# Heart Failure:
# Meeting a Community Need Through Navigation and ACC Accreditation

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Ephraim McDowell Health.

# Ephraim McDowell Health

Ephraim McDowell Health Locations

Ephraim McDowell Regional Medical Center


Ephraim McDowell James B. Haggin Hospital

Ephraim McDowell Fort Logan Hospital

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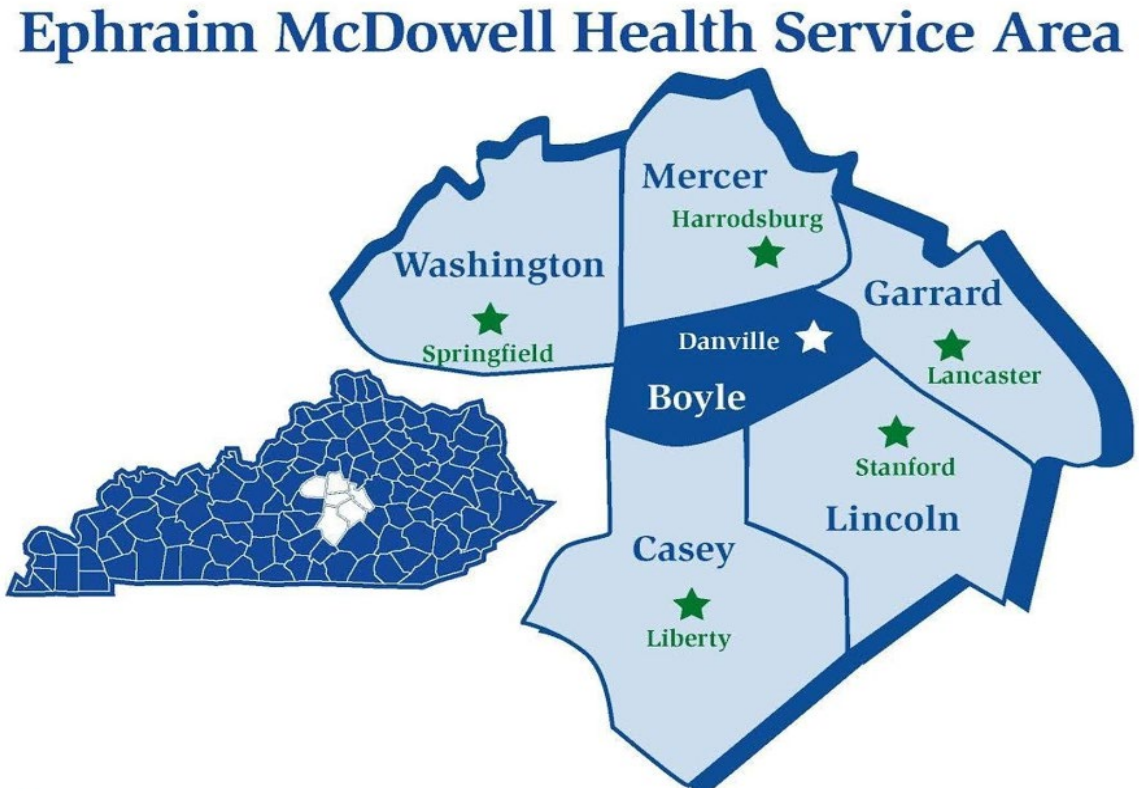
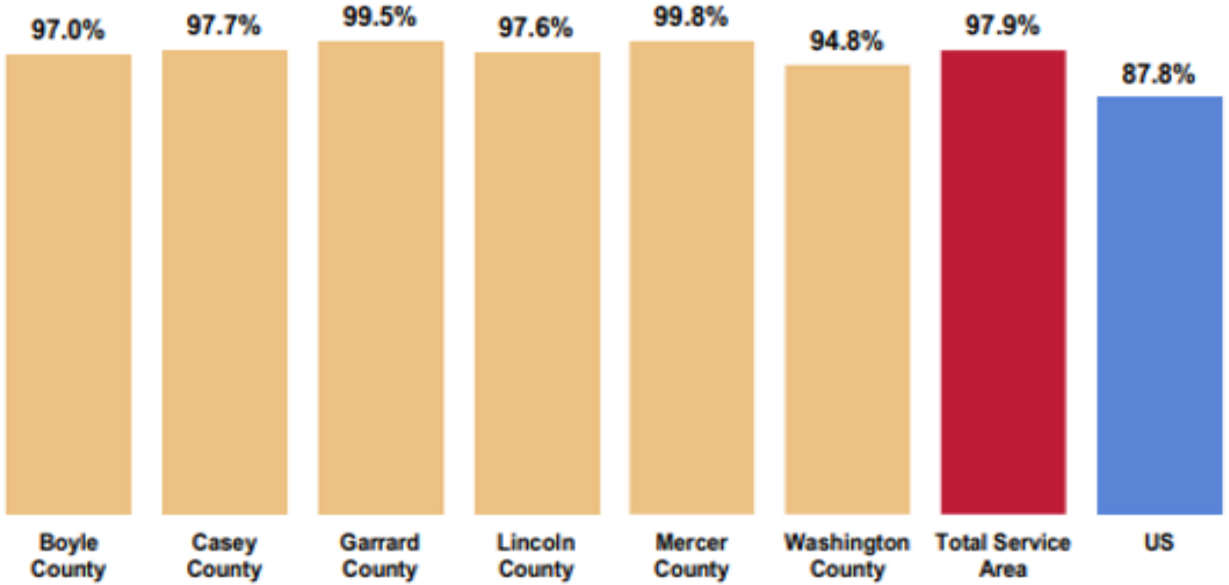
# Counties Served




