Because you're worth it

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Are you worth it?

- Do heart failure specialist nurses add QIPP?
- **Q** uality
- **I** nnovation
- **P** roductivity
- **P** revention
- And if so, how do you measure it?

Quality

This should be broken into 3 different categories:

- Patient safety
- Clinical effectiveness
- Patient experience

Patient safety

- Mortality
- Proportion of patients on optimal medication- less likely to have an episode of acute decompensation
- Reduced admissions/readmissions/length of stay all lead to reduced opportunity to contract HAI

Clinical Effectiveness

- Proportion of patients on optimal medication -leads to reduced readmissions (Rotherham showed 16% reduction in readmissions when patients on optimum therapy)
- Beta blocker rates (compare with QOF)
- National Heart Failure Audit-only secondary care at present: proportion of patients with echo, BNP, discharged on medications and to community service
- Mortality

Patient Experience

- Patient/carer surveys
- Quality of life surveys
- Discovery interviews
- Patient/carer forums
- Patient/carer involvement in service changes and redesign

Innovation

- Piloting new ways of working
- Working differently with different patient groups
- New uses of current diagnostics eg BNP
- End of life care models

Productivity

- Productivity can mean activity – number of patients seen/ appointments etc, or it can mean ROI
- Tools are available to help show productivity,
- BHF
- DMIT
- NHFA

and data can be collected from local Trusts and national sources:

- HES
- SUS
- NHS Comparators

Templates developed to help- Thanks to Alison Basa

BHF Findings

- Average reduction in HF admissions = 43%
- Average reduction in all cause admissions = 35%
- Average Length of Stay = 11.6 nights
- Average proportion of pts coded with HF seen by HFSNs = 34%
- Average estimated saving per pt = £1,826
- Estimated PCT annual saving (over salary) if nurse sees 100 pts per yr = £182,600

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DMIT

(DH Disease Management Information Toolkit)
Circulatory Interventions module

- This analysis is mainly based on two papers

- **1: Comprehensive Care Coordination; Modernising Care of Chronic Illness in N.E. London; An Evaluation of a New Model of Care for Chronic Illness.** (Genesis Consulting 2002)
- **2: An Economic Analysis of Specialist Heart Failure Nurse Management in the UK. Can we afford not to implement it?** *Stewart S., Blue L., Walker A., Morrison C., McMurray J.J.V.* (European Heart Journal (2002) 23, 1369-1378)
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DMIT Cont'd

- Percentage of admissions recruited to heart failure nurse case management 50%
- Caseload per heart failure nurse 100
- Cost per annum of a heart failure nurse £50,000
- Percentage of potential re-admissions saved through HFN case management 58%
- Re-admission rate for heart failure patients 50%

Productivity-Community HFSN

- Admissions – from HES but may see little impact
- Readmissions – more likely to see impact here, both overall but also on caseload- can get emergency readmission rates from NHS Comparators but they are from the year before, so only good for a baseline.

If HFSN uptitrating medication, it saves others doing it:

- OPAs – Cost of OPA FU £90 (nurse clinic less- check your hospital.)
- GP appts- £36 (Hull)
- Pr Nurse/CM - £29 (Hull)

Productivity – Hospital HFSN

- Bringing in revenue through clinics (check the charge, number of patients seen x charge = revenue, greater charge if seen by doctor, but they cost more per hour…..)
- 18 weeks
- NHFA
- LoS – reducing LoS gains approx £200 per night.
- Reducing readmissions (less than 28 days)

Prevention

- Cardiac rehabilitation, patient self care and education sessions, all lead to reduced readmissions, reduced GP appts and better quality of life.
- And patients always like them! (Great for patient satisfaction surveys)

COSTING YOUR HF SERVICE

How much value do you really add?

HF Service with 2 WTE nurse and 1 consultant p.a/week

COMMUNITY HF SERVICE COSTS				
STAFF COSTS	**Quantity (WTE)**	**Multiply**	**Item cost (£)**	**Sub-total (£)**
HFNS salaries (Band 6-7) Estimated cost is **£47,000/yr** incl. add ons, per WTE[1] (£38,505.85 incl L. weighting + £8,471.29) (ie. Gross salary + L. weighting + 22% for NI & pensions)	2	X	47,000	94,000
Consultant Cardiologist/Heart Failure Estimated cost per programmed activity (p.a) is **£17,000** (ie. session/week/year incl. on costs)[2]	1 (p.a)	X	17,000	17,000
Administrative Assistant (Band 3-4) Estimated cost is **£22,231/yr** incl. add ons per WTE[3] (£18,222 incl. L weighting + £4,008.84) (ie. Gross salary + L. weighting + 22% for NI & pensions)	0.4	X	22,231	8,892.40
			Subtotal costs per year	119,892.40

COMMUNITY HF SERVICE COSTS				
NON-STAFF COSTS	**Total Staff costs**	**Multiply**	**Percentage (%)**	**Sub-total (£)**
Non-pay costs Estimated at **10% of total staff costs**[4] (Transpo, mobiles, clinical & admin supplies etc)	119,892.4	X	10%	11,989.24
Overhead costs Estimated at **30% of total staff costs**[5] (Premises, finance, HR)	119,892.4	X	30%	35,967.72
			Subtotal costs per year	47,956.96
			GRAND TOTAL COSTS PER YEAR	167,849.36

**** Remember to increase total costs each year for inflationary increases (estimated at 2.5%-3%) = Market Forces Factor**

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HF Service with 2 WTE nurse and 1 consultant p.a/week

