Modifying the Existing CHF Pathway for Acute CHF seen in the ED using New Guidelines and Feedback to Improve Compliance and Increase Appropriate Discharges from the ED

Jigar Chauhan
USF MCOM- LVHN Campus, Jigar.Chauhan@lvhn.org

Richard S. MacKenzie MD
Lehigh Valley Health Network, Richard.MacKenzie@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/select-program
Part of the Medical Education Commons

Published In/Presented At
The study found that there was noncompliance with the CHF pathway. Around one third of the admissions to the hospital were not following the pathway. Pathway users filled out a survey to determine what their thoughts are of the pathway. Many of the users found the pathway too complicated to follow for the ED. Additionally, feedback was gathered from the users. Many said that there was practice variations between the ED physicians and the cardiologists. Many users also would like an Epic assistance that would help in the management of acute CHF.

New guidelines for acute CHF management have also come out in favor of IV furosemide within 60 minutes of patient presentation, as well as use of ultrasound to diagnose CHF and the need.

This was all taken into consideration when developing and revising the pathway (Figure 4)

It is important to reduce unnecessary CHF admissions for many reasons. This is where the SELECT competency of values based patient centered care and health systems come in.

- Unnecessary hospitalizations for acute CHF increased mortality, therefore reducing this would increase the quality of care.
- Inpatient treatment cost over $700 whereas outpatient treatment is approximately $950, saving the network and patients money

## CONCLUSIONS

Investigating the rate of CHF admissions from the ED to the hospital found that there was noncompliance of the pathway. Using feedback from the pathway users, as well as new guidelines for management of an acute CHF, the original pathway was able to be revised in order to make it simpler, and include the new guidelines.

Further study is in progress to see if the revised pathway makes a difference for many patients presenting with acute CHF from the ED.