



A Nurse Practitioner Run Urgent Heart Failure Clinic: Timely Treatment Can Decrease Costly Hospital Admissions/Readmissions

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Introduction

Volume overload is a major contributing factor of initial admission and subsequent readmissions for decompensated heart failure (HF). Other contributors include dehydration and acute kidney injury. HF readmissions create a financial burden on the health care system and readmissions are related to increased mortality for patients. Causation of hypervolemia may be related to 1) sodium indiscretion, 2) medication non-adherence, or 3) suboptimal diuretic dosing. Timely assessment and intervention can circumvent treatment in the Emergency Department (ED) where admission often becomes inevitable.

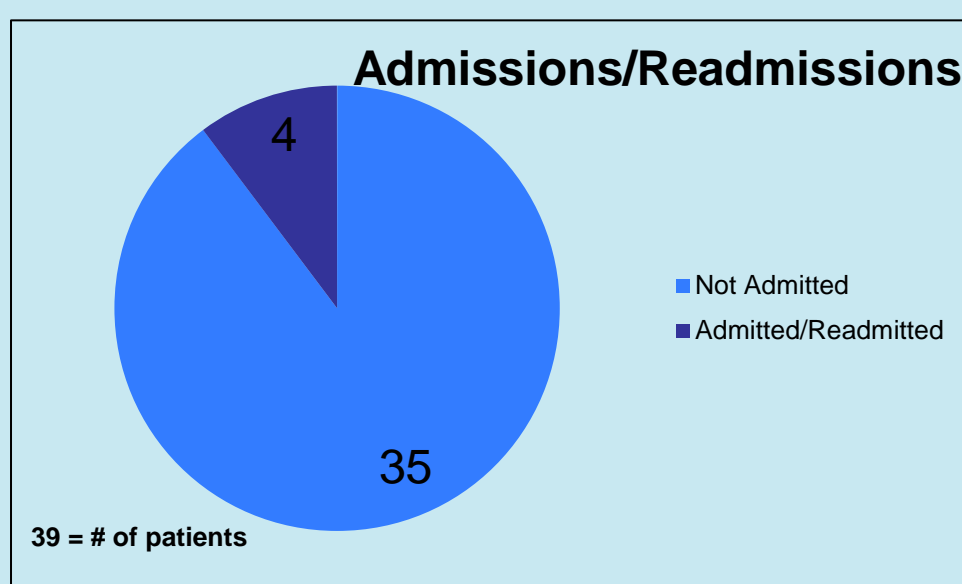
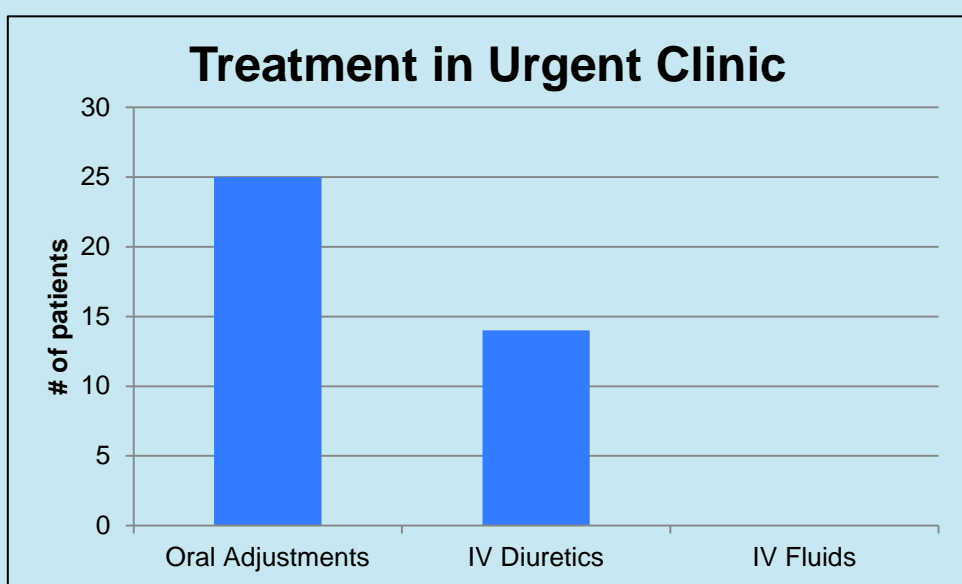
Methods

A HF Transitional Care(TC) program is offered to all discharged HF patients in a 500 bed academic medical center. In this program, 3 nurse practitioners (NP) staff a NP run Urgent Clinic supported by nurses where concerns of weight changes and HF symptoms can be assessed and treated.

