

5th World

HEART AND BRAIN CONFERENCE

September 24-26, 2018 Abu Dhabi, UAE

Reducing heart failure readmission

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The cost of heart failure care is 1-2% overall healthcare spending in developed countries. In the United States, heart failure consumes more Medicare dollars than any other diagnosis. Diabetes mellitus and preserved ejection fraction are independent predictors of higher lifetime costs. Costs are accrued more rapidly at the time of initial diagnosis and in the final months of life. The incidence of heart failure is high and increases with age. Readmission is an issue with heart failure. The burden of hospitalization is increasing. Heart failure is deadly and costly with much of the cost due to the burden of hospitalization. Effective evidence-based interventions should address gaps in care and promote effective transitions across sites and clinicians (e.g. single point person throughout episode of illness, transfer of information, focused patient/family caregiver education, coordinated follow-up services) and root causes of poor outcomes with a focus on longer-term value for both the patient and health care system. A heart failure readmission checklist before admission, during hospitalization and related to discharge. In summary a checklist and disease management program are key in reducing heart failure hospital readmission.

Biography

Samer Ellahham has served as the Chief Quality Officer for SKMC. He has worked as a Chief Quality Officer and Global Healthcare Leader, focusing on ensuring that that implementation of the best practices lead to breakthrough improvements in clinical quality and patient safety. He is a Certified Professional in Healthcare Quality (CPHQ) by The National Association for Healthcare Quality (NAHQ). He is certified in Medical Quality (CMQ) by The American Board of Medical Quality (ABMQ). He is the recipient of the Quality Leadership Award from the World Quality Congress and Awards and the Business Leadership Excellence Award from World Leadership Congress.

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