TRANSFORMING CARE TO REDUCE HEART FAILURE READMISSIONS

In 2015, Our Lady of Lourdes Medical Center in Camden, New Jersey was experiencing higher-than-desired 30-day readmissions for heart failure (HF) patients. With a goal of improving patient care and helping prepare the hospital system for population health initiatives, Lourdes engaged Medtronic to develop standardized processes and pathways designed to improve HF patient care across the system.

The Challenges

Analysis of the patient care pathway revealed that many HF patients were not utilizing the Lourdes Heart Failure Center, where they would have received guideline-based care, medication review, and patient counseling after discharge. Medtronic collaborated with the Lourdes team to help them assess the issues and develop a sustainable process improvement plan.

The Approach

Key strategies were identified to tackle the hospital system’s challenges:

- Reduce heart failure readmissions by focusing on inpatient care pathway and pre-discharge planning.
- Improve appointment scheduling and follow-up care at the heart failure center by focusing on post-acute care coordination.

The Results

**36% Reduction in heart failure readmission rate**

In less than a year, Our Lady of Lourdes Medical Center reduced its 30-day heart failure hospital readmission rate by 36% and implemented a process that optimizes care for heart failure patients. The readmission rate for HF patients seen by the Lourdes Heart Failure Center showed even greater improvement: It went from 9% to 5% — representing a 44% reduction in readmissions.

**75% Increase in follow-up appointment scheduling**

For admitted HF patients, a key factor for transition of care is to have an indicated follow-up appointment on the discharge paperwork. The team worked to improve this indicated date from 2% compliance to 77%. Furthermore, 50% of the dates were within 5 days of discharge, which exceeds the national standard of post-acute appointments within 7 days.

**$48,000 Medicare penalty avoided**

Lourdes now ranks below the national average of 22% for 30-day hospital readmissions and out of the penalty range for Medicare’s Readmission Reduction Program. As a result, it avoided a costly penalty and reduced excess healthcare utilization.

30-Day Heart Failure Readmission Rates

Heart failure readmission rates quoted are 30-day all-cause hospital readmission for all patients (Medicare and non-Medicare), for the flagship hospital in Camden, NJ and Lourdes’ Heart Failure Center, respectively.

Our Lady of Lourdes Medical Center
- General acute care flagship hospital located in Camden, NJ
- 350 beds, 401 affiliated physicians
- Over 500 heart failure admissions per year
- Part of the Lourdes Health System
  - Operates two general acute care hospitals, serving six million people in a four-state area
  - Member of Trinity Health, crossing 21 states
- Ranked among America’s 100 best hospitals for cardiac care
- Recognized by Healthgrades™ for the cardiac surgery program in 2017
### The Solution

The following actions were taken to address key opportunities discovered within Lourdes' HF patient care pathway:

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<tr>
<th>Key Opportunity</th>
<th>Solution</th>
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| **Admission**   | • Need to evaluate heart failure patients for appropriate level of care  
|                 | • A protocol for risk stratification that included classifying the patient’s risk for readmission and desired location for care |
| **Treatment**   | • Delays in the care pathway due to lack of consensus among providers  
|                 | • Developed a nursing heart failure patient care pathway and a heart failure rounding tool to expedite treatment |
| **Pre-discharge** | • Collaboration with pharmacy to determine which medications to provide patients upon discharge  
|                 | • Engaged Walgreens WellTransitions™/Rx Bedside Delivery to provide prescription bubble packs, education and counseling |
|                 | • Inconsistency in scheduling follow-up appointments  
|                 | • Developed a standardized checklist of items to be completed prior to patient discharge |
| **Discharge**   | • Lourdes Heart Failure Center (HF Center) underutilized by recently discharged patients  
|                 | • Discharge notifications sent to HF Center EMR  
|                 | • HF Center appointment made at discharge for patient to be seen within 72 hours |
| **Post-discharge** | • More than 25% of post-discharge appointments were missed or rescheduled in the first 30 days  
|                 | • Set up multiple touchpoints in post-acute space to confirm follow-up appointments, ensure medication adherence, and verify understanding of care plan |
|                 | • Patient care summaries sent to primary care physicians |

By standardizing care for heart failure patients, Lourdes now thrives in the fee-for-service market, while preparing for value-based healthcare initiatives critical to the system’s success in the future.

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**References**

1 Medtronic Data on File, 2018.
2 Calculation provided by the medical center.

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