team via a 24/7 phone line and timely HF clinic follow-up. Importantly, there was consistent delivery of HF education and self-management support in both the hospital and home setting. As of December 31, 2018; 132 patients had completed the CC2H HF pathway. A comparative population of 240 HF patients at LHSC showed a 30-day readmission rate of 27%, while for the CC2H HF patients it was 15%; a 43.2% reduction. The CC2H HF strategy reduced the 60-day readmission rate by 36.8%. At 30 days, the total cost of care for the comparative HF patient was $15, 660 and for the CC2H HF patient was $13, 554; a cost savings of 13.5%. At 60 days, the total cost savings per CC2H HF patient was 14.0%. The comparative HF patient group had an average length of stay (LOS) of 8.9 days, while the CC2H HF group was 8.5 days; a reduction of 3.9%. This is slightly higher than the average estimated length of stay (ELOS) of 8.1 days; however 61.4% of CC2H HF cases had a lower LOS than ELOS. In 2017, CC2H patient experience feedback surveys were sent to 58 HF patients, with approximately 55% responding. Information was collected on the patient’s index hospitalization; their transition back to their home and community after hospitalization; and the care received in their home and community during the time on CC2H. Overall, the feedback was positive with 14 out of 28 questions being answered. The other questions revealed anecdotal examples of opportunities for improvement.

**CONCLUSION/IMPLICATIONS FOR PRACTICE:** The CC2H HF intervention significantly reduced the 30 and 60-day readmission rate, which provided the greatest cost avoidance. This transitional care model provides greater continuity of care for HF patients in the early period following hospital discharge. These findings support the expansion of the CC2H model of care.

**N008**

**INCORPORATING PATIENT AND FAMILY-CENTRED CARE IN THE DEVELOPMENT OF AN IMPLANTABLE CARdioverter DEfibrillator PATIENT EDUCATION PROGRAM**

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**BACKGROUND/PURPOSE:** The implantable cardioverter defibrillator (ICD) provides effective prevention of sudden cardiac death in select populations. However, its impact on quality of life (QOL) is associated with mixed results because of the treatment delivery, risks and potential complications. Studies have shown that comprehensive education before implantation contributes to an informed decision-making process and improved QOL. Providing peer support and opportunity to obtain real-life experiences from individuals living with an ICD is pivotal to effective education. The inclusion of patient co-leads is an effective strategy to share the lived experience and provide a greater understanding of the implications of living with an ICD to inform decision-making. Our aim was to develop an education program co-led by clinicians and patient partners to provide information, support treatment decision, and facilitate patients’ adaptation to living well with an ICD.

**METHODS/RESULTS:** Two patient partners with previously implanted ICDs were recruited to a provincial network that matches patient volunteers with healthcare providers seeking to engage patients and families in quality care processes. In collaboration with our patient partners, we developed and implemented a monthly 1-hour group educational session. Potential and newly implanted ICD patients from two Vancouver sites were invited to attend sessions that combined education led by clinicians and facilitated discussion with the patient co-leads. The dynamic process of the implementation phase, role of patient partners, and evaluation framework will be highlighted. We will discuss how the involvement and contributions of the patient partners is consistently reported as the most valuable component of the sessions.

**CONCLUSION/IMPLICATIONS FOR PRACTICE:** In the era of patient-centred care and shared decision-making, it is imperative to develop and integrate effective strategies that forefront patient voices and leadership. This presentation will provide practice-ready recommendations to improve the understanding of life with an ICD.