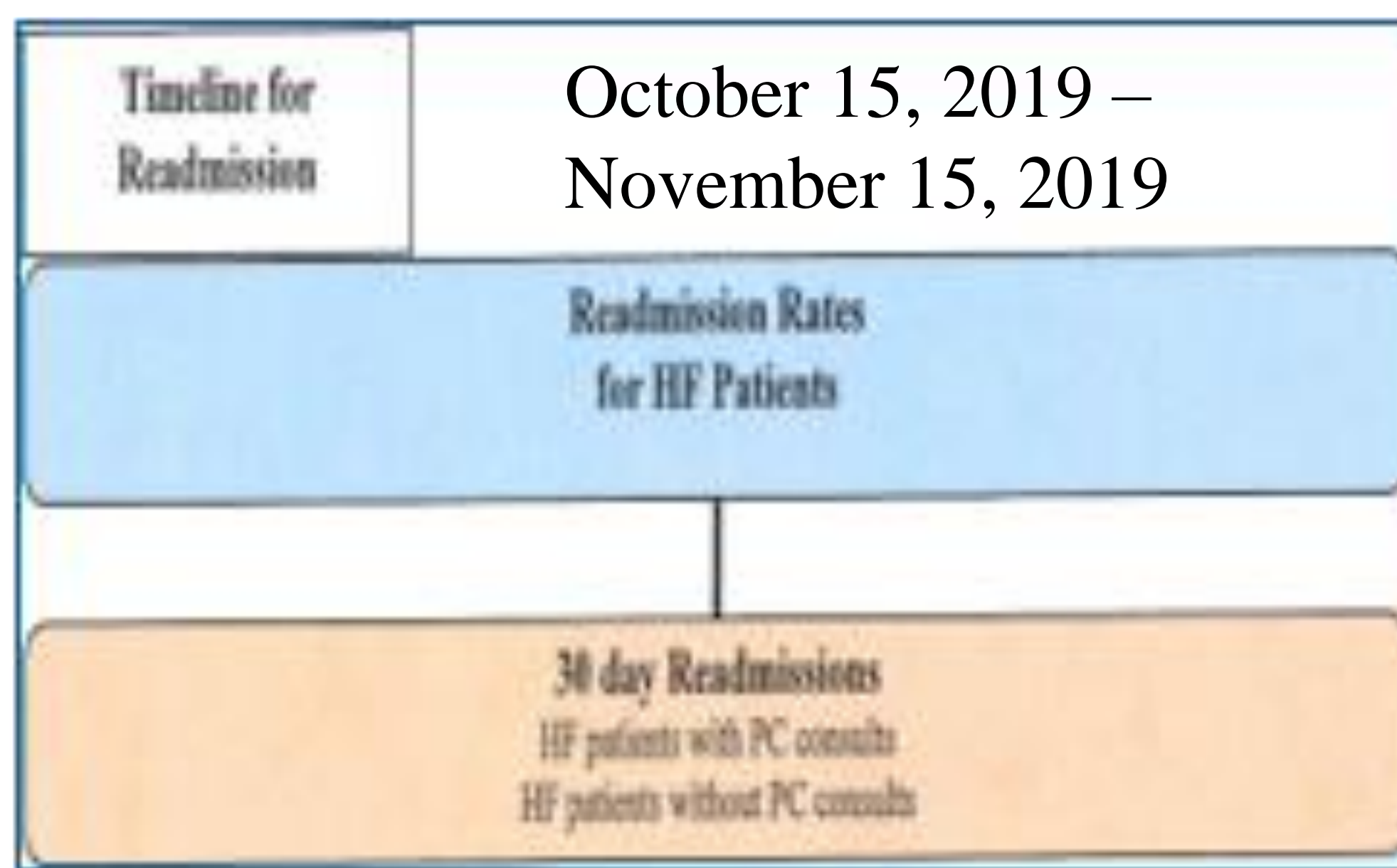


The Effect Palliative Care Has on 30-Day Hospital Readmission Rates for Patients with Congestive Heart Failure

Jacqueline Morris, DNP, APRN, AGPNP-C

Purpose

- The aim of this quality improvement (QI) project was to determine the effect palliative care (PC) has on 30-day readmission rates for patients with HF



Background

- Palliative care is an approach that improves the quality of life (QOL) of patients and their families facing the problem associated with life-threatening or chronic illness
- CHF affects approximately 5.7 million individuals in the United States with 550,000 being newly diagnosed cases annually
- CHF affects people from middle-aged to the elderly
- CHF patient readmissions costs an estimated \$30.7 billion each year. Palliative care is one transitional care process which readmission rates can be reduced significantly



