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Utilization of Palliative Care to Reduce 30 Day Readmission in Heart Failure Patients

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Background

Heart Failure (HF) patients experience higher readmission rates than other populations (Braunstein, et al., 2013). Readmission for this patient population adds strain on patient and family well-being and the limited resources available. Adding to the limited resources, the Centers for Medicare and Medicaid (CMS) are declining healthcare payments for patients with HF who are readmitted within 30 days (Bergethon, et al., 2016).

Palliative care has been shown to prevent readmission and improve patients' quality of life in other populations such as those living with cancer. (Ranganathan, et al., 2013).

For HF patients, the goal of palliative care is to prevent and relieve suffering and to improve the quality of life for both the patient and family. Palliative care interventions may include management of symptoms such as pain, breathlessness and fatigue; medication management and coordination of care (Tiny, et al., 2009).

A review of the literature provides evidence of the positive impact of palliative care for patients with heart failure. However, little research exists regarding the impact of palliative care on 30 day readmission rates for HF patients.

Purpose

The main purpose of this project is to train nurses working at Providence St. Vincent Medical Center (PSVMC) in palliative care principles and techniques in order to offer interested Heart Failure patients on the 40-bed Cardiology B nursing unit palliative care interventions.

PSVMC is a 523-bed tertiary hospital in Portland, Oregon. On staff is a Palliative Care Team (PCT) including Physicians, Social Workers and Registered Nurses that provide inpatient consultations, support and training to the nursing staff.

A secondary purpose of this project is to determine if patients who receive palliative care services from their primary nurse have a lowered 30-day readmission rate.

Methods

This IRB-approved cohort study included inpatients on Cardiology B nursing unit at PSVMC with the diagnosis of HF during the period February 1, 2019 – April 30, 2019.

Prior to collecting data the nurses on Cardiology B attended training by the professional inpatient PCT. All 80 unit nurses received an explanation and a brief overview of palliative care at mandatory staff meetings in January, 2019. The study investigators received a more in depth training in palliative care from the inpatient PCT to serve as Super Users. This training consisted of a 4 hour intensive, including philosophy and tools to use when introducing palliative care to a patient, and when answering questions by nursing staff in the Super User role. The investigators then coordinated 1 hour training sessions for interested Cardiology B nurses, again utilizing the inpatient PCT to teach these sessions. Twenty three nurses were trained in the one hour training sessions, giving them phrases and scripts to use when offering the Palliative Care videos and written materials to patients

Each HF patient is typically given a HF information booklet, a Zone tool; a one page handout with a weight log and an easy to use guide to help patients stay on track with their lifestyle changes and to know when to seek medical attention. Each of these tools has a video companion piece that is normally utilized. In addition the primary nurse offered the palliative care brochure, introductory video and palliative care advanced video (on iPad) which are new to this unit.

