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Implementation of a Heart Failure Template into the Workflow of a Rural Cardiology Clinic

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BACKGROUND
Heart failure is a major problem for healthcare facilities in the United States
- 6.5 million adults in the United States are currently living with heart failure, with about 550,000 new cases each year
- Heart failure was a contributing cause of 1 in 8 deaths in 2017
- Heart failure cost the nation an estimated $30.7 billion in 2012
Guideline directed medical therapy (GDMT) for heart failure patients is proven to reduce morbidity and mortality
- Current literature demonstrates low rates of prescribing in accordance with GDMT guidelines

METHODOLOGY

PROJECT DESIGN:
- Quality improvement initiative
- Non-experimental
- Retrospective correlational design

SETTING:
- Rural cardiology clinic in Western Kansas – part of a private, not-for-profit, 207-bed facility
- The program currently includes two full-time catheterization labs, interventional cardiology, nuclear cardiology, and cardic rehabilitation.

SAMPLE:
- Seven cardiologists providers at a rural cardiology clinic in Western Kansas (four board-certified cardiologists and three nurse practitioners)
- Two retrospective chart reviews of patient charts who met inclusion criteria:
  - 21 years of age or older
  - Diagnosis of HFREF with an EF of less than or equal to 40%
  - Currently being treated for the HFREF diagnosis
  - Must be able to be followed for the 60-day study
  - Must have been seen for at least one maintenance visit or follow-up visit for heart failure in the 6 months prior to template implementation

TOOLS/INSTRUMENTS:
- Bascoor’s Modified Heart Failure Checklist (Template)
- All items on the checklist are derived from and reinforce evidence-based practices for managing heart failure and lowering the likelihood of another cardiac event (Casteel, 2012).

INTERVENTION:
- Two randomized retrospective chart reviews were completed on 30 heart failure charts of patients seen in the clinic between June 1, 2019 and August 1, 2019, and September 1, 2019 and November 1, 2019. The chart reviews evaluated the following practices:
  - Documentation of heart failure education or reason for medication non-use
  - Documentation of an aldosterone antagonist on the patient’s medication list
  - Documentation of heart failure education or reason for medication non-use in the most recent office visit dictation

RESULTS
- Beta-Blockers
  - Although the post-test ratio for beta-blockers was greater than the pre-test ratio, the difference was not statistically significant
- Documentation of education or reason for medication non-use
  - Since the p-value was less than the level of significance (p<0.05), the null hypothesis was rejected
  - There was sufficient evidence (95% confidence level) to suggest the post-test ratio for documentation of education/reason for non-use was greater than pre-test ratio

DISCUSSION
- Limitations:
  - Limited sample size (n=30 pre and post-template)
  - Limited timeframe (60 days)
  - Provider compliance
  - Underlying IT issues surrounding data collection
- Implications for Practice:
  - This project proves a possibility that use of a heart failure template can improve safety and effectiveness of proper heart failure management across multiple settings.
- Implications for Research:
  - Future research could investigate the variation between provider type in terms of compliance with use of the template.
  - Knowledge level of heart failure, years of practice experience, and the volume of heart failure patients each provider sees are all factors that could affect the likelihood of using the template.

CONCLUSION
The results of the project indicate that a heart failure template incorporated into the electronic medical record system can improve documentation of education and reason for medication non-use.

REFERENCES