Methods

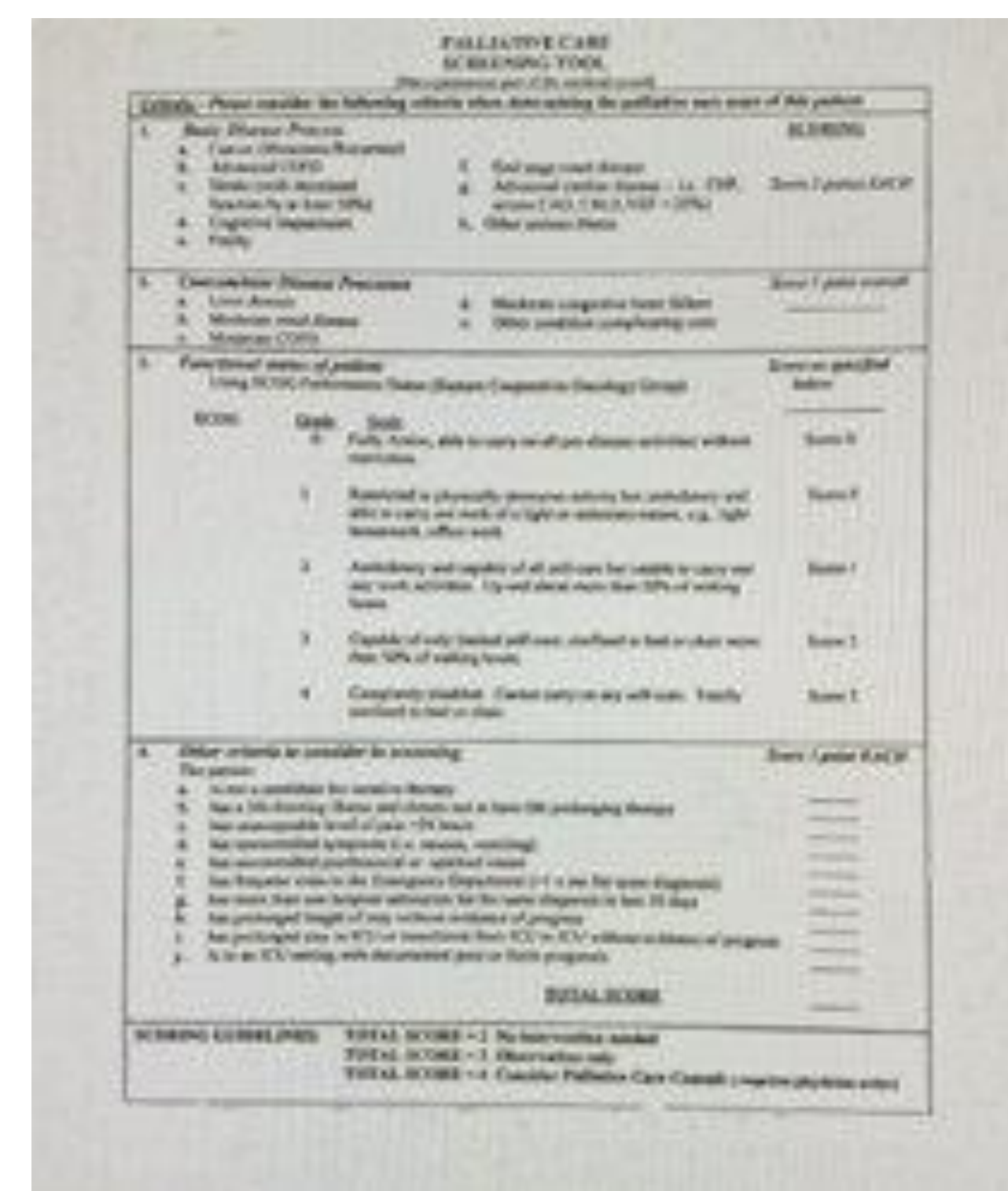
TARGET POPULATION AND SAMPLING:

- A retrospective chart review of CHF patients treated on a specific unit at an acute care hospital between September 15, 2019 and October 15, 2019 was performed
- Data was extracted from the hospital palliative care dashboard and the patients' electronic medical records which included documentation of a PC consult and the presence of a 30-day readmission indicator

PROCESS:

- IRB approval was obtained - #Pro00041822
- Criteria that needed to be included on the palliative care screening tool was compiled based on the Center to Advance Palliative Care (CAPC) screening tool
- The nursing staff on the identified unit understood the tool and process, education was conducted that included what PC is, how to complete the PC screening tool, and what to do with the results of the PC screening tool
- While the nurses on the CVT unit were completing the individual's admission, they also completed the Palliative Care Screening Tool (see Picture A)
- If the score of the screening tool was 4 or greater, then the admitting nurse was prompted to request a PC consult order from the provider