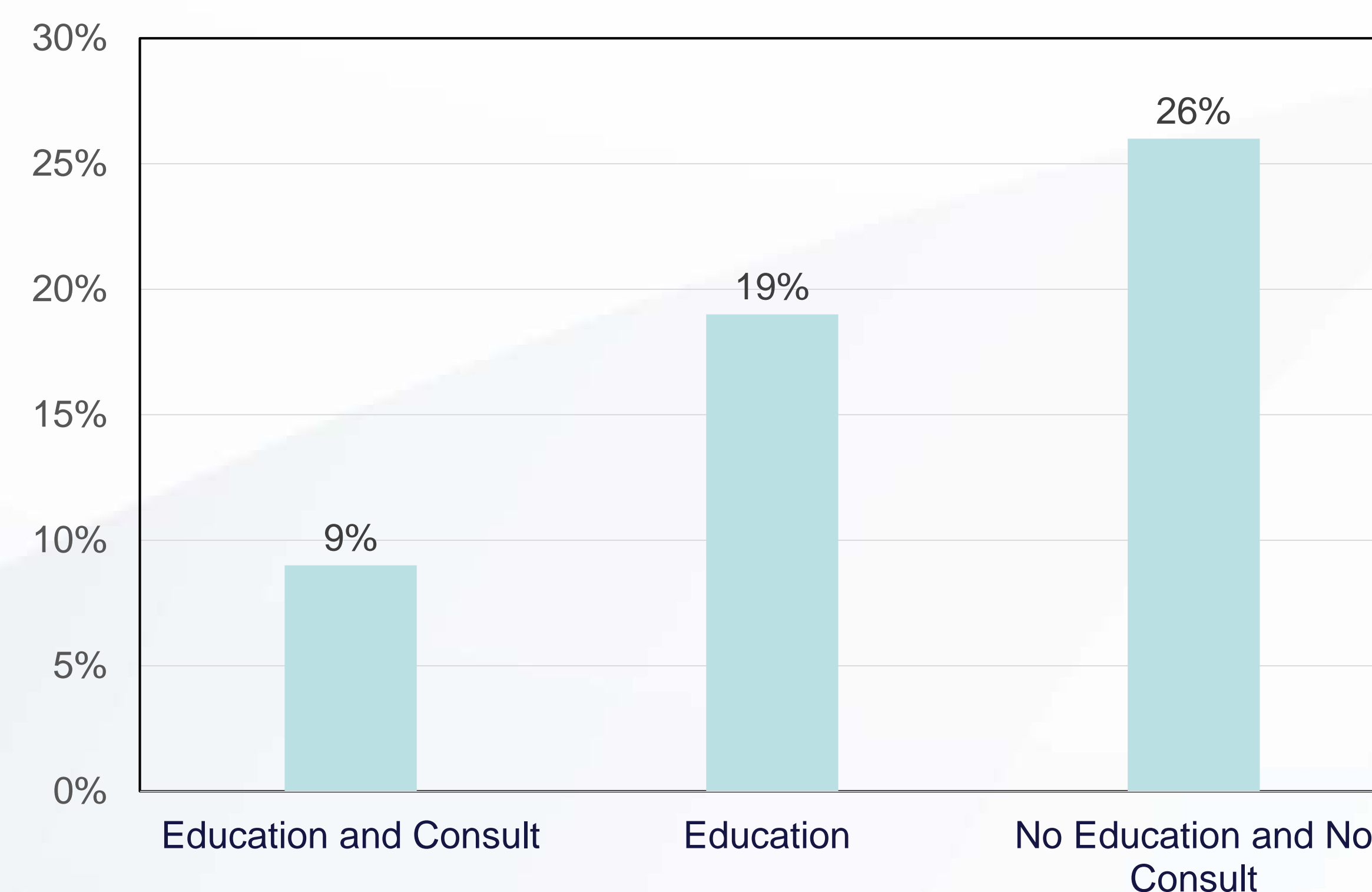
The Electronic Medical Records (EMR) of all of the identified HF patients during the study period were reviewed by the study investigators. The specific EMR data gathered included whether the patient was readmitted within 30 days and if so on what day, as well as whether or not the patient received either palliative care intervention: nurse driven palliative care education or a formal palliative care consult with the inpatient PCT.

The analysis of the data used Chi-Square test for independence (Pearson's chi square).

Results

Ninety four HF patients met the study inclusion criteria. The population averaged 69.8 ± 17.3 years old and included 40 (43%) females and 54 (57%) males. Of these, 32 (34%) received both education from their primary nurse and a formal consultation from the inpatient PCT, 28 (30%) received training from only their primary nurse and 34 (36%) received no Palliative Care education or a consultation. The data, charted below, illustrates the readmission rates for patients based on the three variables previously mentioned. A total of 17 patients had a 30 day readmission including 9% for those patients receiving both the nurse driven teaching and the formal PCT consultation, 19% for patients receiving nurse driven teaching only and 26% for those patients receiving no palliative care teaching. The Chi-Square analysis indicated $p=.054$ or marginally significant.

Readmission Rate



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Discussion/Conclusions

The outcome of the study, namely that palliative care teaching in the hospital setting can reduce the 30 day readmission rate of HF patients, is encouraging, though not quite statistically significant. The patients receiving both nurse driven education and a palliative care consult had a lower 30 day readmission rate than the PSVMC 2018 readmission rate of 15 percent. Plans are under way to continue collecting data and bringing this information to the patients on the Cardiology B unit and reanalyzing it in three month intervals, to determine if a larger sample size improves the statistical significance. Plans are to make the palliative care videos available in each patient's room on the TV so the access will be natural and effortless, as the iPad proved to be a barrier.

Many more nurses expressed interest in additional training and becoming proficient in palliative care education. Only 29% of the nurses on Cardiology B were trained, giving a large margin to improve outcomes when more nurses are trained and palliative care referrals are part of the daily conversation with patients, the way HF education has become.

Anecdotally the teamwork of all unit RNs being more involved with this vulnerable patient population has improved patient care and may have also improved the work environment for nurses.

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