**122,091**
Total Residents Served

**63.2%**
**Rural**

# Exhibit One or More Cardiovascular Risk or Behaviors

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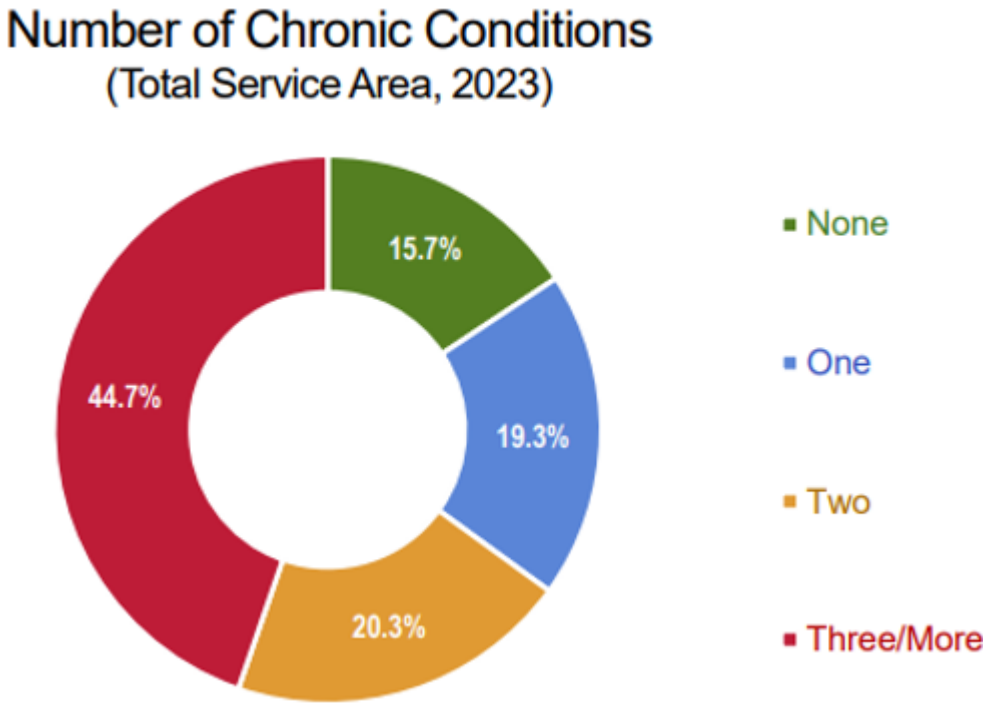
# Multiple Chronic Conditions

