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# Optimizing Heart Failure Care: Collaboration Across Teams and Care Transitions

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# Learning Objectives



- Discuss the impact of interdisciplinary collaboration and targeted interventions on heart failure readmissions.
- Describe how a pharmacist-led, prospective medication reconciliation can reduce discharge errors and readmissions.



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# Session Overview



- **Heart failure (HF)** remains a leading cause of 30-day readmissions and up to 22% of HF patients are readmitted<sup>1,2</sup>
- **Heart failure readmissions** are estimated to cost ~\$15-20k per readmission<sup>2</sup>
- **A multidisciplinary approach** is necessary to improve outcomes<sup>3</sup>



1. Shahim B, Kapelios CJ, Savarese G, Lund LH. Global Public Health Burden of Heart Failure: An Updated Review. *Card Fail Rev.* 2023;9:e11. Published 2023 Jul 27. doi:10.15420/cfr.2023.05.
2. Kilgore M, Patel HK, Kielhorn A, Maya JF, Sharma, P. Economic burden of hospitalizations of Medicare beneficiaries with heart failure. *Risk Manag Healthc Policy.* 2017;May10(10):63-70. doi: 10.2147/RMHP.S130341.
3. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: A report of the american college of cardiology/american heart association joint committee on clinical practice guidelines. *Circulation.* 2022;145(18). doi:https://doi.org/10.1161/cir.0000000000001063.

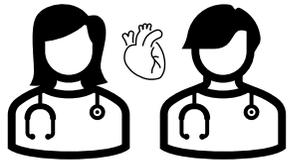


# Bringing Experts Together to Reduce Heart Failure Readmissions

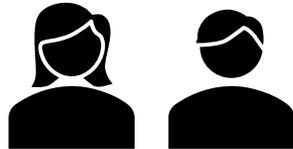
# Heart Failure Readmission Reduction Program AdventHealth Celebration



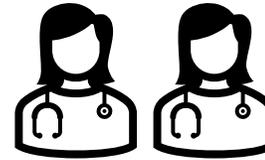
Cardiac Rehab Leaders



Care Management Leaders



Clinical Outcomes Leaders



Inpatient Medical Team



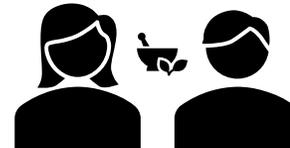
Hospitalist RN



Nursing Unit Leaders



Pharmacy Leaders



Community Cardiologist



Transition Clinic & Remote  
Monitoring Providers



HF Coordinator



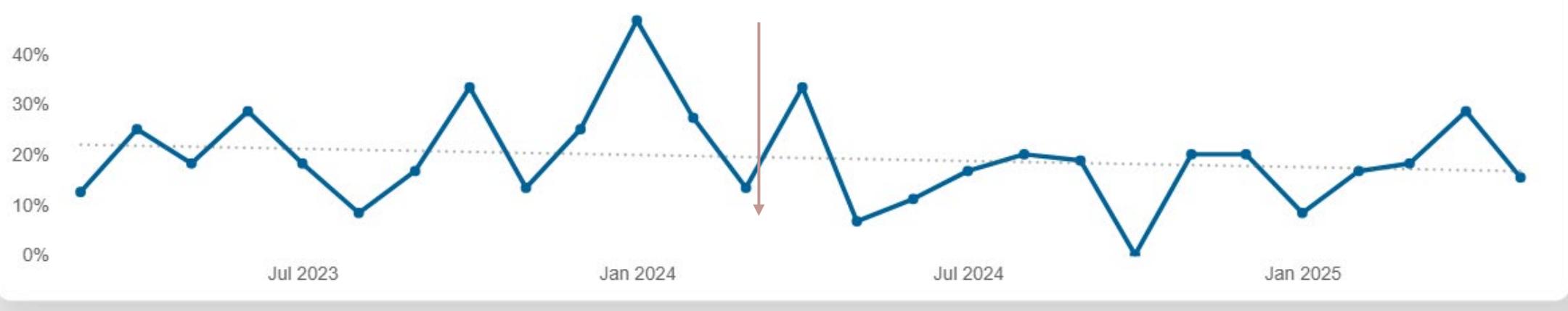
Data Scientist



# Results



HF by Index Discharge Date



Population: CMS 65+ patients with HF index admission (HF ICD-10 diagnosis/HF MS-DRG) Source: Internal Dashboard

t-Test Result		
Hypothesis Tested:	H0: Pre-Intervention Readmission Rates Mean <= Post-Intervention Readmission H1: Pre-Intervention Readmission Rates Mean > Post-Intervention Readmission	
	p-value (probability of Type I Error)	<b>0.073</b>
Pre-Intervention Readmission Rates Mean is greater than Post-Intervention Readmission Rates Mean		<b>92.7%</b>

