

Heart Failure Pilot Program

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Heart Failure Pilot Program

- The Partners Healthcare at Home Heart Failure Pilot Program at Newton Wellesley Hospital is designed to provide a smooth transition for the patient with heart failure from hospital to the home environment.
- The long term goal of this pilot is to decrease hospital re admissions for the patient with heart failure.
- Open communication and the sharing of information between hospital, physician, and home care nurse are a priority, and essential for the success of this program.

Heart Failure Pilot

Phase 1 – Initial Protocol

- Extensive teaching directed to individual patient and home learner using information documented on teach back tool by hospital nurse
- Teaching specific to precipitating factors causing exacerbation of heart failure as documented by MD
- Diet teaching for patient, home learner and/or shopper continuous through home care certification
- Home care nurses follow specific assessment guidelines, visit schedules, and teaching tools as found in protocol
- The home care nurse directed to communicate with NWH HF Clinic and facilitate MD appt.

Phase 2 – Criteria Expanded

- Protocol simplified and adjusted in response to data review and feed back from clinicians
- Pilot rolled out to all heart failure patients at Newton Wellesley Hospital who are referred to Partners and meet home care criteria; included Hospice appropriateness and Telemonitoring
- Pilot expanded to include all home care nurses at Partners covering the NWH geographic area

Phase 3 – Sustainability Phase

- Liaison intervention and oversight decreased
- HomeCare Quality/Education Department conducting chart audits for compliance
- 1:1 education for any clinician not compliant with protocol
- Adoption of protocol as part of Heart Failure Program

Successes and Challenges

- 21 patients in program, with only 1 readmission for HF in first 30 days – 95% success rate
- Hospital Nurse did visit with home care nurse and added excellent feedback and suggestions for the pilot
- Only 1 patient re-hospitalized within 30 days for Heart Failure exacerbation and hospice has been suggested for this patient
- Liaisons are now doing rounds with case management team
- Weight loss and dietary improvements have been noted with the pilot patients

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