

**Florida Department of Health**  
**Special Projects Updates**

**Critical Access Hospital (CAH)  
Heart Failure Improvement Project**  
*and the*  
**Critical Access Hospital Safety Initiative (Year 5)**



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**Heart Failure Improvement Project**

- Sponsored by the Heart Disease and Stroke Prevention Program - Sept. 2006 to June 2007
- Targeted areas: Apalachicola, Chipley, Bonifay, and Graceville
- Inpatient and outpatient components
- Vision: To reduce hospital readmissions for heart failure patients



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**Major Program Goals**

- To increase the number of CAHs participating in the National Heart Failure Project
- To empower and strengthen the infrastructure of CAHs to implement evidence-based system changes to improve the quality of care provided to heart failure (HF) patients



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## Major Program Goals

- To increase the number of HF patients who are receiving the quality measures of care
- To increase the number of HF patients with increased self-management knowledge, skills, and abilities
- To increase provider staff awareness and knowledge of evidence-based HF standards of care and national quality measures




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## Project Activities and Results

- Assistance to CAHs to abstract and submit data on the National Heart Failure Project indicators
  - Doctors Memorial Hospital Bonifay and Northwest Florida Community Hospital were doing this at the beginning of the contract
  - Campbellton Graceville Hospital and George E. Weems Hospital initiated data abstraction and submission as a result of the project




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## Project Activities and Results

- HF education for CAH nursing staff
  - The one-hour educational class was presented to 38 inpatient nurses and 8 SNF/Community Health nurses
  - HF Course content
    - What it is, causes, signs and symptoms, and its effects on patients
    - The goals of heart failure therapy
    - Medication prescribed to control heart failure
    - Lifestyle modification to reduce heart failure symptoms
    - National Heart Failure Project indicators
    - Six topics to be documented in HF inpatient discharge instructions




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### Project Activities and Results

- **Physician training on the project goals and how physicians could contribute to the project**
  - Education packet: information on the DOH project and National Inpatient Project indicators, current HF guidelines, and strategies to reduce hospitalization in HF management
  - Eleven physicians and physician extenders received 1:1 education on the project
  - Approximately seven others received the physician education curriculum




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### Project Activities and Results

- **Community HF education activities**
  - 4 scheduled classes were taught
  - 1:1 education was provided at 4 community events such as health fairs and community celebrations
  - 1:1 education was provided to two heart failure patients in a physician office
  - Six telephone classes were scheduled; however, no individuals attended




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### Project Activities and Results

- **Partnered with one hospital for a mass mailing to invite their HF patients to a scheduled class**
  - 1,200 packets prepared-Included request to be contacted for future activities with a postage-paid return envelope
  - Approximately ¾ mailed out (removing duplicates, deceased, etc.)
  - 28 people attended the class
  - 19 contact forms returned




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## Project Activities and Results

- **HF toolkits for people with HF or their caregivers**
  - Toolkit components
    - Written literature on heart failure and how to control it
    - Calendars and reminder tools to track medical follow-up and to prompt patients to seek medical care at appropriate times
    - Weight scales
    - Self-care videos
    - Pedometers
  - Toolkits were provided to over 120 individuals with HF, caregivers of HF patients, those identified as being at risk for HF and others interested in learning about HF.




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## Project Activities and Results

- **Published an article on HF and the DOH project in the local electric company newsletter**
  - Distribution of 20,000 people in three counties
- **Initiated partnerships with and educated community groups serving HF patients (i.e., Meals on Wheels, Council on Aging, Nursing Homes)**




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## Findings



**Built and they will come**

*It is not that easy!*




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**What Worked**

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- **Physicians verbalized appreciation for the education materials and endorsed project goals**
- **Nurses unanimously stated that the HF continuing education class was outstanding and that they learned a lot from it**
- **Physicians and patients thought the choice and quality of patient toolkit resources was excellent**



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**What Worked**

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- **The HF self-care class received excellent critiques with many attendees stating it would help them to make critical lifestyle changes**
- **In addition to educating people with heart failure at community activities, also educated:**
  - Caregivers of HF patients
  - Those at risk of developing HF
  - Those with friends or family members with HF



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**What Worked**

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- **Two scheduled classes were presented at a factory employing over 700 people from the local community**
  - Assisted the occupational health nurse in identifying employees with HF or who were at high risk for developing it
  - Provided a large population to assist in marketing information and classes



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### Lessons Learned

- **Nursing education**
  - Some staff were reluctant to attend “off the clock”.
  - Funding was not always available to pay staff
  - Difficulty scheduling classes due to manpower shortages and short-notice schedule changes within the hospitals
- **Physician education was difficult to accomplish during normal work day**
- **Health fairs and community celebrations did not lend well to group classes but acted as an effective recruitment strategy for future classes**




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### Lessons Learned

- **Wal-Mart was a recommended community education site because “everyone goes there”**
  - Store management barriers
  - Few shoppers stopped for information
- **Patient education in physician offices**
  - Many offices have limited space for group classes
  - Patients fail to come to clinic unless needed for physician follow-up or specific health concerns
  - One-on-one teaching in the clinic very labor intensive due to inability to schedule HF patients to arrive in groups




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### Lessons Learned

- **Teleconferences did not attract people with HF**
  - Many people in rural communities now use cell phones with pre-paid/limited calling time
  - Possible lack of comfort using telephone technology to access class
- **Mass mailing resulted in limited return of contact information forms (to use for future marketing)**




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## DOH HF Year 2 Activities

- The DOH received another 5 year grant from the CDC to continue promoting HF prevention and self-management to reduce hospitalizations
- The new CDC funding redirects the focus from community-based efforts to one of state-wide policy and system changes
- Current HF program plans/contracts are in the process of being redesigned based on the revised focus of the funding



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## CAH Safety Initiative

- Sponsored by the Office of Rural Health since 2003
- Year 1: Comprehensive assessment of medication safety practices
- Year 2: Correction of Year 1 issues and implementation of CAH-specific goals
- Year 3: Focus on safety culture and root cause analysis



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## CAH Safety Initiative

- Year 4: Continued with Year 3 topics, medication reconciliation, nursing first dose review, med error reporting in EDs, and inpatient vaccination
  - Activities were designed to have greater direction by CAH representatives as a group
  - Limited impact due to the variability among hospitals in their needs, finite manpower resources within hospitals, knowledge base, etc.
  - Decision made to re-direct year 5 activities to reassessment and individualized CAH priorities



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## CAH Safety Initiative: Year 5

- Site visits are being done to reassess medication safety processes and environment
- Written feedback will be provided detailing strengths, weaknesses, and recommendations for specific strategies to address areas needing improvement
- Each CAH will identify at least one targeted opportunity for improvement
- One-on-one assistance to develop and implement an action plan for each CAH's selected target area



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## CAH Safety Initiative: Year 5

- Partnership with FMQAI to offer technical assistance to CAHs to conduct an optional rural organizational safety culture survey
  - Goal to complete the survey prior to November 2007
  - Identify at least one opportunity for improvement to target in 2008
- Fall workshop to celebrate accomplishments, share lessons learned, and discuss potential 2008 activities
  - November 12 and 13, 2007
  - Hilton UF Conference Center, Gainesville



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