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IMPLEMENT-EF: A Quality Improvement Initiative to Amplify HFpEF/HFmrEF Awareness

Robert Lee Page II, PharmD, MSPH
University of Colorado, Denver



Bayer is a proud supporter of the American Heart Association's IMPLEMENT-EF Initiative.

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Objectives

The American Heart Association launched IMPLEMENT-EF, a 3-year quality improvement initiative comprising a diverse 40-site collaborative. The initiative aims to improve in-hospital care for patients with heart failure with preserved ejection fraction or heart failure with mildly reduced ejection fraction (HFpEF/HFmrEF) by identifying unmet needs, mapping gaps across the patient journey, and defining ideal care models.

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Methods

1. A pre-implementation survey was distributed to all 40 sites to assess the current state of HFpEF/HFmrEF care.
2. Multidisciplinary teams participated in site-specific process mapping sessions with American Heart Association quality improvement staff.
3. Workflows were evaluated from hospital admission through post-discharge follow-up to identify current practices, ideal processes, and implementation barriers.
4. Findings from 40 individual site process maps were synthesized into an aggregate process map to identify common successful workflows and barriers.
5. Ongoing multi-site collaboration is being used to identify and scale effective implementation strategies.

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Results

Process mapping identified several workflows associated with ideal models for HFpEF/HFmrEF care:

- Heart Failure Navigator leveraging Electronic Medical Record, (EMR) reports
- Dedicated pharmacist rounding on patients, providing disease state and medication education
- Heart Failure Navigator completing follow-up phone calls within 72 hours of discharge
- EMR virtual support/education messaging to patients' phones

Process mapping also identified common barriers:

- Unclear clinical presentation
- Inconsistent prescribing patterns due to hesitancy for evidence-based therapies
- Lack of staff for addressing Health Related Social Needs, medication and symptom management
- No formal process for initial and ongoing disease state, HFpEF/HFmrEF education

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40 Site Aggregate Process Map: Year 1

Patient Identification

Successes

- Dedicated lead to create shared patient Heart Failure list
- Lleveraging EMR reports/tools to populate patient list
- Consults/Triggers for Heart Failure Navigator rounding on patients
- HFpEF Screening Tool

Barriers

- Unclear clinical presentation
- Report limitations to capture all patients without manual review
- Coding delays hinder identification during hospitalization

Evaluation & Treatment

Successes

- Heart Failure Care Pathway for distinct paths for reduced, mildly reduced and preserved EF
- Dedicated pharmacist rounding on patients, providing disease state and medication education
- Meds to Beds program to assist patients with medication access

Barriers

- Medication not on formulary
- Inconsistent prescribing patterns due to hesitancy for evidence-based therapies
- Cardiology consults not consistent



Follow-up

Successes

- 3rd party vendor follows-up for 5 weeks post discharge
- Pharmacists follows-up with patients started on new medications/hospital provided cell phone for 24-hour pharmacist availability to prevent readmissions
- HF Navigator completing follow-up phone calls within 72 hours of discharge

Barriers

- Lack of staff for addressing HRSNs, medication, and symptom management
- Limited cardiology access for hospitals without HF Clinic
- Lack of standardized HRSN Assessment used during follow-up

Education

Successes

- Dedicated HF champion to serve as SME disease state education
- Virtual Nurses doing patient education in rooms
- EMR virtual support/education pushes to patient phone

Barriers

- No formal process for initial and ongoing education for staff and patients
- Education needed for primary care providers
- Lack of HFpEF/HFmrEF specific education materials

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Conclusions

Process mapping identified key priorities for improving HFpEF/HFmrEF care across participating sites, including:

- Increasing implementation of evidence-based therapies
- Enhancing healthcare professional education
- Systematically identifying health-related social needs
- Connecting patients with appropriate support services & interventions

IMPLEMENT-EF addresses these priorities through an ongoing learning collaborative, national model-sharing activities, and individualized consultation with participating sites to support local implementation and quality improvement efforts.

Questions?

Scan to explore participating sites, register for upcoming national education opportunities, and access previous model sharing webinars at heart.org/IMPLEMENTEF

Contact IMPLEMENT.EF@heart.org