Multidisciplinary Team Approach in care of Heart Failure patients leads to better adherence to care guidelines and Get With The Guidelines-Heart Failure Program

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Background

- Heart failure places a significant burden on the healthcare system
- There are several predictive risk factors associated with heart failure incidence including hypertension, chronic kidney disease, obesity, and diabetes
- Most people who die of cardiovascular diseases will first develop HF
- The management of HF is an interdisciplinary challenge that requires the cooperation of various specialists

Objectives

- Using data from the AHA's Get With The Guidelines®-Heart Failure Registry, we sought to examine clinical delivery model to drive quality outcomes on behalf of our HF patients

Methods and Results

- Get With The Guidelines®-Heart Failure is an in-hospital quality improvement initiative designed to improve care by promoting adherence to the latest scientific treatment guidelines in patients with heart failure.
- When a comprehensive – multi disciplinary quality improvement program is used, health systems are able to track adherence to evidence based guidelines.
- As a result of participating in AHA GWTG – HF program, UIH was able to increase our compliance with evidence based care guidelines
- Guidelines are updated on a regular basis when new evidence based practices become available
- The data abstraction process includes the outliers review
- Information is shared with providers
- QI Team oversees all improvement initiatives
- Additional Data reports from other sources is used to track patients in house
- Close partnership with pharmacist and social works assures our compliance with discharge medications and follow up appointments
- UIH moved from the Silver Status in 2017 to **Get With The Guidelines®-Heart Failure Gold Plus with Target: HF Honor Roll** in 2018. The highest status in GWTG – HF offered by AHA

Exhibit 1. Multidisciplinary Team Model

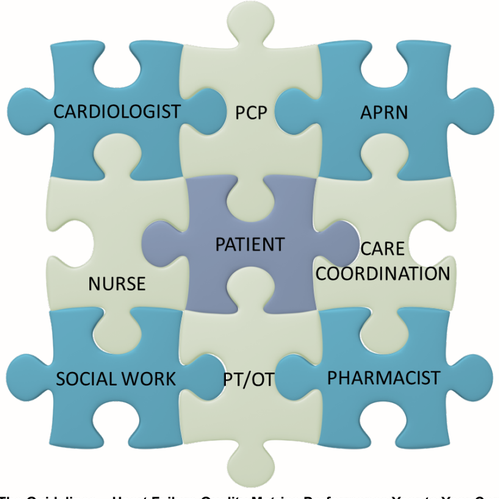

Exhibit 2. Get With The Guidelines – Heart Failure Quality Metrics Performance Year to Year Comparison

Measure	Average Performance in 2016	Average Performance in 2017
ACEI/ARB or ARNI Prescribed at Discharge	88.3%	100%
Evidence Based Specific Beta Blockers	95.18%	100%
Measure LV Function	84.08%	100%
Post Discharge Appointment for Heart Failure Patients	86.92%	97.77%

Current Interventions in Place

- Daily Multidisciplinary Discharge Huddle is held to address patient care needs
- Social Worker Assessment performed upon admission
- Medication Management and Education Performed by Pharmacist
- Meds to Beds Program for all eligible patients
- Care Coordination Follow up on all HF patients
- 90 day readmissions reviewed by Quality Team to determine barriers to care
- Transitional Care Appointment Scheduled for all HF patients
- Follow up phone call by HF Nurse
- UI HEART Executive Steering Committee overseeing UI HEART QI Committee

Conclusions

- Among patients participating in Get With The Guidelines, we have found a great adherence to a clinical care guidelines. Patient preferences and barriers to care play an important role in care coordination and should be planned for and addressed during the hospital stay. The multidisciplinary approach to patient care has proven to lessen misinformation among different care providers and assured better follow up, social work coordination and overall care continuum. The current focus of our team is to reduce our readmissions to assure our patients are truly getting better and receive the necessary care when needed.

Limitations

- Only sample of HF patients are submitted to GWTG HF Data Registry

References

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