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Does Follow up Communication Decrease Readmissions of Patients Living with Heart Failure?

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Abstract:

About 6.5 million adults in the United States have heart failure, a condition that was deemed a contributing cause of 1 in 8 deaths in 2017, costing the nation an estimated $30.7 billion in 2012 reflected in healthcare services, missed days of work, and on medications to treat heart failure. Patients with heart failure (HF) who are inappropriately discharged without the proper teaching and follow-up instructions end up being readmitted within 30 days. Research has shown that admissions back to the hospital or emergency department post-discharge for heart failure have been associated with worse outcomes, high costs, and more often than not represent poor quality of care. The goal of our systematic review was to determine if among heart failure patients does the addition of discharge education adjuncts following hospital discharge improve key compliance indicators. Consecutive 150 patients underwent discharge education and follow up between June 2018 to September 2018 at Moses Cone Hospital, North Carolina, USA. Vast majority of patients found lacking knowledge regarding their plan of care and treatment. Discharge education and follow up phone call/email regarding their medicine, diet, exercise, and future appointment with a doctor, has significantly reduced the hospital readmission of heart failure patients within a month.

Biography:

Rekha Aryal was working as a nurse in Moses Cone Memorial Hospital, USA. She has published many research articles and received many awards for her publications. Her research interests are cardiovascular medicine and cardiac nursing.

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