Introduction
Preventing avoidable readmissions for patients with heart failure (HF) is a national focus for quality outcomes, that are both fiscally and patient centered. The use of a Nurse Practitioner (NP) Transitional Model can impact readmission rates and quality measures through 1) early identification of heart failure patients, 2) evaluation through inpatient consults, and 3) transitioning to outpatient management. This certified disease management program is managed by two NPs at this academic medical center.

Method
Screening done by electronic algorithms looking at:

- Admission diagnosis of heart failure
- Elevated pro-BNP levels noted in ED
- Patients with a discharge diagnosis of HF in the last 6 months and readmitted (all cause)

Program Process
- Screening results in a list that triages the patients with the highest risk for the NP consult. The consult focuses on successful self-care management, evidence based medical therapy, and incorporates one-on-one didactic HF education.
- Patients transition to outpatient care which includes early discharge phone call follow-up, face to face seven day follow up, and tele-monitoring for six weeks.
- Patients have access to the NP urgent care clinic for evaluation and treatment of heart failure.

Outcomes
Average readmission rate for our hospital 2011-2012 was 21.5 % compared to national average of 24%. The last quarter of 2012 achieved a 14.5% readmission rate. When factoring in the academic center is an advance heart failure center offering transplantation and mechanical support, this reduction is below the national average.

Program Benefits
- Use of Teach Back
- Decreased 30-day readmissions
- Affirmative patient feedback; 95% of patients would recommend this program.

Conclusion
The nurse practitioner transitional model is a feasible resource to reduce readmissions for patients with heart failure and improve quality measures. Teaching self-care management, aggressive outpatient management and utilizing homecare and community resources optimizes positive patient outcomes.

References