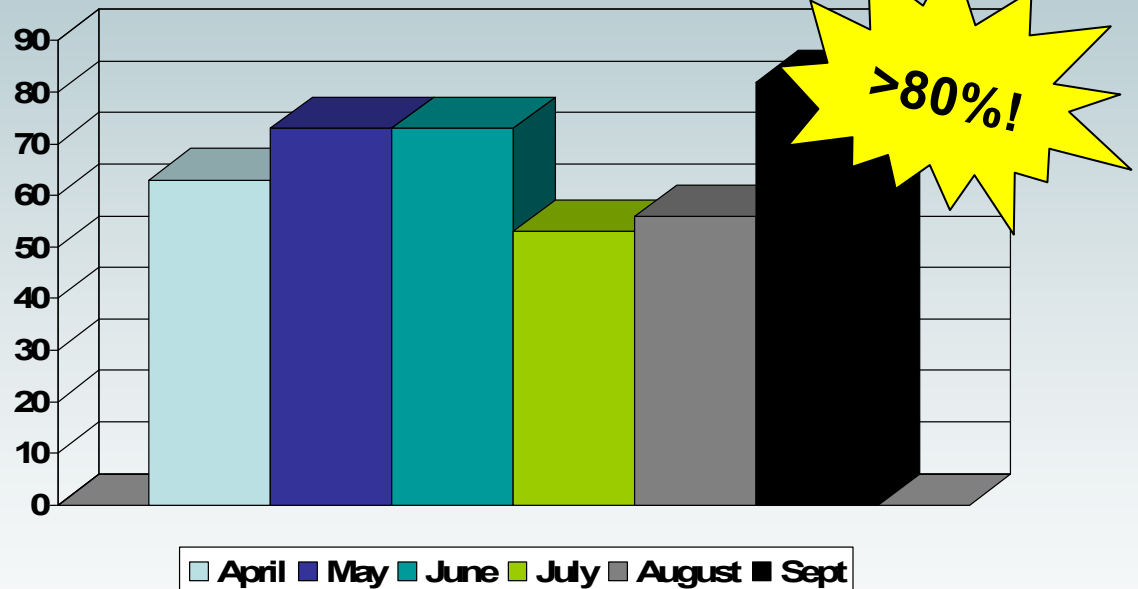


Auditing Results

2011

Averaging 50% compliance with giving standardized education to HF patients.

2012
Gold Standard Education, by %



Blue Card: Step Three

- Celebrate Success!
 - Get With the Guidelines GOLD
 - Joint Commission Accreditation
 - Magnet Survey Exemplar 2011



Blue Card: Step Back


Getting good feedback...

...even if it hurts!

Clinical Plan	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial
Heart Failure Binder Given on: _____ (Please reinforce daily)							
Managing Signs and Symptoms of HF handout							
"Today is a (red/yellow/green) day"	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> G
Medications and potential side effects							
Sodium restriction							
Fluid restriction							
Goals/Plan of Care Discussed							
Distance walked today, in feet:							
Daily Hospital Weight / Education							Weight at Discharge
Transition of Care							
PCP Name _____ Follow up appt scheduled for _____ (goal: 3 days post discharge)							
Phone number to reach patient at home for follow-up phone call: _____							
Pharmacy Name/Fax Number: _____ Prescriptions Faxed: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____							
Does the patient have a scale at home? <input type="checkbox"/> YES <input type="checkbox"/> NO *** Reminder: Please copy BOTH sides and give one to patient on day of discharge.							
Outpatient follow-up: <input type="checkbox"/> Heart Failure Center <input type="checkbox"/> Home care <input type="checkbox"/> Refused Services							
Clinical Presentation: Admit BNP _____ Discharge BNP _____ Documented NYHA Class _____							
Last Measured EF: (%/date) _____ Was the patient readmitted in the past 30 days? <input type="checkbox"/> YES <input type="checkbox"/> NO							

PATIENT IDENTIFICATION

PINNACLEHEALTH
Hospitals
ADULT HEART FAILURE PASSPORT: CLINICAL PLAN



Form 713H-00 (03/12) MR (1/2) AD1016

My doctor has diagnosed me with heart failure. I know I must make adjustments to my daily routine.

I promise to take _____ (my water pill) every day. If I cannot take my pill for any reason, I will call my doctor.

I promise to eat a heart healthy diet. For me, this means that I will eat: _____ and _____
MORE _____ and _____
LESS _____

I know my heart failure is worse if _____.
I will call my doctor if my weight equals _____. My normal body weight is _____.

It's important to me to work with my doctor to manage this disease. I want to succeed and be symptom-free as much as possible. For me, I know I'm having a good day when _____.

In the next few weeks, I want to _____.

In the future, I'd like to talk more about _____.

