Pumping HHQI’s Cardiovascular Health Into Action

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Objectives

- Describe the overarching purpose of both HHQI and the Million Hearts® initiative
- Identify three (3) key tools from either of the two (2) Cardiovascular Health Best Practice Intervention Packages (BPIPs) that may be appropriate for your agency
- Develop two (2) new methods of education to integrate cardiovascular health into your practices
What is HHQI?

Goal: Improve the quality of care home health patients receive

Special Project funded by Centers for Medicare & Medicaid Services

Free evidence-based tools and resource

Many networking opportunities with 11,000 participants

Phase 3: September 2012 – July 2014

Focusing on quality of home health care measured by:

- Reduction of avoidable ACH
- Improvement in oral medication management
  - Improvement of immunization rates
  - Improvement of cardiovascular health

Continuing HH focus, but all care settings and patients participate

Introducing Underserved Population Network (UP)

Launch of the Home Health Cardiovascular Data Registry
HHQI Phase 4 Focus

- Cardiovascular Health
- Reducing Hospitalizations
- Chronic Diseases, Falls Prevention & Wound Care
- Reducing Disparities

11 SOW QIN-QIO Map
Home Health Now Part of QIN-QIO Core Work

- Home Health is returning to QIO Core Work after 6 year absence
- QINs-QIOs will be working with limited number of HHAs in each state on the following:
  - HHQI evidence-based practices
  - Cardiovascular health
  - Quality improvement
- Contact your QIN-QIO immediately

Million Hearts® Initiative

- Launched 2011
- Co-Leaders: CDC & CMS
- All settings
- Goal: Prevent 1 million heart attacks and strokes by 2017
What are the ABCS?

- Aspirin as appropriate
- Blood pressure control
- Cholesterol management
- Smoking cessation

Cardiovascular Disease (CVD) - National

<table>
<thead>
<tr>
<th>Heart Disease is #1 cause of death</th>
<th>Stroke is #4 cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 out of 3 deaths related to CVD</td>
<td>Greatest contributor to racial disparity in life expectancy</td>
</tr>
</tbody>
</table>

So Why Does it Matter?

HHQI CV Health Improvement Initiative
Welcome to the HHQI National Campaign

Since 2007, the Home Health Quality Improvement (HHQI) National Campaign has been dedicated to improving the quality of care provided to America’s home health patients. Whether you are a home health practitioner directly providing patient care, or an allied partner with a stake in improving the quality of care that home health patients receive, we are here to help you with evidence-based tools, timely data reports and a wealth of ongoing educational opportunities. All of our resources are absolutely free and available to everyone. Please explore our site to learn more about this initiative of the Centers for Medicare & Medicaid Services (CMS). Working together, we can make a real difference in patients’ health care and ultimately, their quality of life.

Campaign Resources: Discover our free resources to help improve your patients’ health. Includes Best Practice Intervention Packages (BPIPs), Data Analysis Reports.

Best Practice Intervention Packages (BPIPs)

Please note: All guidelines and recommendations are to be used along with physician/clinician judgment and treatment based on individual patient’s unique needs and circumstances.

Disease Management: Heart Failure (Focused)

The Focused BPIP on Disease Management: Heart Failure explains why heart failure is a national and community concern and provides free resources for clinicians and patients.

Disease Management: Diabetes (Focused)

The Focused BPIP on Disease Management: Diabetes primarily addresses type 2 diabetes. Latest statistics and information are included, but tools and resources for both clinicians and patients comprise the majority of the package.

Cardiovascular Health BPIP Updates

Since HHQI’s Cardiovascular Health Part 1 BPIP was published, several new guidelines related to cardiovascular risk assessment and management have been released. Updates to Part 2 BPIPs were published, several new guidelines related to cardiovascular risk assessment and management have been added to the list of resources on the individual BPIP page. Updates are intended to be used in conjunction with its corresponding Cardiovascular Health BPIP.

Cardiovascular Health Part 2

The Cardiovascular Health Part 2 BPIP focuses on improving cholesterol screenings and actions to reduce cardiovascular risk, as well as tools and resources for clinicians to help patients stop smoking.

Cardiovascular Health Part 1

The Cardiovascular Health Part 1 BPIP focuses on the evidence-based practices for using appropriate aspirin or antiplatelet therapy with patients who need it, as well as assessments and interventions to assist patients with controlling their blood pressure to prevent heart attacks and strokes.