HOSPITAL HF SERVICE COSTS				
STAFF COSTS	**Quantity (WTE)**	**Multiply**	**Item cost (£)**	**Sub-total (£)**
HFNS salaries (Band 6-7) Estimated cost is **£47,000/yr** incl. add ons, per WTE[1] (£38,505.85 incl L. weighting + £8,471.29) (ie. Gross salary + L. weighting + 22% for NI & pensions)	1	X	47,000	47,000
HFNC salaries (Band 8a-8c) Estimated cost is **£72,236/yr** incl. add ons, per WTE[2] (£59,209.50 incl L. weighting + £13,026.09) (ie. Gross salary + L. weighting + 22% for NI & pensions)	1	X	72,236	72,236
Consultant Cardiologist/Heart Failure Estimated cost per programmed activity (p.a) is **£17,000** (ie. session/week/year incl. on costs)[3]	1 (p.a)	X	17,000	17,000
Administrative Assistant (Band 3-4) Estimated cost is **£22,231/yr** incl. add ons per WTE[4] (£18,222 incl. L weighting + £4,008.84) (ie. Gross salary + L. weighting + 22% for NI & pensions)	0.4	X	22,231	8,892.40
			Subtotal costs per year	145,128.40

HF Service with 2 WTE nurse and 1 consultant p.a/week

HOSPITAL HF SERVICE COSTS				
NON-STAFF COSTS	**Total Staff costs**	**Multiply**	**Percentage (%)**	**Sub-total (£)**
Non-pay costs Estimated at **10% of total staff costs[5]** (Mobiles, clinical & admin supplies etc)	145,128.40	X	10%	14,512.84
Overhead costs Estimated at **40% of total staff costs** (Premises, finance, HR)** Hospital costs are higher due to PFIs	145,128.40	X	40%	58,051.36
			Subtotal costs per year	72,564.20
			GRAND TOTAL COSTS PER YEAR	217,692.60

** Remember to increase total costs each year for inflationary increases (estimated at 2.5%-3%) = Market Forces Factor

Community HF Service 'SAVINGS'	Quantity (per yr)	Multiply	Tariff income (£)	Sub-total (£)
Admissions Estimated at **£271,845** (Average tariff for admission/readmission of HF or Shock with CC and without CC = £3,020.50)[9] (Use lowest trim point of 25days) (Estimate 90% patients on Non-elective spell tariff x 100 total admissions/readmissions/year)*Random percentage	90	X	3,020.50	271,845
Reduced Stay Admissions Estimated at **£7,550** (Admissions for 0-1 days tariff = £755)[10] (Estimate 10% patients on short stay spell tariff x 100 total admissions/readmissions/year)**Random percentage	10	X	755	7,550
			Subtotal income per year	279,395

"Potential" Income

- Savings on OP nurse clinics when patients are up-titrated in the community
- Reduced doctor appointments
- Reduced practice nurse/community matron involvement

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HOSPITAL HF SERVICE POTENTIAL INCOME				
SERVICE INCOME	**Quantity (appts/wk)**	**Multiply**	**Tariff income (£)**	**Sub-total (£)**
Outpatient Clinics (face-to-face) Estimated cost is **£77,028/yr** (1st appt = £215, Follow-up appt = £103)[6] (1 Clinic session approx. 3.5hrs = 4 appts (1 x 1st appt; 3 x F/U appt) (Estimate 3 clinics per week, for 49 weeks/year)	3 (1st appt) 9 (f/up appt)	x x	215 103	645 927
			x 49wks/yr	77,028
Telephone Consultations (non-face-to-face) Estimated cost is **£42,630/yr** (1 non-face-to-face activity = £23)[8] (Estimate 3 patient calls/day x 5 days) (Estimate 49 weeks/year)	15	x	23	345
			x 49wks/yr	16,905
Reduced Length of Stay (Ave. LOS for HF pts = 11.6 days)[11] (£3,020.50 tariff divided by 11.6 = ave. cost/night is £260 ie. £200/stay; £60/diagnostics) (Estimate shortened length of stay by 2 day)**use 90 admissions	90	X 2	X 200	36,000
			Subtotal income per year	129,000

COMMUNITY HF SERVICE EXPENSE/INCOME	
Total Savings of service/year	279,395
Less Total cost of service/year	167,849
(savings less cost) TOTAL PER YEAR	111,546

HOSPITAL HF SERVICE EXPENSE/INCOME	
Total income of service/year	129,000
Total costs of service/year	217,692.60
(savings less cost) TOTAL PER YEAR	-88,692.60

TOTAL HF SERVICE EXPENSE/INCOME	
Total Savings/income of service/year	408,395.00
Total cost of service/year	385,541.60
GRAND TOTAL PER YEAR	22,653.40

Linking Your Work To Readmissions

"We can be confident in attributing the reduction in readmissions to the introduction of heart failure nurses."
2008 BHF Report p.72

- ✔ 18% probability of readmission for patient seen by a HFNS
- ✔ 97% probability of readmission for patient NOT seen by a HFNS
- ✔ HFNS services have reduced readmissions by 35%
- ✔ Pts seen by a HFNS are admitted less often, but stay longer

**Shortened length of stay results in v. high readmission rates w/in 28D unless pt are seen by community HFNS in LESS than 2wks

What should you aim for?

- Reduce readmissions by at least 35%
- Reduce average Length of Stay by a day or 2 days OR MORE?
- Show that all HF pts seen are on Beta blockers, ACE/ARBs where possible. (90%+)
- Show the percentage of patients on optimum medication (the higher the better)
- Teamwork between hospital and community HF services – this is about integrated care
- A balance between seeing patients and throughput

Throughput is not just about money, it is also about ensuring that patients identified with HF (prevalence) are seen by HF specialists

So – Are you worth it?

- All the national and project evidence says so.
- **BUT**
- In these difficult times it's up to you to make sure **<u>you</u>** get your own evidence for the commissioners and service managers.
- I don't want to hear about any HFSN being redeployed, or not being replaced when they leave