



Factors participating in readmission of heart failure patient, and hospital burden

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Abstract

INTRODUCTION :

Heart failure (HF) is the leading cause of hospitalization and readmission among older adults. Chronic heart failure (CHF) is the most common cause of readmission for patients in the Pakistan and worldwide. . Despite this recent attention to HF readmission, we know relatively little about its actual causes.[2] despite the fact that patients are in many ways best positioned to identify the underlying factors that contribute to their readmissions. National Institute Of Cardiovascular Diseases, NICVD is a tertiary care hospital, which is one of the biggest cardiac care unit, with all the cardiac modalities under one roof. Therefore this is the most appropriate institute to study the reason of readmission of heart failure patient, and its impact resource used in term of hospital stay. The purpose of our study was to systematically investigate patient perspectives about the reasons for their readmission following a hospital discharge for HF. And to study than what could be done to improve the system to decrease the number of readmission in cost effective way.

METHOD:

Patients were recruited for this study were admitted to national institute of cardiovascular diseases, through emergency. Patients discharged with a primary discharge diagnosis for HF who were then readmitted for any cause in the subsequent 6 month were eligible for the study. Eligible patients were approached, consented, and interviewed within the next 24 hours while they were still in hospital. . Interview was conducted by health care professional, fellow cardiology in training who have in depth knowledge of heart failure management and its care. . Detail was taken for medication included beta blocker, ACEI dose at the time of discharge, whether it was maximize to optimum tolerated dose or not compliance to medication. Proper counseling of patient disease and care was given or not.

RESULT:

We recruit patients over the period of 3 month form June 2019 till august 2019, all patients were admitted to hospital from emergency room. For the readmission, median length of stay was 6 days. Total 500 patient included, out of which 375 (75%) were male and most important cause of heart failure is ischemic

cardiomyopathy 400 (80%). No death recorded. Common reason for readmission , lack of counseling 200(40%), under dose 75(15%), non-compliance 60(12%), volume over load 50(10%), hypertension 50(10%), secondary infection 35(7%).

CONCLUSION:

Heart failure readmission is increasing now days which are financial burden on hospital and patient, and also the extra use of resources which can be easily control taking certain measure by physician and patient. For patient compliance of medication, appropriate fluid intake, self-care and life style modification are the important elements to care off according to this study which can be improve with psychotherapies and proper counseling session. For physician side proper information and detail discussion should be done with patient at the time of diagnosis. With each follow up visit symptom assessment and according to which dose adjust is very necessary to reduce the readmission.

Small steps can really make a big difference in the quality of life of patient we should take it.



Biography:

DR ABDUL MUEED, have completed fellowship in cardiology from college of physician and surgeon of Pakistan in 2016, and than second fellow ship in cardiac electrophysiology in 2019. Age 35. Have also presented in APHRS BANGKOK 2019. Currently working as assistant professor , in NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES, TANDO MUHAMMAD KHAN

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