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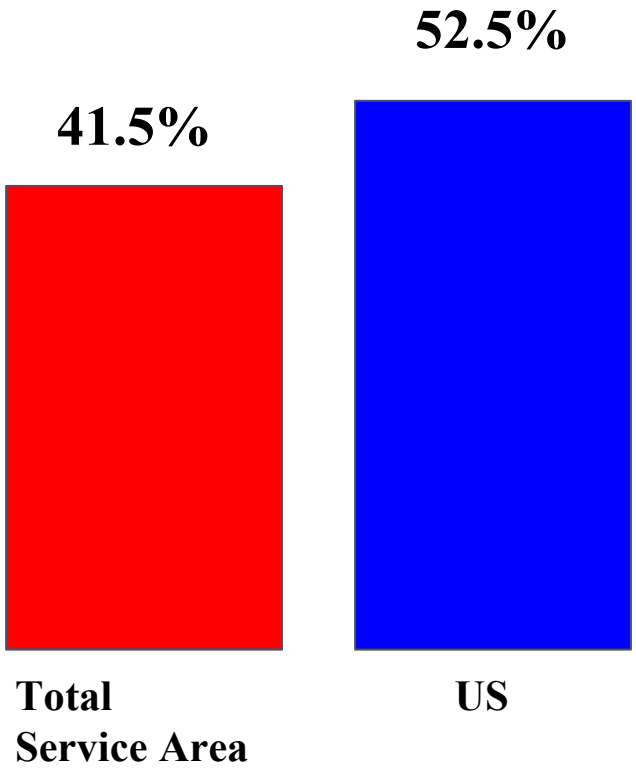
# Experience Difficulties or Delays Receiving Healthcare

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# We Identified Several Gaps in Care

## Identified Healthcare Gaps

- Increasing number of patients hospitalized with heart failure
- Patients managing multiple chronic conditions
- Limited access to specialty care within our rural service area
- Challenges with timely outpatient follow-up
- Need for additional education and support after discharge
- Fragmented transitions between inpatient and outpatient care

**Hospital Admission**

**Patient Education**

**Discharge**



***Then What?***

# Developing a Comprehensive Heart Failure Program

# Pieces of Our Program

- ❤️ Heart Failure Nurse Navigator
- 🏥 Heart Failure Clinic
- 🤝 Multidisciplinary Care Team

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# Heart Failure Nurse Navigator

### Inpatient Care

- Identified hospitalized HF patients
- Daily patient visits to monitor progress

### Education & Support

- Patient and family education
- Comprehensive barrier assessment
- Coordinated multidisciplinary care

### Post-Discharge

- Scheduled follow-up appointments
- Timely follow-up phone calls

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# Heart Failure Clinic

## Expert Care Team

- ★ APP Led clinic
- ★ Cardiac Pharmacist
- ★ HF Nurse Navigator

## Clinical Focus

- ➔ Medication titration
- ➔ GDMT optimization
- ➔ Ongoing monitoring

## Key Outcomes

- ❖ Prevent avoidable admissions
- ❖ Close communication with cardiology

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# A Multidisciplinary Approach to Heart Failure Excellence

- Clinic APP
- Cardiology
- HF Nurse Navigator
- Quality
- Hospitalist
- Nursing
- Leadership
- Pharmacy
- Case Mgmt

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# The Missing Piece

# ACC Heart Failure Accreditation with Outpatient Services

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# Why ACC Heart Failure Accreditation with Outpatient Services?

| Program Component | ACC Heart Failure Accreditation |
| --- | --- |
| Heart Failure Clinic | Guideline Directed Out Pt Management |
| HF Nurse Navigator | Care Transitions and patient education |
| Multidisciplinary Team | Team Based Care |
| Follow Up Process | Continuity of Care |
| Performance Improvement | Data Driven Quality Improvement |
| Patient Education | Education and self management |

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# 12 Month Transformation

| | |
|---|---|
| Assess | Gap Analysis against ACC standards |
| Design | HF pathways, order sets, documentation tools |
| Implement | Educated teams and standardized workflows |
| Improve | Dashboard monitoring, PDCA, Multidisciplinary Reviews |

