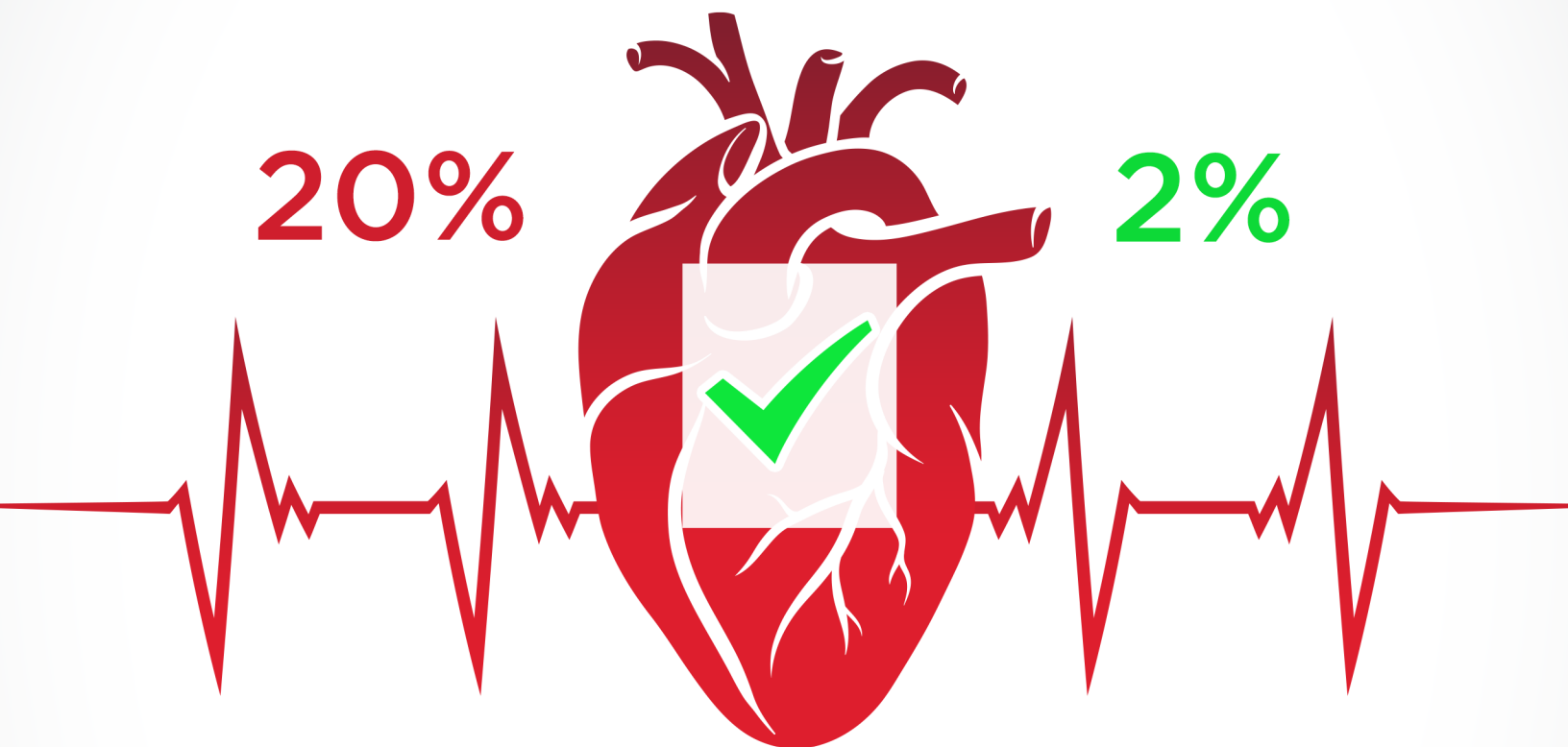


The Heart Failure Checklist Effect



How This Checklist Cuts Heart Failure
Readmissions from **20% to 2%**

How This Checklist Cuts Heart Failure Readmissions from 20% to 2%

Research conducted at St. Joseph Mercy Oakland Hospital and presented at the American College of Cardiology's 61st Annual Scientific Session, has shown that use of a 27-question, heart failure discharge checklist reduced the 30-day readmission rate of a cardiac event from 20 percent to only 2 percent.

The checklist is divided into three sections:

- Medications and appropriate dose modification,
- Counseling and monitoring intervention, and
- Follow-up instructions.

Every item on the list supports proven management practices for heart failure patients. Dr. Abhijeet Basoor, MD, who developed the checklist and served as lead investigator for the study, explained that the average heart failure patient will require 12 to 15 of the interventions listed to lower the chances of a subsequent cardiac event.

"The checklist provides simple reminders to instruct patients about things like diet, weight, blood pressure monitoring and appropriate drug dose up titration," Basoor said in a news release. "The physician or nurse practitioner working with the patient uses the checklist, so hospitals don't have to pay for additional nursing staff or home care follow-up."

In addition to its relatively high 30-day readmission rate, heart failure treatment carries a \$29 billion cost in the United States with readmissions costing hospitals an average of \$2,084 per patient per day. According to the Kaiser Family Foundation, heart failure readmissions cost \$12 billion in Medicare spending annually, and approximately 25 percent of Medicare patients with heart failure are readmitted to the hospital within 30 days of a cardiac event. Because prior studies have indicated that 50 percent of such readmissions are preventable, Medicare will begin to penalize hospitals with high readmission rates by refusing reimbursements once the Affordable Care Act goes into effect in 2014.