Immunization and Infection Prevention

The Immunization and Infection Prevention BPIP is designed to guide leaders to ensure agency immunization and infection prevention programs are evidence-based and focus on patient and employee safety. This BPIP will assist leaders to develop strategies to improve immunizations for both patients and
Aspirin

Aspirin for Prevention

Risk Factors: Heart Attack
- Age
- Diabetes
- Elevated total cholesterol
- Elevated high-density lipoprotein cholesterol levels
- High Blood Pressure
- Tobacco use
- Diet, obesity, physical inactivity
- Alcohol use
- Heredity

Risk Factors: Stroke
- Age
- High blood pressure
- Diabetes
- Tobacco or alcohol use
- Hx of cardiovascular disease
- Overweight/obesity, physical inactivity
- Hx of TIAs or Sickle Cell disease
- Heredity
- Gender & race

AHRQ, 2002; CDC, 2009, Heart Disease Risk Factors; CDC, 2010, Risk Factors for Stroke; Right Diagnosis from healthgrades, 2013; and Erhardt, et al., 2013
Clinician Fact Sheet

How Do We Add ASA Education to Our Home Health Visits?
Multimedia Tools

3-minute video by Mayo Clinic

AHA's series of animated pictures with text on 15 different cardiac topics

ASA Campaign Example

Men 45-79 and women 55-79
Should consider taking daily aspirin.
Talk to your doctor.
Blood Pressure

Risk of preventable death from heart disease

Hypertension Classifications

### Hypertension Classification: Stages and Management (JNC 7 Express, 2003, p. 3)

<table>
<thead>
<tr>
<th>BP Classification</th>
<th>Systolic BP, mm Hg</th>
<th>Diastolic BP, mm Hg</th>
<th>Lifestyle Modification</th>
<th>Initial Drug Therapy: Without Compelling Indications**</th>
<th>Initial Drug Therapy: With Compelling Indications***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120</td>
<td>&lt;80</td>
<td>Encourage</td>
<td>No antihypertensive drug indicated</td>
<td>Drug(s) for compelling indications</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120-139 or 80-89</td>
<td></td>
<td>Yes</td>
<td>No antihypertensive drug indicated</td>
<td>Drug(s) for compelling indications</td>
</tr>
<tr>
<td>Stage 1 hypertension</td>
<td>140-159 or 90-99</td>
<td></td>
<td>Yes</td>
<td>Thiazide-type diuretics for most; other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed</td>
<td>Drug(s) for compelling indications; Other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed</td>
</tr>
<tr>
<td>Stage 2 hypertension</td>
<td>≥160 or ≥100</td>
<td></td>
<td>Yes</td>
<td>2-drug combination for most*** (usually thiazide-type diuretics and ACEI or ARB or BB or CCB)</td>
<td>Drug(s) for compelling indications; Other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed</td>
</tr>
</tbody>
</table>


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**Recommended Lifestyle Modifications for Hypertension Management**

<table>
<thead>
<tr>
<th>Lifestyle Modifications</th>
<th>Systolic BP reduction range (approximated)</th>
<th>Links to Patient Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Reduction</td>
<td>5-20 mm Hg / 10 kg of weight loss</td>
<td>Aim for a Healthy Weight: Keep An Eye on Portion Size</td>
</tr>
<tr>
<td>Adopt DASH eating plan</td>
<td>8-14 mm Hg</td>
<td>At-a-glance: Lowering your Blood Pressure with DASH</td>
</tr>
<tr>
<td>Dietary sodium reduction</td>
<td>2-8 mm Hg</td>
<td>Where's the Sodium?</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>4-9 mm Hg</td>
<td>Your Guide to Physical Activity and Your Heart</td>
</tr>
<tr>
<td>Moderation of alcohol</td>
<td>2-4 mm Hg</td>
<td>Fact Sheet—Alcohol Use and Health</td>
</tr>
<tr>
<td>STOP SMOKING</td>
<td></td>
<td>Alcohol and Heart Disease</td>
</tr>
</tbody>
</table>
Will your efforts make a difference?