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# 2025 Heart Failure Accreditation

ACC ACCREDITATION SERVICES™

AMERICAN COLLEGE of CARDIOLOGY®

OUR FACILITY IS PROUDLY »


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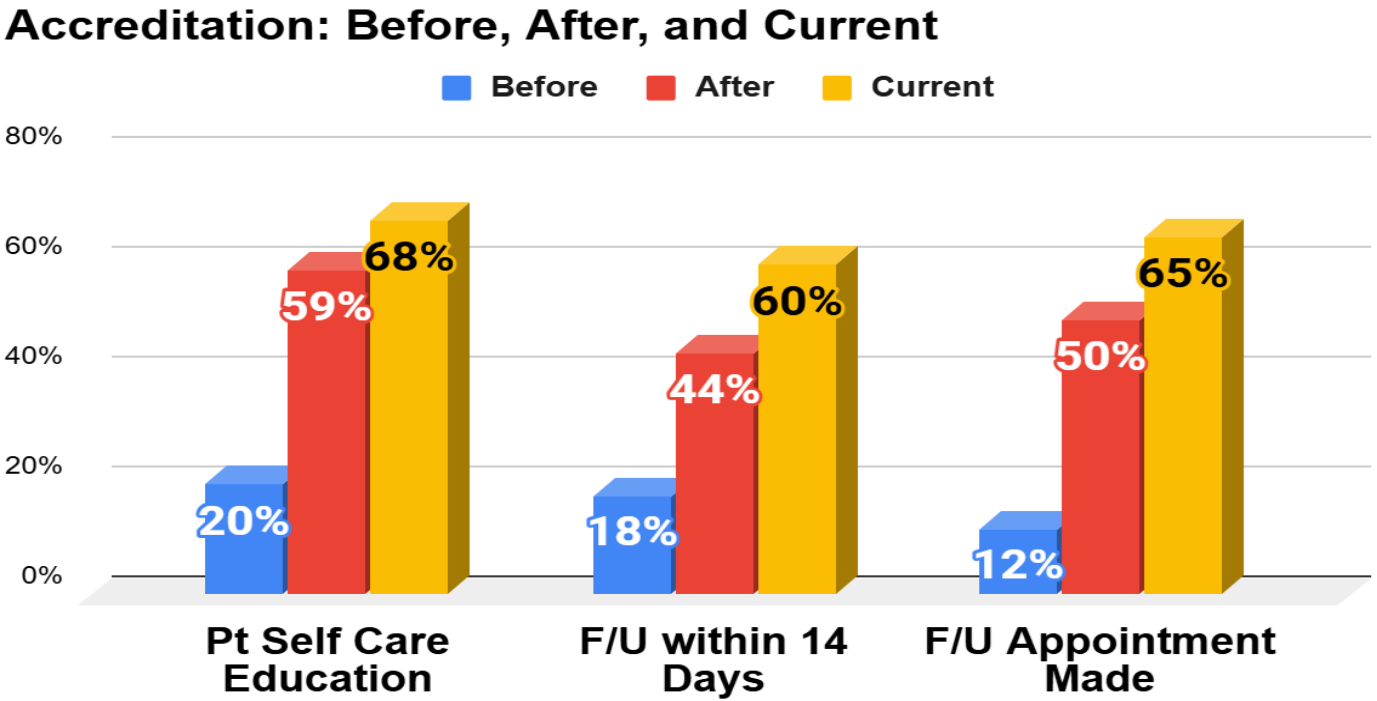
# Improving Heart Failure Care



# Sustaining Our Heart Failure Program

## Sustainability Strategy

- ✅ Annual ACC Review
- ✅ Continue multidisciplinary HF reviews
- ✅ Monitor performance improvement
- ✅ Provide ongoing staff education
- ✅ Expand patient-centered innovations

## Future Focus

- → Pharmacist Lead Titration Clinic
- → Continue improving early outpatient engagement
- → Optimize GDMT utilization
- → Strengthen community partnerships
- → Advance heart failure outcomes

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# Building Better Heart Failure Care Starts with Understanding Your Community

## Key Takeaways

- ✓ Understand Your Community
- ✓ Build the Right Team
- ✓ Create Sustainable Solutions
- ✓ Measure and Improve

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# Every Community deserves high quality Heart Failure Care.