Summary Statistics		
	Pre-Intervention Readmissic	Post-Intervention Readmission Rates
Mean	0.22753	0.17122
StDev	0.1057	0.085808
Count	12	14

# Lessons Learned



- Establish with Oversight
- Optimize Across Departments
- Strategic Gap Closure
- Translating Guidelines to Action

# Key Takeaways



- Establish a Consistent Cadence for Collaboration
- Rely on Evidence, Not Opinion
- Secure Multilevel Buy-In
- Use Introspection to Strengthen Outcomes
- Reevaluate When Needed

# **To Discharge Err is Human: Pharmacist Prospectively Taking the Wreck Out of Med Rec**

# Project Overview



## Background

- Medication errors during care transitions may lead to patient harm, increased healthcare costs, and readmissions
- Consistent with rates in the literature, our institution discovered ~2 discharge medication reconciliation (med rec) errors per patient discharge

## Signals to Take Action

- Initially, pharmacists **retrospectively** reviewed discharge med rec for heart failure with reduced ejection fraction (HFrEF) patients
- Due to reactive nature of retrospective discharge medication reconciliation, medication errors persisted

## Intervention

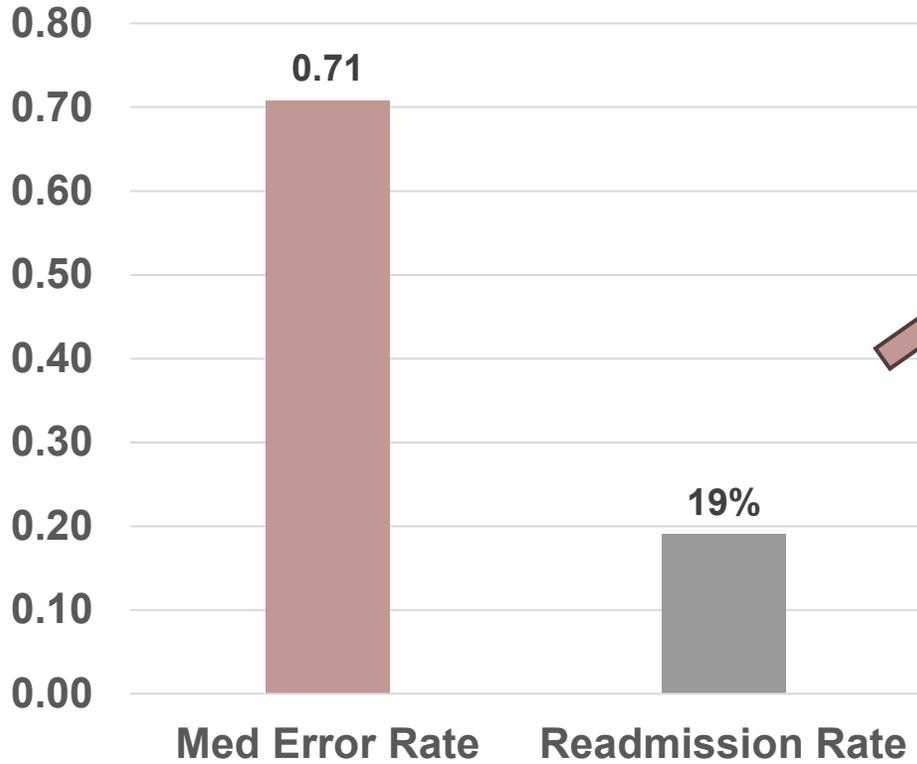
- Pharmacists pending **prospective** discharge med rec (PDMR) for Providers to review and sign
- Aim: to reduce readmissions by avoiding medication errors during patient discharge

