



SunCrest telemonitoring program focuses on heart failure

SunCrest Healthcare had several corporate goals when the Southeastern home health agency started its telemonitoring program for heart failure patients, but one of the main goals was to lower its acute care hospitalization (ACH) rate. Eighteen months and 180 telemonitors later, the agency cut its ACH rate in half, according to Karen Malin Garfield, the Corporate Director of Program Development for the Tennessee-based agency.

“We started out with 30 percent [of congestive heart failure (CHF) patients re-hospitalized within 60 days of hospital discharge],” said Garfield. “Within six months, we got down to 16 percent. Now we’re at about 12 percent for our CHF patients on telemonitoring.”

Garfield had extensive experience in critical care and cardiac nursing but did not have a home health background when she joined SunCrest a year and a half ago. When she left bedside nursing, she worked as a clinical applications specialist for a large national company that made patient monitoring equipment. That led to a long career in implementing programs and services for hospitals and providers.

Garfield’s technical expertise came in handy as SunCrest compared telemonitoring vendors and selected a brand whose name would be recognized by hospitals. Then Garfield took a good look at the two groups who would use the equipment on a daily basis: patients and nurses.

“I didn’t realize how sick these patients would be, and I didn’t realize that additional education was needed for our field nurses to effectively take care of them,” she said.

About 20 percent of the agency’s home health patients have heart failure, atrial fibrillation, or hypertension, the three main heart-related diagnoses that cause patients to be re-hospitalized, she said. These fragile patients, whose health is very unstable, need specialized nursing care, she said.

“The home bound heart failure patient is extremely complicated,” said Garfield, and those who treat them must be knowledgeable of the latest medications. “Home health nurses often have to generalize because they tend to a wide variety of patients. Our goal was to provide extensive education on CHF to our nurses. This would help them to focus on caring for this complex patient population.”

So Garfield set out to turn the generalists into specialists. To do that, she hired a representative of the Vanderbilt University School of Nursing to prepare three cardiac nursing DVD sessions. In addition, the instructor went out with the nurses to do on-site training. Then she put together a clinical pathway that tells nurses what to teach on each visit so as to avoid introducing the telemonitor on the first visit.

“So much takes place during the first visit that we wait until visit number two to bring in all the equipment,” said Garfield.

Next up, she created patient handbooks that incorporated recommendations from the American Heart Association and the Heart Failure Society of America and explained when to call SunCrest and when to call 911.

Finally, she focused on the expertise of the telehealth nurses who assess the data from the telemonitors. She recruited six nurses whose critical care experience allows them to review patients' numerous medications with them and their home health nurses.

With outcomes improving, Garfield's short-term goal is to maintain their ACH rate or, preferably, to drive it down below 10 percent into the single digits as the agency unveils telehealth for other diseases.

The agency is rolling out a chronic obstructive pulmonary disease telehealth program and hopes to have similar patient outcomes.

"It's not so much the technology," said Garfield. "It's more about having a disease management program along with the technology that's allowed us to get the outcomes we have."