Thank You

Questions?


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# Improving Breast Cancer Care Through Nurse Navigation

Jaclin Parker, MSN, RN
Murray-Calloway County Hospital

# Why This Matters

From an abnormal mammogram to cancer treatment, every day of waiting matters.

- Approximately 1 in 8 women will develop breast cancer during their lifetime.
- After an abnormal screening mammogram, patients often move through multiple appointments including diagnostic imaging, biopsy, pathology review, and referral to oncology.
- Delays at any step can increase patient anxiety and postpone treatment.

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# Recognizing an Opportunity

Patients were experiencing unnecessary delays during one of the most stressful moments of care.

- Delays after abnormal screening mammograms
- Multiple handoffs between departments
- Limited coordination of diagnostic testing and referrals
- Longer time to biopsy and Oncology consultation
- Increased patient anxiety throughout the process

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# Our Solution: A Redesigned Diagnostic Pathway

Key changes included:

- Primary care providers directly order image-guided breast biopsies
  Eliminated routine surgical consultation before biopsy
- Nurse Navigator coordinates appointments, communication, and follow up
- Diagnostic mammography prioritized within 48 hours whenever possible
- Standardized coordination across Primary Care, Radiology, Surgery and Oncology

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# Before vs. After

## Previous Process

PCP→ Surgical Referral → Radiology Biopsy

Multiple handoffs between departments
2–6-week delays before biopsy
Additional appointments and visits
Increased patient anxiety and uncertainty
Variable follow-through and coordination
Delayed treatment planning

## Redesigned Process

Primary Care → Radiology Biopsy

Direct, streamlined pathway
Rapid scheduling and completion
Fewer appointments and trips
Navigator-guided support throughout
Consistent care coordination
Earlier diagnosis and treatment planning

**Fewer handoffs. Faster diagnosis. Better experience.**

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# Proactive Referral Planning

Planning begins before pathology results are available.

- Patients review treatment location options before biopsy
- Choice Letter implemented to document oncology provider preference
- Patients may choose MCCH or another cancer center
- Referral information is prepared before pathology returns
- Appointments can by coordinated by Nurse Navigator immediately following a malignant diagnosis

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# Triple Consult Model

Bringing the entire care team together from the beginning.

- Whenever possible, patients are scheduled to see **Medical Oncology, Radiation Oncology, and Surgery on the same day.**
- The multidisciplinary team develops a coordinate plan of care early
- Laboratory testing and other needed services are completed during the same visit when feasible
- Reduces unnecessary appointments and travel for rural patients
- Improves communication among providers and helps patients understand the next steps

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# Results: Reduced Time to Care

The redesigned pathway substantially reduced delays.

- Eliminated delays of up to **3 months**
- Diagnostic mammography completed within **48 hours**
- Breast biopsy completed within **4-5 days**
- Oncology consultation within **8-10 days**
- Process remained stable during oncology provider transition

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# Patient Impact

Faster care reduced uncertainty during a stressful time

- Less waiting between abnormal screening and diagnosis
- Clear, consistent communication
- Fewer unnecessary appointments
- Reduced travel
- Greater confidence in care plan

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# Patient Perspective

"I was overwhelmed after my mammogram showed something suspicious. Jaclin contacted me and guided me through every step—from the biopsy to meeting my care team. She answered my questions, eased my fears, and made sure I never felt alone."

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# Key Takeaways

Rural hospitals can redesign complex care pathways without adding new technology.

✓ Eliminating unnecessary handoffs reduced delays.
✓ Nurse navigation improved coordination and communication.
✓ Early referral planning accelerated treatment.
✓ Standardized workflows improved consistency.
✓ Patients reached definitive treatment sooner.

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# From Fragmented Care to Reliable Care

**What changed:**

- Individual departmental processes became one coordinated pathway
- Variation became standardization
- Multiple handoffs became clear ownership
- Waiting became proactive planning

**The result:**

A reliable, patient-centered care pathway

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