

Improving Adherence to Heart Failure Guidelines

The Problem: The Get with the Guidelines-Heart Failure studies recently reported that adherence to treatment guidelines for heart failure management is sub-optimal throughout the U.S. and this failure of management results in increased morbidity and mortality in these patients.

Aim/Goal: To improve adherence to heart failure treatment guidelines

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The Interventions:

- Develop a Heart Failure Sheet in webOMR which outlines the patient's heart failure profile including: etiology of heart failure, co-morbidities, medications, procedures, and providers
- Develop a set of "Heart Failure Vital Signs" and "Heart Failure Parameters" that can be tracked over time and are recorded on the heart failure sheet
- Delineate criteria that will trigger an "alert" to physicians on the heart failure sheet if their patient's treatment does not comply with recommended heart failure guidelines.
- Distribute "report cards" to providers with their individual statistics in an effort to promote adherence to guidelines

Progress To Date:

- Development of specifications describing webOMR functionality
- Heart failure sheet implemented into OMR test environment
- Select group of physicians reviewed sheet and added input
- Database building initiated

Next Steps:

- Complete system testing and move the HF tab to webOMR live
- Announce to all users
- Track individual physician performance
- Give providers feedback on their patient care
- Link the tab to in-patient orders and discharge instructions
- Gather pre- and post-implementation data to assess whether the tab improves adherence to guidelines.

The collage includes several research figures:

- Kaplan-Meier Analysis of Effects of Carvedilol on Composite of Cardiovascular (CV) Death/Nonfatal Myocardial Infarction (MI) or on Nonfatal MI Alone:** Shows survival curves for Carvedilol and Placebo over 24 months.
- Kaplan-Meier Estimates of Death from Any Cause:** Shows cumulative incidence of death from any cause over time.
- Kaplan-Meier Analysis of the Probability of Survival Free of Heart Failure:** Shows survival curves for different treatment groups.
- Kaplan-Meier Analysis of the Probability of Survival among Patients in the Placebo Group and Patients in the Spironolactone Group:** Compares survival between placebo and spironolactone groups.

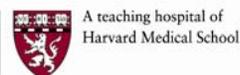
The screenshot shows a clinical data entry form for a patient's heart failure profile. Key sections include:

- Diuretics:** Furosemide (20 mg Tablet, 1 Tablet(s) by mouth once a day), Hydrochlorothiazide (2 mg Tablet, 1 Tablet(s) by mouth once a day as needed).
- Other HF Medications:** Atenolol (25 mg Tablet, 1 Tablet(s) by mouth once a day), Atorvastatin [Lipitor] (20 mg Tablet, 1 Tablet(s) by mouth once a day), Cholestyramine-Sucrose [Questran] (4 gram Powder, 1 (One) by mouth twice a day).
- Allergies:** Percocet (Oral) (Oxycodone Hcl/Acetaminophen).
- Etiology:** Valvular AR, HCM.
- Comorbidities:** AF, Diabetes Mellitus, Diabetes Type II, COPD, Asthma, HTN, Stroke, TIA, Obesity, Sleep Apnea, PVD.
- Imaging:** Cath/PCI 11628 (BWH), CRT 12067.
- Procedures (most recent):** Cath/PCI 11628 (BWH), CRT 12067.
- Providers:** Primary Provider: [hans_David_V_MD](#), Insurance PCP: [CHAN,KIT MD](#), Primary Cardiology: [Chang, James](#), Provider: [Duckson MD](#), Cardiology Attending: None, Other Cardiologist: Goldman,Amy.

A red alert box on the right side of the form states: "Alerts: Patient should be on HF approved Beta Blockers. Patient should be on ACE Inhibitor or ARB." An arrow points from this alert to a "New Screening Sheet Entry for Aldosterone Antagonists" window.



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