|  |
| --- |
| **Table. RIE Experiments for Optimizing CHF Patient Identification & Increasing Core Measure Score (Each Row=One Experiment)** |
|  | **Do a PDCA Cycle** | **Conduct the Experiment** |   |
| **Experiment & Metric** | **What do you expect to occur?** | **What happened?** | **What did you learn?** |
| Revise and update the discharge time out sheet to be placed on patient chart by the CDI Specialists | To remove the “guess-work” from front line nursing. The anticipated effects of this experiment included: simplify the check off sheet; remove responsibility to identify those patients who would “code-out” as heart failure upon discharge from nursing staff | The discharge time out sheet was reduced from 4 pages to 1 page, printed on red paper for at-a-glance identification of CHF patients by nursing. Nurses who were interviewed about revising the form were accepting of the simplicity and identification of HF patients | -The team continued to monitor for any missed pts on the trial units-Created an education plan for the process for implementation across all inpatient units |
| Experiment in the Development Environment to decide how to go-live with the facility’s electronic medical record system *Soarian Follow-Up* chapter and create a Poka-Yoke (i.e. Mistake Proofing) hard stop. Nursing input was considered when designing the chapter | -Expected that if successful, complete compliance on core measure. -Team anticipated creating a hard stop would be time consuming, experience a delay in completion, and difficult | The front line found it beneficial that the chapter required the user to enter an appointment date and time for the patient follow up to the Primary Care Provider and/or Heart Failure Clinic | The heart failure discharge follow-up chapter was trialed successfully on 2 nursing units. The chapter capability was activated for all inpatient units. This will increase core measure compliance score by requiring a date and time to be entered before the discharge instructions can be completed and saved |
| Detail a plan/talk with HF Clinic Nurse Practitioner to start rounding and clinic tour | There would be no change from the current state, in which the Nurse Practitioner did not round on inpatient HF patients to discuss the benefits of the HF Clinic. There would also be an apathetic sentiment of tours of the HF Clinic for the new nursing graduates during their class. SOAR *(Supporting Onboarding And Retention)* is the facility specific designed educational course for new graduate nurses or any nurse who has been away from the bedside for a length of time | The CHF Clinic Nurse Practitioner began participating in rounds the week after the event. This has enhanced her knowledge and creating a relationship with patients who will be visiting the clinic. | The Nurse Practitioner will continue to participate in CHF rounds at the facility |
| Utilize and compare the new patient rounding list vs. the old patient rounding list | The CHF Coordinator will capture more actual HF patients and remove guess work from trying to identify which patients on inpatient units will be discharged with a primary heart failure discharge diagnosis | -The new and old list was trialed for two weeks for a comparison between the methods-The CDI manager worked with the CHF Coordinator to reduce the daily reports from 6 to 1-Eliminated the Quality Coordinator support in the process-Discovery of duplicated efforts between CDI and CHF Coordinator-The CDI team has an existing report that can be filtered to those patients that will have a primary discharge diagnosis of CHF-The experiment continued for 1 week after the event to ensure validity. Heart Failure coordinator subsequently switched to exclusively using the new report for accurate identification of heart failure patients | -Had the old method of patient identification been followed, the CHF coordinator would have been following 30 patients unnecessarily and would have missed 4 patients that were not identified as HF patients during their stay, resulting in 4 core measure missed opportunities |
| Monitor and compare process between CHF Coordinator and CDI to determine who is most appropriate to place discharge timeout sheets on the patient chart | The HF discharge time out sheet would be placed and visible on every chart where a patient will have a primary discharge diagnosis of HF | 2 week experiment was conducted to determine where the least impact to workflow would exist: - **week 1**: CHF coordinator placed red discharge timeout sheets on patient chart-**week 2**: CDI placed red discharge timeout sheet on patient chart | CDI experienced the least amount of impact to workflow and continued to place sheets on the patient charts based on the experiment |