# Results

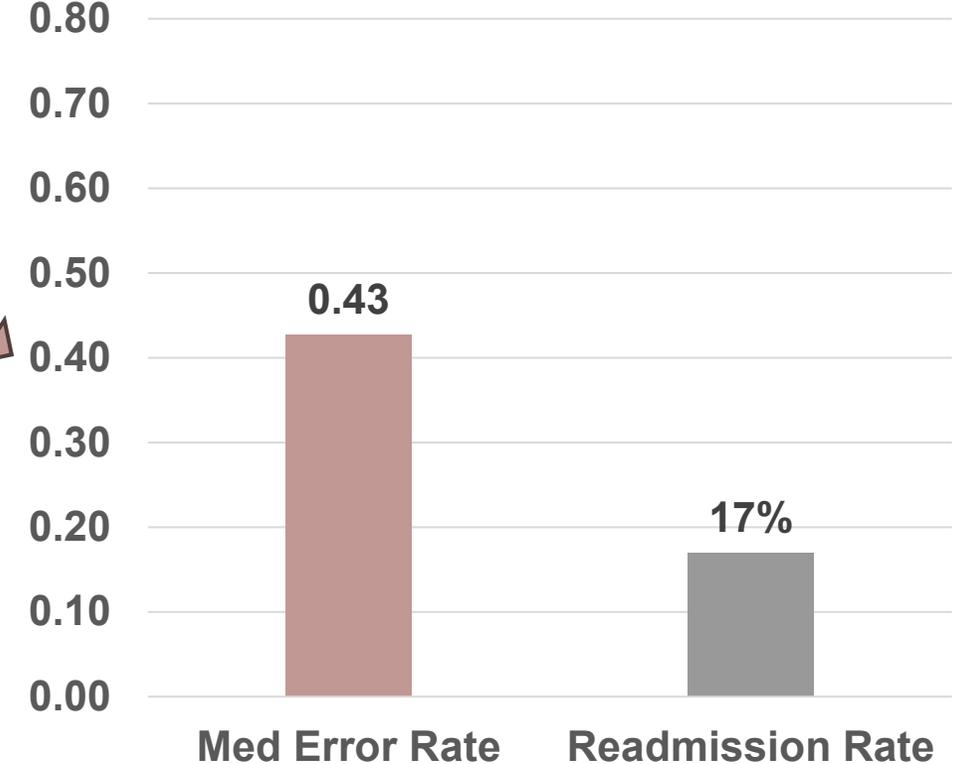
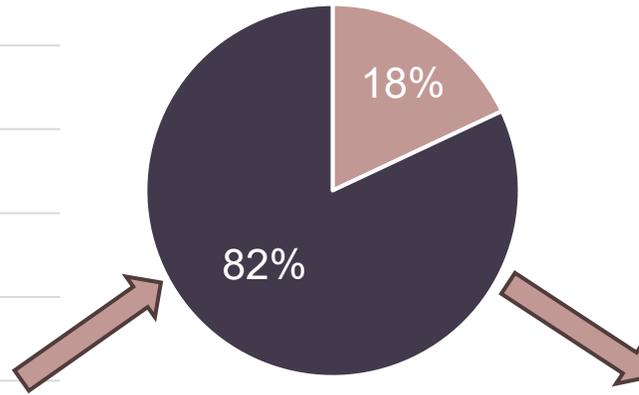


## % Receiving Prospective Discharge Med Rec

■ Prospective ■ Retrospective



Jan 23 - Apr 24  
Encounters (n = 973)



May - Dec 24\*  
Encounters (n= 290)

\*December not a full month of data

Population: HFREF (EF < 40%) Source: Patient safety - medication related problems report.  
Readmission data from internal quality dashboard.

# Lessons Learned and Key Takeaways



## Lessons Learned

- This work needs to be co-led by pharmacists and providers to help support the implementation
- Challenges: disseminating provider education to ensure correct steps taken in EHR

## Key Takeaways

- Identify patients at high risk for discharge medication errors to begin prospective med rec
- Utilize EHR tools to streamline processes

# Questions?



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# Thank you

- Shannon Coomes, BSN, RN
- Shuxin Li, MS

