



Congestive Heart Failure

Preventing Readmission into Short Term Acute Care Hospitals



Congestive Heart Failure

* FACT

- About 2% of the general population has CHF.
- The frequency increases to 10% in the population over 80 years of age.
- In people over the age of 65, CHF is the most common reason for admission.



Congestive Heart Failure

- Classification of CHF
 - ✓ New York Heart Association (NYHA)
 - ❖ NYHA Class I: Mild-No limits to physical activity
 - ❖ NYHA Class II: Slight limitation to physical activity
 - ❖ NYHA Class III: Significant limitation to physical activity
 - ❖ NYHA Class IV: Inability to carry on any physical activity without discomfort



Congestive Heart Failure

- For patients with CHF, less than 50% of them are living after 5 years after their initial diagnosis and less than 25% are alive after 10 years
- Patients hospitalized for heart failure have an average 1 year mortality rate of 33%

Heart Failure cannot be cured in most cases but it can be controlled.



Congestive Heart Failure

- Avoidable rehospitalization can reduce the cost of nearly one third of the total \$2trillion dollars spent on hospitalizations
 - Improving discharge planning and transition processes
 - Improving transition and care coordination between patient care settings
 - Improving coaching, education and support
- These rehospitalizations are costly, potentially harmful and often avoidable



Congestive Heart Failure

- Improving discharge planning and transition processes
 - Educating the STAC discharge planners and physicians
 - Understanding what is the appropriate level for discharge
 - LTAC
 - Inpatient Rehab (IRF)
 - SNF



Congestive Heart Failure

- Long Term Acute Care Hospitals
 - Select Specialty Hospital

Higher level of care

- Multiple levels of care available
 - ICU, IMCU, telemetry
- Ability to have physician visits daily including specialty physicians
- Ability to assess patients vital signs and lab work acutely by RN and multidisciplinary staff
- On site radiology department for STAT results



Congestive Heart Failure (cont)

- Higher level of care (cont)
 - Ability to make medication adjustments immediately with changes in condition
 - Assessment of fluid balance with I&O records
 - Assessment and maintaining anemic conditions via lab work and necessity for immediate blood products
(About 1/2 of the patients diagnosed with CHF have anemia [Hgb below 12g/dl] and anemic conditions worsen as CHF conditions worsen)
 - Rehabilitation program geared towards patients condition and the ability to monitor any changes
 - Education prior to discharge and use of discharge sources that have CHF protocols in place



Congestive Heart Failure

- Improving transition and care coordination between patient care settings
 - Medication reconciliation
 - Importance of patient to follow up with GP and/or specialists
 - Communication: following up with patient and next level care coordinator
 - Educating patients on their disease process and management



Congestive Heart Failure

- Education, Education, Education

LTAC has the time (25 days) to educate a patient on medication dosages and times, rehabilitate for activities of daily living and mobilization with their disease, and the importance of following up with GP and specialists.



● References:

- **Aggressive Therapy of Congestive Heart Failure and Associated Chronic Renal Failure with Medications and Corrections of Anemia Stops or Slows the Progression of Both Diseases**
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- **Effective Interventions to Reduce Rehospitalizations: A Compenium of 15 Promising Interventions**
Institute for Healthcare Improvement

