



Implementation of Palliative Rounds with Inpatient Heart Failure Team

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ECU Health Quality Improvement Symposium

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Background

- **Impact of Heart Failure:**
 - Chronic, progressive condition significantly impacting patients' quality of life.
 - Leads to frequent hospitalizations.
 - Debilitating symptoms: shortness of breath, fatigue, fluid retention.
 - Difficult to manage with standard medical therapies alone.



Opportunity Identified

Key Observation: Need Standardization

Lack of a standardized protocol for consulting palliative care for these patients.



Analyzed Current Literature:

Found: Positive impact of palliative care consults on heart failure patients.



Identified a Quality Improvement (QI):

Plan: Standardize the protocol at ECU Health.



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Collaborative Team Members

- Sneha Vellala, Physician
- Shona Varghese, Physician
- Maggie Clifton, Physician

Team Contact

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Aim Statement

To decrease hospital readmissions for patients with heart failure by 10% within a six-month period at ECU Health Medical Center

How will we know this change is an improvement?



Initial Assessment:

Met with the heart failure team to understand current practices for **identifying** patients needing palliative care consults.



Baseline Data Collection:

Reviewed baseline data on heart failure patients who received palliative care consults.
Utilized the Epic Slicer Dicer model to track patients receiving both heart failure and palliative care consults.



Establishing Baselines:

Established a baseline of monthly palliative care consults.
Initiated collaborative weekly huddles to discuss progress and challenges.



Quality Metrics:

Collaborated with the quality team to obtain baseline Vizient data.
Used the mortality Power BI dashboard to establish the baseline mortality index.



Measuring Improvement:

Compare baseline metrics with post-implementation data.
Track improvements in hospital readmissions, mortality index, and frequency of palliative care consults for heart failure patients.

Baseline Data

	Combined consults	Readmissions	Mortality
Aug	3	13.89	
Sep	5	16	
Oct	5	16.13	1.12

Improvement Strategies Deployed



PDSA 1- November 1, 2023

Identify barriers
Plan project



PDSA 2 - January 3, 2024

Palliative care NP joined
Inpatient Heart Failure Team
IDT rounds



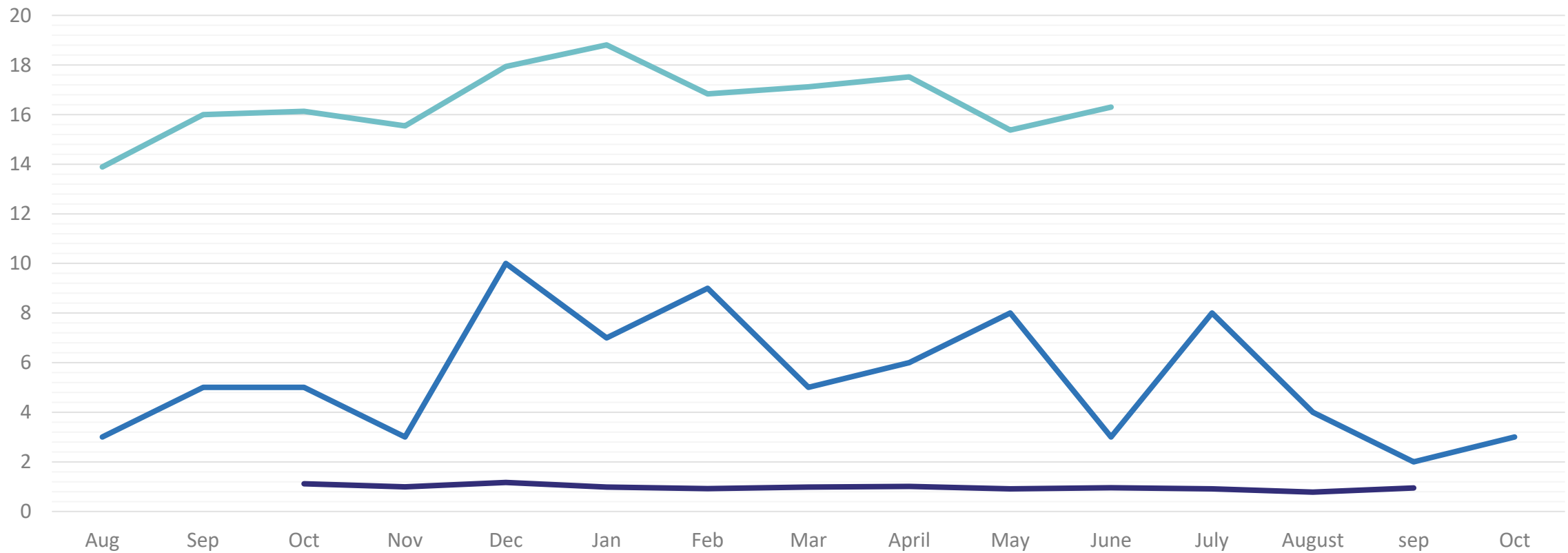
PDSA 3-

Referral Guideline created

Outcomes

Heart Failure and PCT Collab

— Consults — Readmissions — Mortality



Challenges Encountered in QI Process

- QI Novice
 - Ask for help!
- Data capturing the consults
 - Ask for help!
- Not part of the team doing the work

Lessons Learned

- Finding champions for the work
- Greatest Success
 - Collaboration
- Greatest Failure
 - Loss of momentum



Next Steps



Sustainability

Possible outpatient QI project

Compassion Rounds

Questions?

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Palliative Care

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