WINNER POSTER 2

Post-Discharge Experience of Patients with Congestive Heart Failure at Harlem Hospital

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INTRODUCTION BACKGROUND

- CHF affects 6.5 million adults in the USA, with 5-year survival rate of ~50% for all stages.
- CHF costs the nation ~$30.7 billion/year and is expected to rise to ~$53 billion by 2030.
- Multidisciplinary/comprehensive care practices leads to fewer hospitalizations, reduced mortality and hospital cost. This includes inpatient management, discharge planning, and post-discharge support.
- There is less clarity on how hospitals can revamp current care practices and tailor improvements to address needs of unique patient populations.

OBJECTIVE/HYPOTHESIS

To examine the inpatient and post-discharge experience among patients with CHF at HHC and determine which variables impact show rate at clinic visits.

To provide a framework for future performance improvement initiatives that enhance the care of patients with CHF

Hypothesis: Support practices, such as education and timely post-discharge appointments, would increase the likelihood of patients attending appointments

METHODS

Retrospectively reviewed for 380 patients who were admitted to Harlem Hospital for CHF from 2019 - 2020, either due to an exacerbation of symptoms or new-onset of disease. The main analysis excluded any patients who were admitted prior to the CHF Coordinator's start date and who did not have a scheduled follow-up appointment at the Harlem Cardiology clinic. The subset evaluation included 239 patients. Our main outcome of interest was attendance at any scheduled follow-up/post-discharge appointment.

RESULTS

Characteristic	N = 380[1]
Age group	
Less than 50	41 (11%)
51-65	169 (44%)
66-75	81 (21%)
>=76	89 (23%)
Gender	
Female	163 (43%)
Male	217 (57%)
Race	
American Indian / Alaska Native	1 (0.3%)
Black or African American	281 (97%)
White	8 (2.8%)
Source of income*	
employer	44 (12%)
family support	37 (9.7%)
government assistance	43 (11%)
social security	184 (48%)
pension	12 (3.2%)
Follow-up appointment scheduled at Harlem cardiology clinic	
No / Not scheduled / Scheduled for management of condition other than HF	119 (31%)
Yes	261 (69%)
Scheduled within 7 days of discharge among those whose appointment were scheduled	
No	167 (64%)
Yes	94 (36%)
Patient attended follow-up Harlem cardiology clinic appointment among those whose appointment were scheduled	
No	101 (40%)
Yes	153 (60%)
Unknown	7

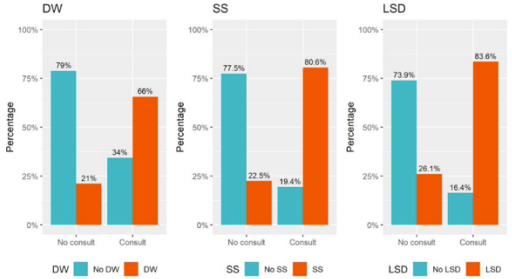
- 69% of patients had a follow-up appt scheduled post-discharge and only 36% of those patients were scheduled for 7 days post-discharge
- A significantly larger percentage of patients with a permanent residence or a length of stay of 1-3 days attended a follow-up appt
- Patients with T2DM had 0.51 (95% CI: 0.26-0.97) time lower odds of attending a follow up appointment, while patients with obesity had 2.48 (95% CI: 1.27-5.01) higher odds

Results of **logistic results modeling** *"Patient attended a follow-up Harlem cardiology clinic appointment"*

	Model 1		Model 2		Model 3	
	OR (95% CI)	p-value	OR (95% CI)	p-value	OR (95% CI)	p-value
Age	0.99 (0.96,1.01)	0.2	1.00 (0.97,1.02)	0.8	1.00 (0.98,1.03)	0.7
Type 2 Diabetes						
No / Unable to Determine			Ref		Ref	
Yes			0.56 (0.30,1.03)	0.065	0.51 (0.26,0.97)	0.043
Obesity						
No			Ref		Ref	
Yes			2.33 (1.23,4.51)	0.011	2.48 (1.27, 5.01)	0.009
History of COPD						
No			Ref		ref	
Yes			0.71 (0.38,1.33)	0.065	0.68 (0.35,1.30)	0.2
Length of Stay						
1-3 Days					Ref	
4-6 Days					0.82 (0.36,1.85)	0.6
>6 days					0.45 (0.19,1.03)	0.061
CHF Coordinator consult during admission						
No					Ref	
Yes					2.67 (1.27,5.96)	0.012

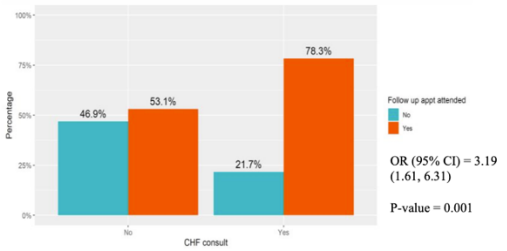
Model 1 is adjusted for demographics only
Model 2 is adjusted for demographics and comorbidities
Model 3 is further adjusted for length of stay and coordinator consult took place or not
OR= Odds Ratio CI= Confidence Interval

Percentage of patients who **received in-patient education** on daily weight monitoring (DW), signs and symptoms (SS), and low-sodium diet (LSD), among patients who had a **CHF Coordinator consult** vs patients who did not



- A significantly larger percentage of patients who were seen by the CHF Coordinator received education on LSD, DW and SS

Clinic show rate in patients who **received a CHF Coordinator consult** vs patients who did not receive a consult



OR (95% CI) = 3.19 (1.61, 6.31)

P-value = 0.001

- The odds of attending a follow-up appt was significantly increased in patients who saw the CHF Coordinator

CONCLUSIONS / DISCUSSION

- The CHF Coordinator's role is essential for patient education and attendance at follow-ups. It highlights the importance of supportive inpatient/outpatient care practices
- Patients who are homeless, have a longer hospital stay and/or have T2D may benefit from enhanced discharge support and management
- More attention towards a follow-up appointment within 7 days of discharge. Patients may benefit from a mandated consultation by the CHF Coordinator

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