If every elevated systolic blood pressure was reduced by 5 mm Hg, results would include:

- 14% overall reduction in mortality due to stroke
- 9% reduction in mortality due to CHD
- 7% decrease in all-cause mortality

Blood Pressure Assessment

- Accurate Blood Pressure Monitoring
  - Steps for accuracy
  - Video and article from New England Journal of Medicine
  - Blood Pressure Accuracy & Accurately Assessing Orthostatic Hypotension
Right Equipment is Essential

Compliance Fairs or Annual Field Evaluations
Comprehensive Post-Tests

Blood Pressure Self-Monitoring

- Ambulatory Blood Pressure Monitoring
  - Regular measurement of BP outside of clinical setting
  - Example – home monitors
BP Cuff Wish Card

My 3 birthday wishes include:
1. An automated blood pressure cuff
2. Dinner
3. Hugs

My #1 wish from Santa this year is...
Automated BP cuff!

Bulletin Boards

- Sample design
- Word document with sample text
Cholesterol

Cholesterol Data

Adults with diagnosed or undiagnosed:
- Hypertension
- Hypercholesterolemia
- Diabetes

at least 1 of 3
45%

2 of 3
13%

3 of 3
3%
Patient Engagement

**My Questions about My Heart for My Doctor**

- My blood pressure at home has been:
  - ____________________________
- I am taking my blood pressure pill:
  - [ ] Yes  [ ] No
  - [ ] None  [ ] Some  [ ] All
  - [ ] (name of pill)

- [ ] How much?
  - How often?
- [ ] [ ] [ ] [ ] [ ] [ ]

- Please answer any statement that most closely describes how you are doing with your high blood pressure pill:
- [ ] I am not really sure what I am doing (get help from your doctor)
- [ ] I've talked to my doctor about my pills
- [ ] I have trouble paying for my pills
- [ ] I don't think I need my pills

Ask your health care provider if you have:

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**Cholesterol Education Videos**

**Cholesterol and CAD**

Coronary artery disease (CAD) occurs when the inside (lumen) of one or more coronary arteries narrows, limiting the flow of oxygen-rich blood to surrounding heart muscle tissue. Atherosclerosis is the process that causes the artery wall to get thick and stiff. It can lead to complete blockage of the artery, which can cause a heart attack.

The disease process begins when LDL ("bad" cholesterol) deposits cholesterol in the artery wall. Select a cholesterol topic: Cholesterol and CAD

Next
Smoking Cessation

Smoking

Most important preventable cause of premature death in US

Increases risk of developing many chronic disorders – including atherosclerosis, leading to MI & stroke

Controlling/ reversing atherosclerosis is an important to preventing future heart attacks and strokes

AHA, 2012
Smoking Cessation: AHA 5-step Process

1. Set a QUIT Date & sign a no-smoking contract
2. Choose a method for quitting
3. Decide if using medication might help
4. Make a plan for your QUIT Day
5. Stop smoking on your QUIT Day

“AHA, 2011

“How am I suppose to do smoking cessation and everything else?”
Smoking Joe

The Story of Smoking Joe

PLANNING FOR CHANGE: GETTING READY TO QUIT

When to Quit

CONGRATULATIONS!

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Bulletin Boards

- Sample design
- Word document with sample text

Health & Wellness
Health Screenings

- 10-Year CV Health Risk Score
- Activity Log
- Weight
- BMI
- Cholesterol
- HDL
- LDL
- 10,000 Steps
- Glucose

Employees Smoking Cessation

- Do you or insurance plan offer convenient cessation programs?
- How about your HHCAHPS? Do you ever receive complaints or request for non-smokers?
- Is your organization considering a no-smoking policy at the office?
Agency Wellness

- BMI, Cholesterol, & BP monitoring
- Activity logs
- Lunchtime walks
- Zumba after work
- Running programs
- “Biggest Loser” Competitions
- Weight Watchers at Work
- Healthy snacks
- Food tips
- Recipe exchanges
- Office salad bar

Basil, Shrimp & Zucchini Pasta

This quick-cooking, healthy dinner is a simple combination of zucchini, shrimp and pasta flecked with plenty of fresh basil. If you have leftover cooked pasta from another meal, use it and skip Step 2. Since the recipe combines a starchy vegetable and the shrimp, all you need is a fruit or vegetable salad to round out the menu. Recipe by Nancy Baggett for EatingWell.

