

Patient Safety Coalition

A Focus on Heart Failure



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KEYWORDS

- Hospitals • Skilled nursing facilities • Home care • Interdisciplinary collaboration
- Heart failure readmissions • Population health • Post-acute care

KEY POINTS

- Heart failure (HF) readmissions are costly and may indicate gaps in care.
- Developing a regional patient safety coalition is one strategy to address HF readmission rates.
- It is important to include skilled nursing facilities and home health care agencies in brainstorming for sustainable solutions to reduce HF-related readmissions.

INTRODUCTION

Heart failure (HF) is a significant health care issue. Approximately 5.7 million Americans have HF, with 870,000 new cases being diagnosed each year.¹ HF is reported to be the cause in 1 out of 9 deaths.¹ In 2011, there were 284,388 deaths for HF any-mention mortality, and HF was the underlying cause of 58,309 of these deaths.¹ The total cost for HF in 2012 was approximately \$30.7 billion, and 68% of this was direct medical costs.² The cost of HF will continue to increase. The total cost of HF is projected to increase an estimated 127% to \$69.7 billion from 2012 to the year 2030.² From 2012 to 2030, the prevalence of HF is projected to increase 46%, leading to more than 8 million adults older than 18 years with HF.²

HF patient readmissions result in escalated health care costs and indicate poor patient management and gaps in care. These gaps represent a significant patient safety

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issue and can negatively affect patient outcomes. Among Medicare beneficiaries, all-cause readmissions within 30 days following HF hospitalization approaches 25% nationally.³ One strategy to reduce readmission rates in patients with HF is to collaborate through a patient safety coalition. This article describes how the Indianapolis Coalition for Patient Safety (ICPS) addressed the issue of hospital readmissions for patients diagnosed with HF.

BACKGROUND OF PATIENT SAFETY COALITIONS

In several states, private and public health care providers, purchasers, consumers, and regulators have recognized the value of coordinating their efforts to create an environment that enhances safety. Regional public/private patient safety coalitions have been formed in several states.⁴ Patient safety coalitions typically have diverse membership, often including real or potential competitors within the group.⁴ They voluntarily come together to address the common goal of reducing the harm that comes to patients, professionals, and institutions when a medical error or an adverse event occurs.⁴ By using evidence-based strategies and process improvement projects, regional patient safety coalitions have shown a reduction in 30-day readmission rates of patients diagnosed with HF.⁵

The Indiana Hospital Association (IHA) has created 11 regional patient safety coalitions (including ICPS) that blanket the state geographically.⁶ These patient safety coalitions are made up of dedicated professionals, including hospital leadership, doctors, pharmacists, and nurses, who collaborate to improve patient safety⁶ (Fig. 1).

The ICPS provides a forum for Indianapolis-area hospitals to share best practices and work together to solve patient safety issues.⁷ A free-standing nonprofit organization, the ICPS Board is composed of chief executive officers and representatives from medical, nursing, quality/safety, and pharmacy from the 6 major health systems located in Indianapolis: Community Health Network, Eskenazi Health, Franciscan-St. Francis Health, Indiana University Health, Richard L. Roudebush Veterans Affairs Medical Center, and St. Vincent Health.⁷ Although competitors in the market place, hospital leaders came together and agreed to not compete on safety. Coalition hospitals pool their expert resources to accelerate patient safety improvements through community-wide efforts.⁷ In addition, ICPS⁷ works closely with many community partners, including IHA,⁸ Marion County Department of Public Health, schools of medicine, nursing, and pharmacy to name a few.

The ICPS historically achieved accelerated outcomes by sharing resources, evidence-based best practices, performance targets, accountability, and learning. ICPS members undertake projects that focus on patient-centered strategies to improve safety and patient outcomes. Pulling content experts from each of the health systems and community partners, ICPS has formed initiative-specific work groups addressing patient safety issues in medication safety, perioperative safety, blood safety, pediatrics, use of contrast media, workplace violence, multidrug-resistant organisms, and reducing HF readmissions.⁸ Simply stated ICPS' mission is to provide a forum for Indianapolis-area hospitals to share information about best practices and work together to solve patient safety issues in Indianapolis and surrounding county hospitals.⁸

The ICPS Targeting Prevention of Heart Failure Patient Hospital Readmissions within 30 Days following Hospital Discharge work group was formed in 2009 with

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