



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

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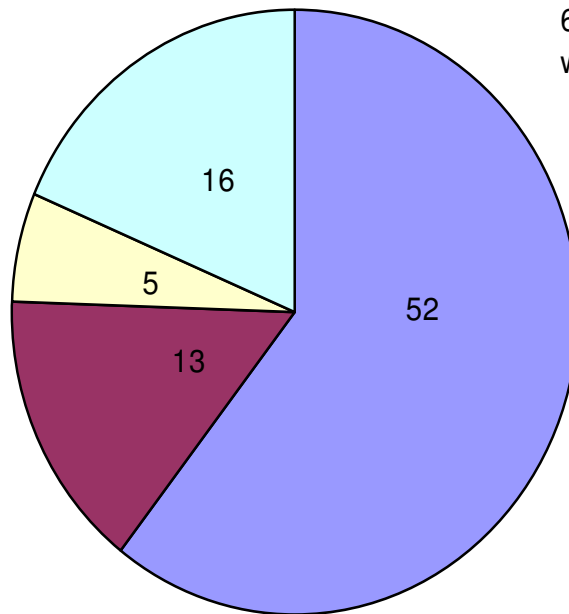
STAAR Statewide Summit
February 2 and 3, 2011

Process

- Case Management reviews cases
 - Confirms CHF diagnosis Day 1 hands off to assistant who makes appointment
 - Added risk assessment tool in July
- Case Management Assistant
 - Makes appointment generally within 24 hours of admission to decrease delays in appointments
 - Appointment is added to discharge instruction tool
 - Tracks through stay and will cancel if patient discharges to SNF or has delay in discharge
 - Information turned in on discharge and tracked on spreadsheet

CHF Patients from Davenport 8 Pilot Program Discharge Home with Follow Up Appointment June- November 2010

21 patients
(24%) were
readmitted

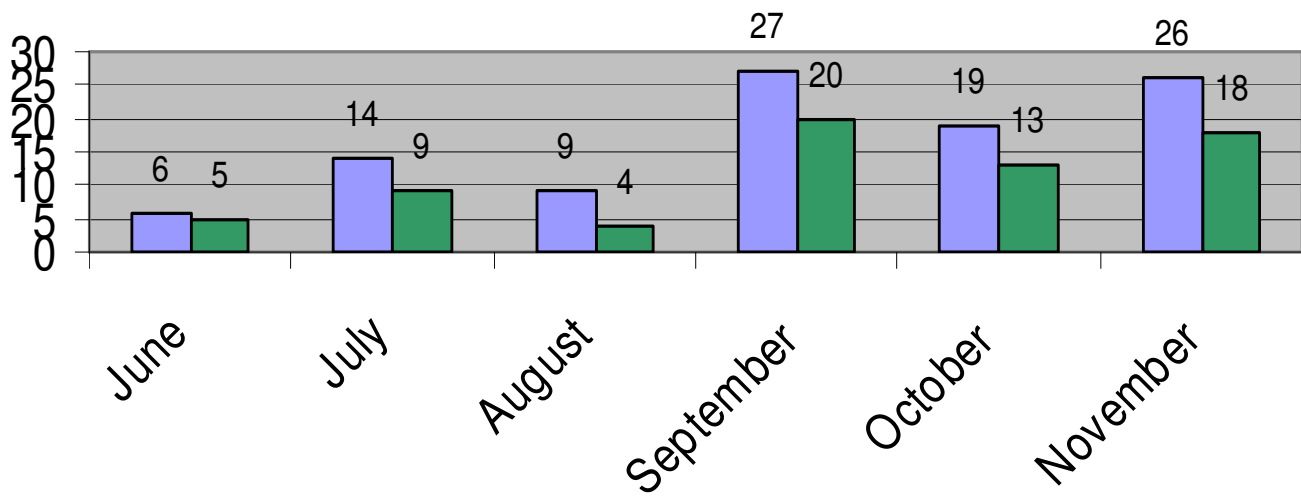


65 patients (76%)
were not readmitted

- Patients had follow up appointments and were not readmitted
- Patients did not have appointments and were not readmitted
- Patients had no appointments/readmitted
- Patients had appointments and were readmitted

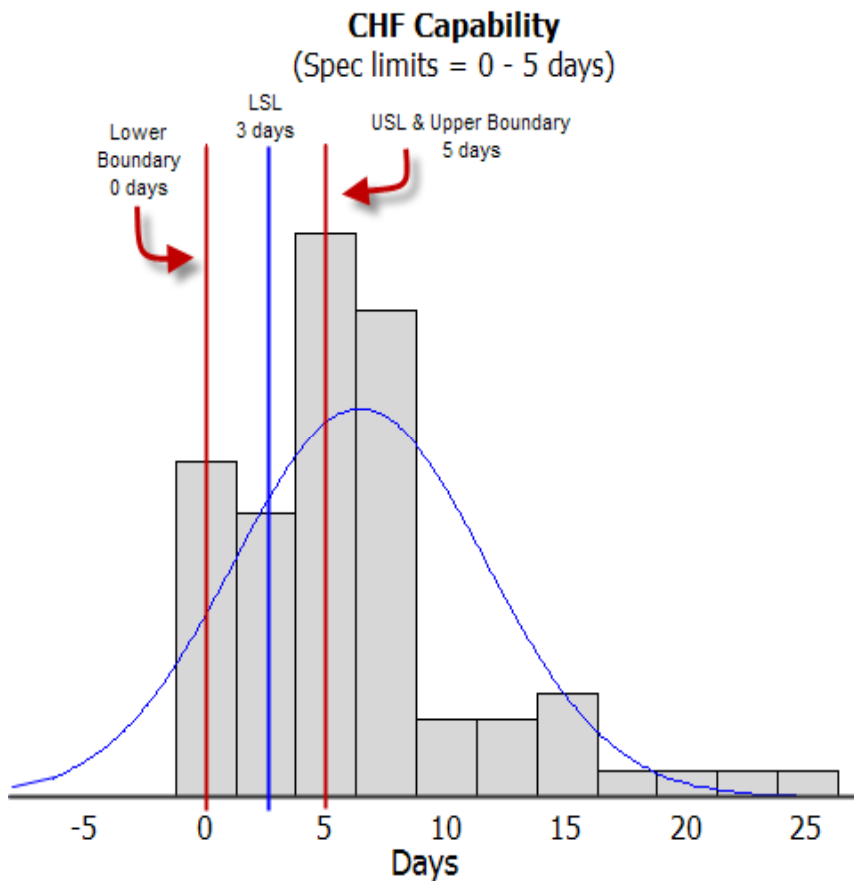
Number of Follow Up Appointments Made for Davenport 8 CHF Pilot Program

Total Number of CHF Patients Followed on D8



■ Total Number of CHF Patients followed on D8
■ Number of Patients with Appointments Made

CHF Post hospital follow up appointment pilot



Customer Requirements	
Upper Spec (days)	5
Lower Spec (days)	3

Process Characterization	
Mean (days)	6.4051
Standard deviation (days)	5.2073
% Out of spec (> 5 days)	71.57

Sustainability and Spread

- CHF initiative will be reporting to newly formed Cardiology council
- Will be focusing on patients who bounce back to see why they are readmitted
- Who should appointment be with:
 - PCP?
 - Cardiology?
 - Living well with heart failure
- Looking to move program to other units and across campus
- Feedback to PCP groups
- Scripting for staff regarding calls to make appointments
- Working with Transition team to establish consistent follow up appointment on D/C from SNF – target 7 days