Picture A



Results

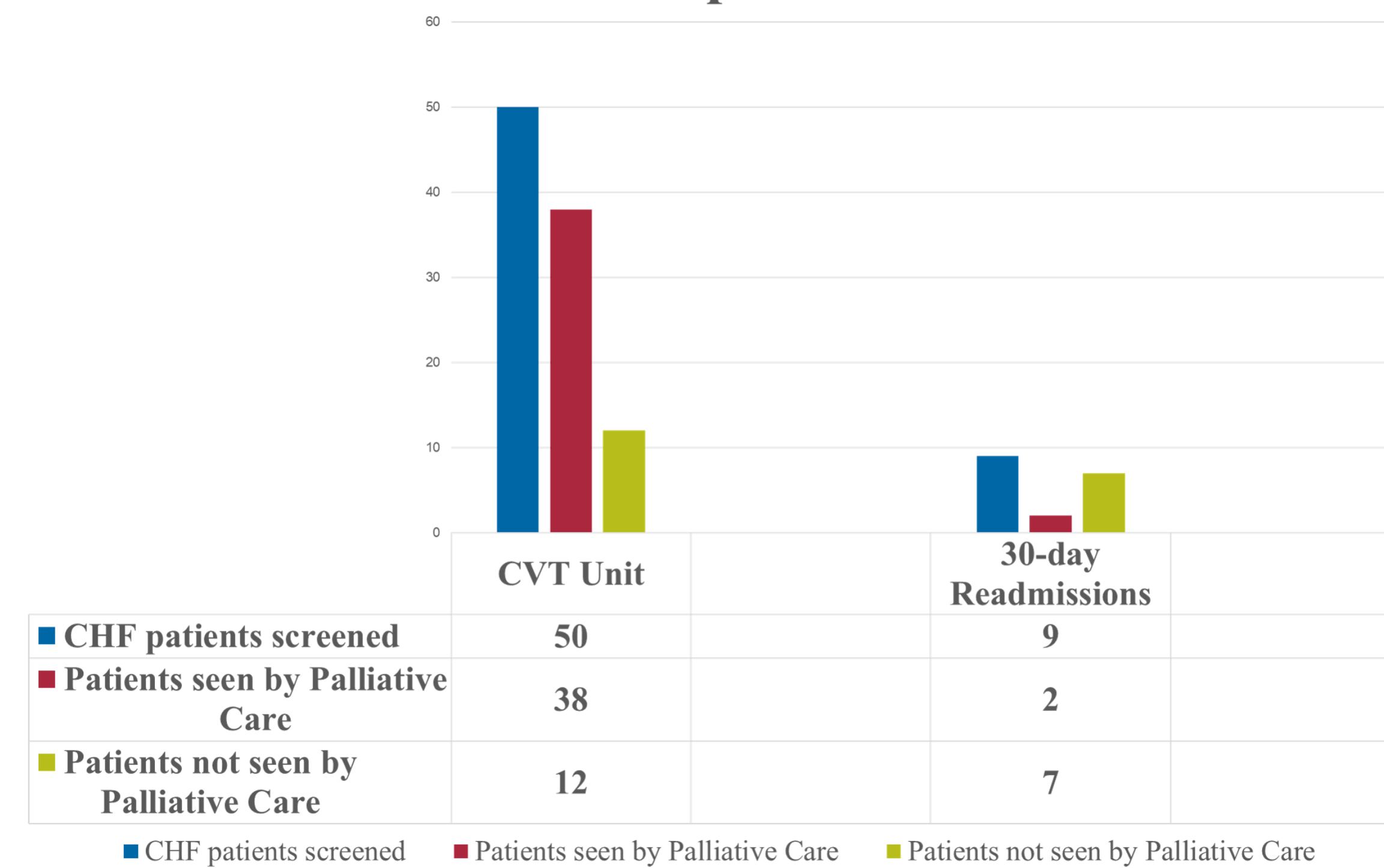
DATA COLLECTION METHODS:

- Data was collected through an electronic report that tracked readmitted patients, their palliative care screening scores and if a palliative care consult was completed when deemed appropriate based on the score of the screening. Readmission information was obtained from the Cerner Palliative Care dashboard's 30-day readmissions

