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A hybrid transitional heart failure program

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Older adults have complex medical conditions and multiple co-morbidities that make them extremely vulnerable when discharged from hospital to home or community settings. Discharge failures and communication gaps lead to negative outcomes, both short term and long term. 1 A nine-month study including 89 heart failure (HF) patients was undertaken. These patients were considered at high risk for re-hospitalization using definitive inclusion criterion. This criterion was clinically driven and assessed at point of entry into the hospital. The comparison group was all other heart failure patient within the same hospital setting. Health literacy screening was done prior to educational sessions, using "The Newest Vital Sign Assessment Tool" (NVS). This tool has been validated against previous measure of health literacy such as (the TOFHLA).2 Reconciliation of medications upon hospital admission, discharge and during the six-month follow-up period ensured that all providers were aware of the patient's medications upon discharge. A follow-up appointment with the patient's cardiologist was also arranged within 7 days post discharge. Continual identification of system/process and communication gaps post discharge helped improve the continuum of care. Key findings from this study include a 30 day readmission rate for the study group of 15% with an expected rate of 20 %. Observed mortality rates were 2% for the study group with an expected rate of 7%. A successful transitional heart failure program can reduce readmissions, LOS, cost of hospitalization and mortality rates. Adaptation of this model elsewhere should be a consideration.

Biography

Cathleen M. Daley is a Researcher, Teacher, Speaker, and Author, Cathleen Daley holds adjunct faculty positions at both Hudson Valley Community College and Excelsior College since 2009. Her most recent publication "A Hybrid Transitional Care Program", in the Journal of Critical Pathways in Cardiology preempted her lecture on that program in Chongqing, China's International Heart Conference in 2011.

Having made Heart Failure care her mission and her focus since 2004, her nursing research intertwines patient understanding, compliance and health literacy.

Daley has received numerous grants to provide patient education and equipment for those in need, and was the 2010 recipient of the Mercy Care Nurse of Excellence Award.

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