"In addition to lowering 30-day and six-month readmissions and the associated costs, we also showed that more patients in the checklist group were likely to be on correct medications and had appropriate drug doses than patients in the control group," Basoor said.

If broadly adopted, this practice could translate into billions of Medicare dollars saved each year. While recent research has shown that proper patient education can reduce readmissions, this is the first study to test the use of a simple, discharge checklist that requires no extra cost to hospitals.

"Right now the checklist isn't part of the standard medical record, so there could be resistance to using it," Basoor said, "but if we show it's really beneficial and easy to use, this could become a common practice. We've shown

that quality of care can be improved at almost no additional cost. In the era of electronic medical records, we are working on transforming the checklist to an electronic form.”

The checklist was developed and used after approval of the hospital's Cardiovascular Quality Integration Board. In a random controlled trial, 96 patients were followed for six months after discharge for an initial heart failure event. Doctors used the checklist before discharge in half of these cases while the other half they administered standard discharge treatment and instructions. After 30 days and again at six months post-discharge, data was collected. Both of the groups shared common cardiovascular risk factors including age, sex and attending physician groups. After excluding deaths during follow up, only one person in the checklist group was readmitted within 30 days of leaving the hospital as compared to nine who were readmitted from the control group. At six months, 11 patients in the checklist group had been readmitted as compared to 20 in the control group.

About American Data Network's Patient Safety Event Reporting Application

Our event reporting tool – the Quality Assurance Communication (QAC) application – incorporates the common definitions and reporting formats developed by the Agency for Healthcare Research and Quality (AHRQ) and authorized by the Patient Safety Act. It not only enhances your ability to track events internally, but delivers the opportunity for rapid process improvement through real-time reporting. With ADN's QAC application, quality, patient safety and risk managers can identify key trends and patterns that will allow them to make expedient improvements to processes to reduce their hospital's costs and liabilities.

Contact

To find learn more about how American Data Network can satisfy your data needs, please visit www.americandatanetwork.com or contact Sherry Bird at sbird@americandatanetwork.com or give us a call at (501) 225-5533.

Basoor's Heart Failure Checklist

Primary Cardiologist/ Attending: _____

Discharge Date: _____

Brief History: _____

Non Compliance to Medications: No ☐ ; Yes ☐ _____

Patient Name

DOB:

OR

PLUE Label

MEDICATIONS prescribed?	Yes	No	Dose Modified	Reason if not prescribed/ titrated up or COMMENTS	Initials
β-Blocker	<input type="checkbox"/>	<input type="checkbox"/>			
ACE Inhibitor (ACE I)	<input type="checkbox"/>	<input type="checkbox"/>			
ARB (if ACE I intolerant or in addition)	<input type="checkbox"/>	<input type="checkbox"/>			
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>			
Digoxin (if Atrial Fibrillation or refractory symptom)	<input type="checkbox"/>	<input type="checkbox"/>			
Aldosterone Antagonist	<input type="checkbox"/>	<input type="checkbox"/>			
Nitrates (as needed or indefinite or both)	<input type="checkbox"/>	<input type="checkbox"/>			
Warfarin (if yes latest INR in comments)	<input type="checkbox"/>	<input type="checkbox"/>			
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>			
Lipid lowering agents	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

INTERVENTIONS And COUNSELING measures addressed?	Yes	No	COMMENTS	Initials
General risk modification education	<input type="checkbox"/>	<input type="checkbox"/>		
Treatment and adherence education	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Failure Monitoring (including low salt diet fluid restriction if needed, daily/weekly weight, activity)	<input type="checkbox"/>	<input type="checkbox"/>		
Blood pressure control	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation Counseling	<input type="checkbox"/>	<input type="checkbox"/>		
Dyslipidemia control	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes control	<input type="checkbox"/>	<input type="checkbox"/>		
Dietitian/nutritionist interview	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac rehabilitation interview and enrollment	<input type="checkbox"/>	<input type="checkbox"/>		

FOLLOW-UP services scheduled?	Yes	No	COMMENTS	Initials
Cardiologist follow-up	<input type="checkbox"/>	<input type="checkbox"/>		
Primary care follow-up	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>		
Anticoagulation service follow-up	<input type="checkbox"/>	<input type="checkbox"/>		
Visiting Nurse/Home Care if needed	<input type="checkbox"/>	<input type="checkbox"/>		
Patient record release form signed if needed	<input type="checkbox"/>	<input type="checkbox"/>		
Other (eg. Electro-Physiology follow up)	<input type="checkbox"/>	<input type="checkbox"/>		

M.D./P.A./N.P. Signature _____

Date: _____

Time: _____

M.D./P.A./N.P. Signature _____

Date: _____

Time: _____

M.D./P.A./N.P. Signature _____

Date: _____

Time: _____

The Checklist was developed by Dr. Abhijeet Basoor, in collaboration with the Cardiovascular Quality Integration Board at St. Joseph Mercy Oakland Hospital, Pontiac, Michigan, USA.