

CHF Readmission Reduction

For many hospitals, identifying at risk patients and preventing avoidable readmissions is no easy task.

In partnership with SironaHealth, two large hospitals implemented a program to reduce Congestive Heart Failure (CHF) patient readmissions and improve patient satisfaction using targeted outreach and 24x7 inbound support.



Transitional Care Challenge

Identifying patients with Congestive Heart Failure accurately to ensure appropriate and timely interventions.

SironaHealth Transitional Care Solutions

- A team of Registered Nurses trained to manage patient care transitions during outbound follow up.
- SironaHealth systems managed outbound call queue, assessment scripting, real time alerting, reporting, quality, and service levels.
- Inbound “CHF Hot Line” staffed by Registered Nurses to manage symptomatic patients or patients with post discharges questions.
- Custom unit reporting to support program goals.
- Integrated patient experience interviewing and reporting to identify cause of patient service issues.

4 Lessons Learned

- 1 Timely identification of CHF patients who have recently been discharged is critical to appropriate interventions.
- 2 A referral system must surface information on local physician and service support networks for both the patient and the nurse.
- 3 Agent communication skills must build trust quickly and follow evidence-based interviewing techniques to identify the patient’s condition accurately.
- 4 24 hour Registered Nurse support is critical to timely interventions.

Hospital #1 Readmission Results

5% **Reduction in Readmissions**
(25.6%-20.7%)

Hospital #2 Readmission Results

8% **Reduction in Readmissions**
(24.3%-16.4%)

HCAHPS Improvements

4% to 12%
Improvement in *top box* and *composite* scores for both hospitals

Success Along the Continuum of Care

The following is a composite case example of a patient encounter which occurred during SironaHealth's post discharge follow up program.

The Patient

- Patient has a question about the discharge instruction...is now prescribed a different insulin pen and wanted to know specific differences.
- As the SironaHealth nurse interviews the patient, the patient indicates that they don't feel as well today as yesterday - when the patient was able to run errands and do chores.
- The patient reports: "Increased sputum amount and viscosity ... has shortness of breath even while sitting watching the television," and lastly when asked, is "a little sweaty on the forehead."
- Patient has a medical history with multiple diagnoses and is taking antibiotics and steroids.

SironaHealth Nurse

- The SironaHealth nurse expresses concern about the notably acute change in how the patient is feeling, and has determined that they need to call the patient's pulmonologist.
- The SironaHealth nurse pages the patient's pulmonologist by locating their contact information within SironaHealth's integrated physician referral system.

The Pulmonologist

- The pulmonologist calls the patient immediately and is now ordering new prescription medications and expediting a BiPAP machine, which has not yet arrived at the patient's house.

SironaHealth Nurse

- The SironaHealth nurse follows up with the patient 30 minutes after the physician call to confirm that the patient understands what was happening and what is needed next.
- The SironaHealth nurse asks permission from the patient to follow up this Friday.
- During the Friday follow up call, the SironaHealth nurse confirms all plan changes have been implemented.