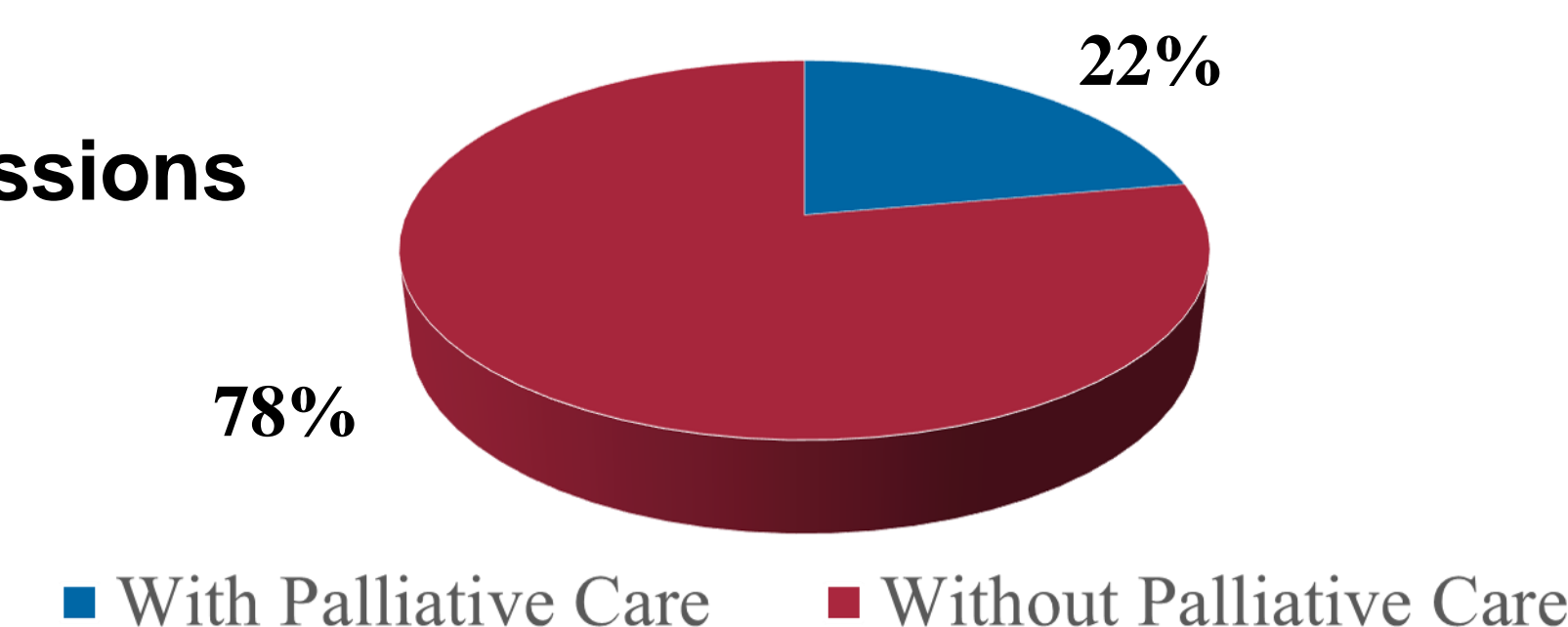
DATA & FINDINGS:

- Upon completion of the 30 days of data collection, a comparison of data was performed to determine if the palliative care screening tool completed on admission had an impact on patient readmission
- The 30-day overall readmission rate was lower for CHF patients that had been seen by the Palliative Care team opposed to those CHF patients that were not (see Graph A)
- In Graph B, the comparison of CHF patient's 30-day hospital readmission rates with and without a PC consult are reported. Out of the 50 CHF patients screened, 38 received PC consults and 12 did not. A total of 9 patients had 30-day readmissions with 7 (78%) of the patients readmitted without a PC consult and 2 (22%) patient readmitted with a PC consult

Graph A



Graph B
30-day Readmissions



Discussion

- The focus of PC includes optimizing patient function enhancing the QOL to individuals diagnosed with CHF
- Nurses' knowledge of the purpose and goal of PC improved after educational intervention
- Nurses' confidence in identifying appropriate patients for PC increased after educational intervention
- Without PC intervention, 78% of patients were readmitted within 30 days
- Nurses reported that they anticipate increasing their referrals to palliative care post intervention
- There is a need for providing seamless coordination of care between CHF providers and the PC specialists

Limitations

- The limitations of the QI project include the compilation of a database from only one institution, not accounting for readmissions to additional acute care hospitals
- Only using a small unit in the hospital, instead of all adult care areas limited the study as well as the staffing limitations of the number of APRNs in the Palliative Care office
- The time frame for utilizing the screening tool was limited to patients with CHF admitted between September 15, 2019 through October 15, 2019 capturing only PC consults and not PC interventions by this acute care setting

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