Heart Failure (HF) Nurse Navigator Program Interventions Decrease HF Readmission Rates

BACKGROUND

• Heart Failure continues to be one of the leading causes for hospitalization. Current national 30-day all-cause HF readmission rates average 23% (Zaieian & Fonarow, 2015).
• High avoidable HF readmission rates are unfavorable for patient quality of life AND contribute to payment penalties for hospitals.

PURPOSE

• Goal for this community hospital:
  • To decrease average 30-day all-cause HF readmission rates from 21% to <17%
  • Or achieve a HF Observed/Expected ratio < 0.94

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REFERENCES

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PROGRAM

• Discharge interventions based on LACE scores (L=Length of stay, A=Acytly, C= Co-morbidities, E=ED visits).
• HF Discharge Standard Work Checklist for inpatient staff.
• Nurse Navigator facilitates identification, education using Teach-Back, screening and referring Acute HF patients during hospitalization.

IMPACT

• HF Nurse Navigator Program interventions decreased average 30-day all-cause HF readmission O/E ratio rate by 36% (over 5 Fiscal Year Quarters) of implementation.
• LACE scores identify avoidable readmission risks, with targeted interventions facilitated by HF Nurse Navigator for HF patient smooth transition to home.

IMPLICATIONS FOR PRACTICE

• Recommend 7-day a week HF Nurse Navigator coverage in the Acute Care setting to ensure identification of services unique to each HF patient’s complex needs.

CONCLUSIONS / DISCUSSION

• HF Nurse Navigator role facilitates processes addressing HF readmissions across systems resulting in decreased acute HF readmissions.