Second in state to get Joint Commission nod
The Beat Goes on: Advanced Certification for Heart Failure Program
By Tyler Smith

The Heart Failure program at University of Colorado Hospital has become one of just two in Colorado to earn advanced certification from the Joint Commission. The agency awarded the certification following a one-day site visit Oct. 23.

The program received no findings that require a plan of correction.

The surveyor, Susan E. Steinbacher, MSN, took a thorough look at the program. The day began with an overview presentation attended by providers in various disciplines throughout the hospital. She then traced the medical records of five patients treated either at the Cardiac & Vascular Center or on other services, quizzed staff on their knowledge of caring for heart failure patients, verified professional competencies and reviewed data the hospital submitted for the certification.

“The group is working dynamically,” Steinbacher said. “I urge you to continue to try to be creative and innovative.”

“The certification signals that we have a broader continuum of care for critically ill patients who are at risk for going on ventricular assist devices or needing a heart transplant,” said UCH Executive Director of Cardiac Services Lorna Prutzman, RN, MSN. Among many other providers, the program includes six board-certified advanced heart failure and transplant cardiologists.

Deep bench. But advanced heart failure certification requires more than expertise in acute care, Prutzman added.

“The Joint Commission wants hospitals to provide a consistent standard of care for all heart failure patients, regardless of the provider service line,” she said. That means that a heart failure patient admitted to any unit in the hospital will receive care “consistent with evidence-based practice,” Prutzman said.

“We’re there now,” she said. “We’ve shown that our nurses, ancillary services, physical and occupational therapists and dietary staff all provide care at the same level and have an understanding of the basic level of care needed for these patients.”

The award comes about 18 months after the Heart Failure Program received its original Joint Commission certification. At the closing meeting of that May 2012 site visit, the surveyor asked why the hospital hadn’t pursued advanced certification.

“We have to crawl before we can walk,” Prutzman replied.

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Indeed, the hospital spent the intervening months building its multidisciplinary provider team, strengthening the competencies of inpatient and outpatient providers, improving its ability to identify heart failure patients upon admission, and building links to community providers.

Finding the frail. The strategy for meeting these objectives took many forms, said Amanda Nenaber, RN, CCNS, clinical nurse specialist with the Heart Failure Program. Nenaber developed an annual HealthStream module on heart failure that some 900 nurses around the hospital now take to show baseline competency in recognizing and caring for the condition.

The hospital also expanded its “Hospital to Home” (H2H) program, an initiative launched in 2010 by the Institute for Healthcare Improvement to reduce 30-day readmission rates for heart failure patients. The already well-established H2H effort at UCH added two coders to ensure the medical record shows that heart failure patients identified on admission are properly coded at discharge, Nenaber said.

A breakthrough in catching heart failure patients on admission came with the development of a “best practice advisory” (BPA) in the Epic electronic medical record (EMR). Patients who meet various inclusion criteria trigger an email alert to Nenaber, who reviews it.

The BPA also appears to the admitting or discharging provider and suggests the use of the heart failure-specific order sets. Nenaber said the algorithm identifies heart failure patients with 97 percent accuracy.

“That’s been our biggest initiative,” she said. “It’s gotten us beyond the heart failure service to areas throughout the hospital.”

Pruzman said the EMR has been the Heart Failure Program’s most important source of help. “With it, we have been able to develop the clinical decision support that we need to know who these patients are when they step over the threshold,” she said. “With that, we can begin hands-on care.”

The ultimate goal is to connect patients with the services they need, including skilled nursing, long-term acute care, home care and so on. The hospital also helps to educate patients about their condition through Heart Failure University, a series of classes that provide a wide variety of information and resources.

“The goal is to have patients actively self-manage their condition in collaboration with their providers to prevent readmission,” Nenaber said. That is a key consideration as UCH and other providers pilot bundled payment reimbursement arrangements designed to decrease readmission rates for heart failure patients.

“These are high-end patients – the sickest of the sick,” Pruzman added. “They are difficult to manage and need not only high-tech care, but also high-touch care.”

The advanced certification demonstrates the breadth of care the hospital provides heart failure patients, she concluded.

“Pursuing the certification created a common goal and a focus on evidence-based practice,” she said. “It engaged multiple levels of our staff and shows that we value their direct contributions in caring for this group of patients.”

Steinbacher echoed that view in her final remarks.

“There are a lot of engaged people here,” she said. “I look forward to seeing where you take this program.”

Members of the H2H team.