Clinic Process

- Patients are identified through TC tele-monitoring calls, clinic triage calls, or referral from primary care providers and can be seen quickly – often within hours of triage.
- IV diuretics are given as a one-time dose. Some patients require IV fluids or oral medication titration
- Patients can be re-evaluated on subsequent days and have additional IV diuretics if needed.
- Patients have vital signs checked pre and post treatment. A BMP/BNP can be checked. Electrolytes are repleted as needed
- Triage nurse follow-up with the patients the next day with continued monitoring until patient is back to target weight

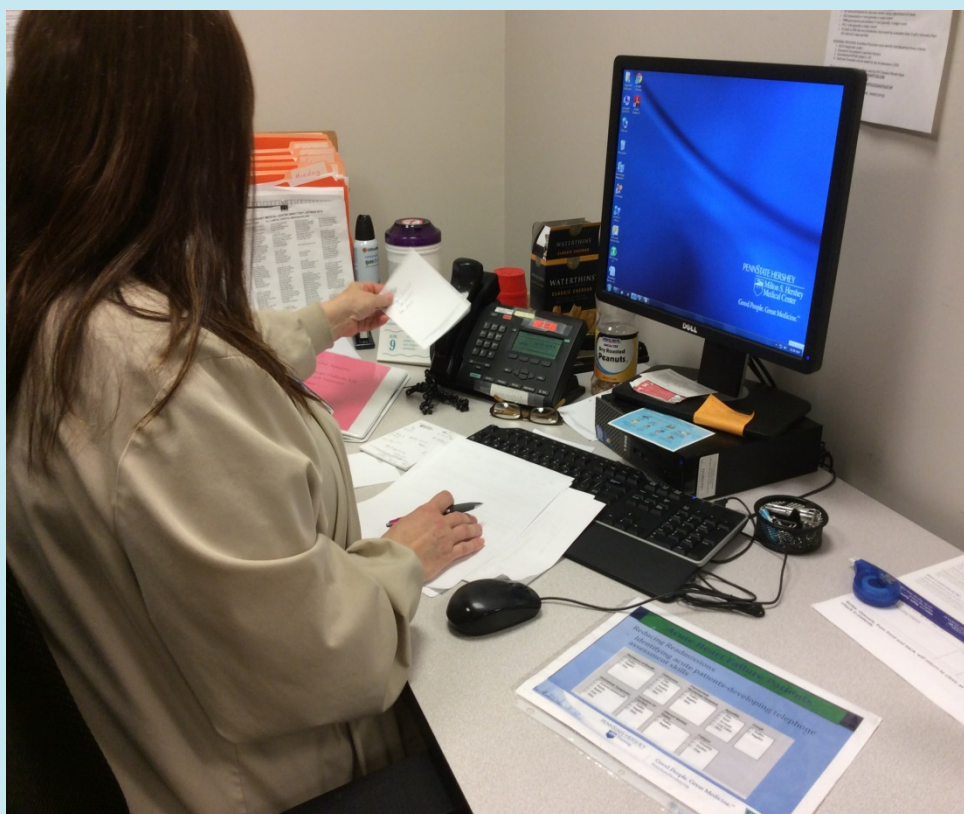
Results



- Of the 39 patients seen in the HF urgent clinic from July 2014 to December 2014, 25 received oral medication adjustments, 14 received IV diuretics and 0 received IV fluids.
- Of the 39 patients seen in the HF urgent clinic 9 had a HF admission in the previous thirty days. Only 2 in this subset were readmitted after their clinic visit. An additional 2 were admitted for a first admission after being evaluated in urgent clinic. Therefore 35 potential admissions/readmissions were averted..

Conclusions

The availability of an urgent clinic for HF patients can successfully decrease hospitalizations and readmissions. HF patients who previously would seek treatment in the ED now have alternative treatment. They voice satisfaction at circumventing ED waits and a hospital admission. Preventing the initial admission then avoids the start of a costly admission-readmission cycle. Of the 39 patients seen in clinic only 4 had admissions/readmissions therefore preventing 35 potential admissions. . At an average hospital cost of \$10,00-\$12,00 per average HF admission, this represents a fiscal savings of \$350,00-\$420,00. When reducing readmission rates below institutional benchmarks, this can prevent disincentive penalties by the Center of Medicare Services(CMS) and thereby maximizing Medicare reimbursements.



Acute Heart Failure Patients

Reducing Readmissions

➤ Identifying acute patients-developing telephone assessment skills

Shortness of Breath <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Other:	Orthopnea <input type="radio"/> Clear <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Other:	Pulmonary Rales <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Other:	Appetite <input type="radio"/> Poor <input type="radio"/> Good <input type="radio"/> No Issues <input type="radio"/> Early Satiation <input type="radio"/> Other:	Cough <input type="radio"/> Positive <input type="radio"/> Negative
Abdominal Symptoms <input type="radio"/> Increased abdominal girth <input type="radio"/> None <input type="radio"/> Other:	Dyspnea on Exertion <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Other:	Altered Mental Status <input type="radio"/> Positive <input type="radio"/> Negative	Fatigue <input type="radio"/> Worsening <input type="radio"/> Stable <input type="radio"/> Other:	

References

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2. Yancy CW, Jessup M, Bozkurt B, Butler J, et al. **2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines.** 2013 Oct 15;62(16):e147-239. doi:10.1016 /j.jacc.2013.05.019. Epub 2013 Jun 5