Heart Failure and Depression: Reducing Readmission Rates

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**Purpose Statement**
Reduce heart failure readmissions through implementation of a depression assessment in the acute care setting.

**Synthesis of Evidence**
Reviewed over 40 articles
- Patients with major depression were readmitted twice as often as non-depressed patients. Grade A.
- Major depression in hospitalized patients was associated with an increased mortality at 3 months and at 1 year. Grade B.
- There is a strong association between depression and the severity of heart failure. Grade B.
- SCH readmission rate cost is about $10,697 per readmitted patient.
- PHQ-2 depression screen has high specificity (0.91), high negative predictive value (0.87) and low sensitivity (0.52). Grade B.

**Team Members**
- Angie Lieser RN
- Telemetry Charge Nurse
- Mary Schiminich RN
- Heart Failure Specialist
- Ryan Zinken RN
- Behavioral Health Case Manager
- Daren Hendrickson RN
- Behavioral Health Case Manager

**EBP Practice Change**
- MD will order Heart Failure order set.
- The Patient Health Questionnaire-2 (PHQ-2) will automatically populate on the Physical Assessment flow.
- Depression screen will populate on the Work List.
- If positive, a Best Practice Advisory (BPA) will fire for a Behavioral Health Care Manager (BHCM) consult.
- The BHCM will interview the patient and then recommend the best next steps. Follow up with Primary MD, a Psychiatrist consult, Psychology consult etc.

**Pre/Post Measures**

<table>
<thead>
<tr>
<th>Cases w HF Order Set &amp; PHQ-2 Completed</th>
<th>Negative PHQ-2</th>
<th>Positive PHQ-2</th>
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</thead>
<tbody>
<tr>
<td>Nov-14</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>Dec-14</td>
<td>27</td>
<td>37</td>
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<td>Jan-15</td>
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<td>59</td>
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<tr>
<td>Feb-15</td>
<td>30</td>
<td>14</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>% of HF cases w HF order set used &amp; PHQ-2 Completed</th>
<th>Nov-14</th>
<th>Dec-14</th>
<th>Jan-15</th>
<th>Feb-15</th>
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<tbody>
<tr>
<td>61%</td>
<td>74%</td>
<td>81%</td>
<td>85%</td>
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**References**