**HEART FAILURE CARE PATHWAY: STANDARDIZING CARE TO IMPROVE OUTCOMES**

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*Objective*: To determine the efficacy and economic benefit of creating and implementing a clinical care pathway for heart failure to reduce variation and improve quality of care as measured by Milliman’s Index.

*Background*: A Milliman’s Index [Observed average length of stay (ALOS) / Expected ALOS] was calculated for all inpatient heart failure patients (Using Medicare Diagnosis-Related Group (MS-DRG) numbers: 291, 292 and 293) for admissions at an Academic Medical Center in 2015. A Milliman’s Index greater than 1.0 represents opportunity for improvement.

*Method*: Retrospective analysis of data was used to identify variation in care, followed by prospective trial on heart failure patients admitted with a heart failure MS-DRGs. Potential variables identified were: substandard initial Furosemide dosing the day of admission; low average daily Furosemide dosing; poor standing and daily weight compliance. Data was tracked and analyzed using analysis software linked to the hospital electronic medical records. Findings were shared weekly with the multidisciplinary project steering team, which included representation from hospitalist medicine, cardiology and nursing.

*Results*: 474 admitted heart failure patients were studied. Patients’ mean age and standard deviation was 64.03 ± 15.75 years. Average first Furosemide dose administered to patients increased by 26% from 28.2 mg to 35.5 mg after implementation of the care pathway. Daily weight monitoring increased by approximately 10%. Average daily Furosemide dose ordered on patients by the physicians on the floor increased by 159% from an average of 30.1 mg to 78.2 mg. Consequently, the Milliman’s Index decreased by 32% from 1.244 to 0.840.

*Conclusion*: Implementation of a standardized care pathway reduces clinical variation, enhances coordination of care, and most importantly, improves clinical outcomes for patients with heart failure.