_____ with my doctor and my heart failure team.


I know I have people to help me. I can call 231-8445 (The Heart Failure Clinic @ Pinnacle Health) when I feel I need help. If I'm having a medical emergency, I will call 911.

I promise to take good care of myself, so I can live life to the fullest.

Patient _____ (signature) _____ (printed) _____ (date) _____ (time)

PATIENT IDENTIFICATION

PINNACLEHEALTH
Hospitals
ADULT HEART FAILURE PASSPORT: CLINICAL PLAN




Nurse Driven

Clinical Plan	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial
Heart Failure Binder Given on : _____ (Please reinforce daily!)							
"Managing Signs and Symptoms of HF" handout							
"Today is a (red/yellow/green) day"	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G	<input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> G
Medications and potential side effects							
Sodium restriction							
Fluid restriction							
Goals/Plan of Care Discussed							
Distance walked today, in feet:	_____	_____	_____	_____	_____	_____	_____
Daily Hospital Weight / Education							Weight at Discharge

♥ ♥ ♥ Transition of Care ♥ ♥ ♥

PCP Name _____ Follow up appt scheduled for _____ (goal: 3 days post discharge)

Phone number to reach patient at home for follow-up phone call: _____

Pharmacy Name/Fax Number: _____ Prescriptions Faxed: YES NO Date : _____

Does the patient have a scale at home? YES NO *** Reminder: Please copy BOTH sides and give one to patient on day of discharge.

Outpatient follow-up: Heart Failure Center Home care Refused Services

Clinical Presentation:
 Admit BNP _____ Discharge BNP _____ Documented NYHA Class _____
 Last Measured EF: (%/date) _____ Was the patient readmitted in the past 30 days? YES NO

PATIENT IDENTIFICATION



ADULT HEART FAILURE PASSPORT: CLINICAL PLAN



AD1016

Form 7131-50 (03/12) MR (IND)



Patient Engaged

My doctor has diagnosed me with heart failure. I know I must make adjustments to my daily routine.

I promise to take _____ (my water pill) every day. If I cannot take my pill for any reason, I will call my doctor.

I promise to eat a heart healthy diet. For me, this means that I will eat:

MORE _____ and
LESS _____.

I know my heart failure is worse if _____.
I will call my doctor if my weight equals _____. My normal body weight is _____.

It's important to me to work with my doctor to manage this disease. I want to succeed and be symptom-free as much as possible. For me, I know I'm having a good day when _____.

In the next few weeks, I want to _____.

In the future, I'd like to talk more about _____.

_____ with my doctor and my heart failure team.

I know I have people to help me. I can call 231-8445 (The Heart Failure Clinic @ Pinnacle Health) when I feel I need help.
If I'm having a medical emergency, I will call 911.

I promise to take good care of myself, so I can live life to the fullest.

Patient _____ (signature) _____ (printed) _____ (date) _____ (time)

PATIENT IDENTIFICATION



ADULT HEART FAILURE PASSPORT: CLINICAL PLAN



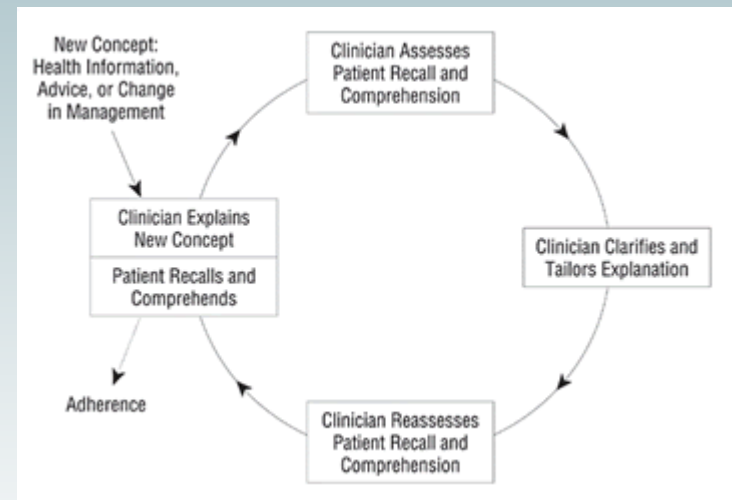
Blue Card: Moving Forward!

- Continually re-evaluating
- Using Teach-Back, the best way
- Communicate between settings
- Transition to an electronic workflow



Teach-Back for HF

Quality care is all about patient involvement and quality communication.



