



In Search of Perfect Care for Heart Failure

By Syed Raza, M.D., F.A.C.C. and Pat Lucken, F.N.P.-C.



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Staff at St. Mary Medical Center (SMMC) in Apple Valley, Calif., after realizing core measures for congestive heart failure (CHF) were failing 25 percent of the time, adopted a radically different care approach. As part of the new approach, we require that discharging nurses obtain a supervisor's co-signature for the discharge checklist that includes all the CHF quality measures. A fallout for CHF occurs when a patient is discharged home without one of the quality indicators for CHF and no documented contraindication is in the medical record for not providing the quality indicator. Incomplete checklists or fallouts are reviewed weekly by the Cardiac Care Team. The unit's manager/supervisor or educator also reviews the fallouts weekly with the Executive Management Team, and the whole team develops action plans for improvement.

Since starting this accountability system four months ago, CHF failure rates have improved and in the fourth month we reached a 3 percent to 6 percent failure rate — significantly different from our 2004 CHF failure rates of 70 percent.

At SMMC, which is part of the St. Joseph Health System in Orange, Calif., one of our system initiatives is to strive for Perfect Care, which translates to a zero failure rate for all core measures. Perfect care for CHF includes an assessment of LV function, ACE/ARB for LVSD, smoking cessation counseling and detailed discharge instructions. Our program also involves frontline staff in patient education efforts. To that end, SMMC developed a CHF teaching folder that includes information on self-care. The folder is used by primary nurses, cardiac rehabilitation nurses, respiratory care practitioners and the dietary department to assist them in educating patients and their families. Involving the frontline staff in this way ensures that quality cardiac care is hardwired.

Bob Stueland's Perfect Care Story

Let's take a look at what perfect care has meant for Bob Stueland, a patient at SMMC. Our team met Bob nine years ago in our congestive heart failure clinic where he collapsed in the waiting room. The last words he recalled as he collapsed were, "Page a Code Blue." He underwent emergent three-vessel bypass surgery that day. When this happened, it had been 10 years since his first myocardial infarction, which had left him with left ventricular dysfunction.

Since the bypass surgery, Bob and his wife Carolyn have fully participated in the self care program and he has been treated with maximum medical therapy. He suffered from prostate cancer and endured radiation treatments because he was not a surgical candidate. Two years ago when his usual angina was not responding to Nitroglycerin and his ejection fraction was only 20 percent, he required a stent for his right coronary artery.

Also at that time, Bob was told he should not leave the hospital until he received a prophylactic Implantable Cardioverter Defibrillator (ICD). Outcomes from the SCD-HeFT trial had shown a 35 percent reduction in mortality, and CMS had also increased coverage of ICD therapy for those with NYHA class II or III HF and LVEF $</=$ 35%.

Luckily, Bob received an ICD prior to discharge.

Two weeks later when he had a silent episode of cardiac arrest while sleeping, his device fired appropriately, which the manufacturer's representative, John Neylon, discovered during a routine device interrogation.

Bob's device has worked other times also. Once he was purchasing a car for his wife Carolyn when the device fired. Bob jerked back in the chair and then jokingly reassured the alarmed car salesman that he was only suffering from "sticker shock."

More recently, while preparing for a family barbecue over the Memorial Day weekend, Bob became sweaty and dizzy and had to sit down. Again the device fired and when paramedics were unable to feel his pulse because it was too fast,

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he received more therapy from the device. When Bob arrived in the Emergency Department at SMMC, he was clinically stable but in pain from the shock therapy. An ICD interrogation showed two episodes of cardiac arrest prior to his arrival. His anti-arrhythmic was readjusted, and he was discharged home where he is doing well.

Noting the ICD's positive results for Bob, Carolyn asked if we might offer our staff some educational updates on the merits of ICD therapy so they could advocate their use to patients who might be eligible under the expanded CMS coverage. We are currently following up on her suggestion.

Some cardiology offices display ICD posters that describe its benefits, and each time an ICD saves a person's life, a gold star is placed on the poster to celebrate life. At SMMC, Bob Stueland has already earned four gold stars.

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