Makes 4 servings
Active Time: 35 minutes
Total Time: 35 minutes
Course: Dinner

Ingredients
- 1/2 cup of chopped fresh basil leaves, divided
- 1-8-ounce can of tomato sauce
- 2 teaspoons plus 1 tablespoon of extra-virgin olive oil, divided
- 2 cloves of garlic, minced
- 1/4 teaspoon of salt
- 1/4 teaspoon of freshly ground pepper, or more to taste
- 1 tablespoon of cayenne pepper, or to taste
- 1 pound of peeled and deveined raw shrimp (31-40 per pound; see Note)
- 2 cups of zucchini or summer squash, preferably whole-wheat
- 2 medium zucchini or summer squash or 1 of each
Staff Games/Group Discussions

- Jeopardy type games with facts on ABCS
- Competency Fairs
  - Include activities to guess facts with prizes
    - How many mm Hg reduction will reduce a person’s mortality due to stroke by 14%?
- Contests
  - Individuals or teams
    - Name the risk factors for MI &/or Stroke
- Scenarios and discuss intervention strategies
  - Including non-adherent patient and physician scenarios
- Bulletin boards, quizzes, and podcast

Multidisciplinary Approach for Blood Pressure Control
Leadership

Policies & Procedures
- State agency expectation of who and when are to assess BP
- Establish standardized protocols related to BPs and other ABCS
- Revise parameter standards (e.g., < 150/90 or less)
- Modify EHRs for easy access to trending vital signs
- Use standardized communication systems and tools (e.g., SBAR)

Equipment
- Ensure all staff have access to accurately working equipment
- Accommodate for hearing impairments
- State agency expectations for routine cleaning, inspections, and testing

Cardiovascular Prevention Culture
- Create a sense of urgency for integrating preventable CV health
- Select appropriate resources
- Use games, skits, etc. at staff meetings to convey importance

Cardiovascular Health Data
- Assign staff member to abstract and enter HHCDR data
- Review HHQI data monthly and share results with staff
- Use PDSA cycles to assess and modify CV interventions (start small and build)
**Nursing**

- **Accurate Assessment**
  - Validate that each nurse has right size equipment
  - Ensure BPs correctly – sounds simple but not always done
  - Assess vital sign trending each visit – all disciplines

- **Communicating with Physicians & Practitioners**
  - Ask for patient specific parameters or utilize agency standardize protocols
  - Use standardized effective communication methods (e.g., SBAR)

- **Lifestyle Modification Education**
  - Teach all lifestyle modifications often through out episode of care
  - Acknowledge that these modifications will effect most chronic diseases

**Therapy**

- Take BPs on all visits
- Obtain SN referral for further assessment and education, if needed
- Teach self-management of medications to improve adherence

- **PT**
  - Establish home exercise program & provide safety education

- **OT**
  - Provide postural syncope education, especially with bathing
  - Teach self-management of medications to improve adherence

- **SLP**
  - Evaluate, treat, and teach on swallowing issues with pills/fluids
  - Teach cognitive skills to improve adherence to medications
Ancillary Staff

Social Worker
- Build community resources
- Create food bank lists
- Connect with local faith organizations

HHA
- Educate on cardiac health including diet
- Check BP accuracy and parameters on care plans
- Teach s/s to report
Home Health Cardiovascular Data Registry (HHCDR)

- Aligns with physician quality measures (PQRS)
- Includes patients with the following:
  - Hypertension
  - Ischemic Vascular Disease
  - Dyslipidemia
  - Tobacco use

HHQI Phase 4 Focus

- Cardiovascular Health
- Reducing Hospitalizations
- Chronic Diseases, Falls Prevention & Wound Care
- Reducing Disparities
Next Steps

1. Register for HHQI & Cardiovascular Health Data Registry
   – www.HomeHealthQuality.org
   – Stay tuned for Phase 4 Kick-Off Event info

2. Connect with your state QIN-QIO or Network Coordinator
   – Network Coordinator listing: http://www.homehealthquality.org/About-Us/Partners/HHQI-Network.aspx

Next Steps

3. Review the Cardiovascular Health BPIPs
   – Begin with Aspirin and Blood Pressure Control
   – Determine if BPs are being taken accurately and consistently

4. Connect with HHQI through Social Media
   – Facebook, LinkedIn, Twitter, MY HHQI Blog, Live Chat
   – www.HomeHealthQuality.org
Questions?

Contact Information:
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Misty Kevech – mkevech@wvmi.org
Crystal Welch – cwelch@wvmi.org

And of course, we can always be reached at
HHQI@wvmi.org

Thank You!