Teach-Back Image obtained from AHRQ.gov



Preliminary E-Screens

<p>Answered Correctly: What is the name of your water pill ? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p> <p>Answered Correctly: Name at least 3 foods you should avoid <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p> <p>Answered Correctly: How much fluid should you drink ? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p> <p>Answered Correctly: What amount of weight gain should you report ? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p> <p>Answered Correctly: Name your yellow zone symptoms <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p> <p>Answered Correctly: Who would you call when you in yellow zone ? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p> <p>Answered Correctly: What would you do if you were in the red zone ? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Education Reinforced</p>	<h3>Individualized Patient Goals</h3> <p>Short Term:</p> <ul style="list-style-type: none"><input type="checkbox"/> be symptoms-free as much as possible<input type="checkbox"/> stay out of hospital<input type="checkbox"/> recognize symptoms of worsening heart failure<input type="checkbox"/> learn more about Heart Failure<input type="checkbox"/> learn more about my medications<input type="checkbox"/> learn more about community resources<input type="checkbox"/> learn more about my diet<input type="checkbox"/> learn more about increasing activity <p>Other Short Term Goal:</p> <input type="text"/> <p>Long Term: in the future I hope to</p> <ul style="list-style-type: none"><input type="checkbox"/> eat a heart healthy diet<input type="checkbox"/> lose weight<input type="checkbox"/> establish caregiver support<input type="checkbox"/> medical planning, chronic illness management, palliative care <p>Other Long Term Goal:</p> <input type="text"/>
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Screens Continued

What is your stop light zone today ?

Red
 Yellow
 Green

Admit Weight

Daily Weight

Discharge Weight

Activity Level:

Bedrest
 Chair
 Ambulate to BR
 Ambulate in Room
 Ambulate 1/2 hall
 Ambulate hall

Scale at home Scale Obtained

Yes
 No

Transition of Care

PCP's Name Follow Up Appt scheduled:

(goal, 5-7 days post discharge)

Patient phone number for follow up call:

Pharmacy Name

Pharmacy Fax Number

Prescriptions Faxed Yes
 No Date:

Outpatient Follow up: Heart Failure Center
 Home Care
 Refused Services



Bumps in the Road

- Turnover of inpatient nurses
- Introduction of the EMR
- Identifying the HF patient as an inpatient
- Tracking them all down!



Allies For the Trip

- Outpatient Heart Failure Center
 - Nurse Navigators for the most complex
 - Appointments for monitoring and education
 - Reduced readmission rates
 - Audits care & education

for both the
Inpatient & Outpatient



Patient Education Materials PinnacleHealth Proven.

Signs and Symptoms of Heart Failure

Emergency - This zone is an emergency
Go to the emergency department or call 911 if you:

- Are unable to do normal activities at all due to symptoms
- Have unrelieved shortness of breath when sitting still
- Have chest pain unrelieved by rest or nitroglycerin
- Note confusion or are unable to think clearly
- Faint or pass out
- Feel breathlessness or are unable to talk
- Note a continuous rapid, racing heartbeat

Caution - This zone is a warning
Call the Heart Failure Center, your cardiologist or medical doctor if you:

- Feel that normal activities are harder due to symptoms
- Gain 2-3 pounds in one day or 5 pounds over one week
- Notice more shortness of breath than usual
- See more than usual swelling of feet, ankles, legs or stomach
- Note a dry hacking cough
- Are dizzy
- Have an uneasy feeling; you know something is "not right"
- Have a hard time breathing when lying down (need to sleep in chair or use extra pillows)

All Clear - This zone is your goal
Your symptoms are under control. You:

- Are able to do normal activities
- Have no shortness of breath or usual shortness of breath
- Have no weight gain or less than 2 pounds in one day
- Have no swelling or usual amount of swelling of your feet, ankles, legs or stomach
- Have no chest pain

An activity I do daily is _____

If you have questions about signs or symptoms, contact your doctor or the Heart Failure Center at 231-8445.

Revised March, 2012. Adapted from http://www.aha.com/aha/heartfailurepage/heart_failure_zone

RED
YELLOW
GREEN

Fast tracks to Care

- A clear view.....
- Data analysis and application
- Making the case
- A quality, dedicated, engaged team



On the journey...



Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives”

William A. Foster



References

- Images

- CDC Public Health Image Database <http://phil.cdc.gov/phil/home.asp>
- AHRQ Education on Health Literacy / Teach Back: <http://www.ahrq.gov/qual/pharmlit/pharmtrain2.htm>

- Descriptive Data

- Census.gov: Harrisburg City

- Low Income statistics

- Blunsein, J, Valentine, BA, Mead, H, & Regenstein, M. (2008) Race/Ethnicity and Patient Confidence to Self-Manage Cardiovascular Disease. *Medical Care*, 46:9.
- Macabasco-O’Connell, A., Crawford, M., Stotts, N., Stewart, A., & Froelicher, E. (2010). Gender and racial differences in psychosocial factors of low-income patients with heart failure. *Heart & Lung* Jan/Feb 2010.

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