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Congestive heart failure patient education intervention to address 30 day CHF readmission

**BACKGROUND**

- Section 3025 of the Affordable Care Act established the Hospital Readmissions Reduction Program, which cuts reimbursement for readmissions within 30 days of discharge.1
- Congestive heart failure (CHF) 30 day readmission rates at FAHC in 2012 approached nearly 22.2% among Medicare patients.2
- Patient education interventions utilizing the ‘Teach Back’ method such as UCSF’s Heart Failure Program have demonstrated success in reducing 30-day readmission rates.3

**OBJECTIVES**

- Through patient education, promote patient understanding of:
  - Congestive heart failure diagnosis
  - Classic symptom presentation of a CHF exacerbation
  - Signs of worsened CHF severity
- Improve patient self-monitoring of CHF and promote post-discharge follow-up with primary care providers
- Through patient education, reduce re-admission rates for CHF
- Assess pre- and post-intervention patient self-efficacy in seeking treatment for CHF exacerbation
- Provide each patient with, or ensure prior receipt of, a FAHC Cardiology Department Heart Failure Journal

**METHODS**

- Inclusion criteria for participation in intervention:
  - Medicare insurance as either primary or secondary coverage
  - CHF (or CHF variant) listed under “Active Problems” on EHR
  - Admission to any FAHC inpatient unit at the time of intervention
  - Patient consent for the two distinct phases of the project

**RESULTS**

- **Patientreported understanding of CHF symptoms increased from pre- to post-teach back sessions (Fig. 1)**
- All patients were provided with a heart failure education binder during the intervention with the exception of one patient who had received the journal beforehand
- SOB required the most educational time and edema required the least (Fig. 2)
- Confidence of CHF symptoms management sustained at phone follow-up
- 43.6% of patients lost to follow-up which includes a mortality rate of 23.5%
- Of the 8 patients who died within 30 days of discharge, 4 died in the hospital, 2 were discharged to respite or nursing home, 2 died at home
- Raw readmission data excluding deaths within 30 days of discharge was 50% compared to the FAHC adjusted rate of 21.3%
- 68% of patients did not have a PCP appointment at the time of the initial intervention

**DISCUSSION**

- **Teach-back has positive impact on improving understanding of CHF symptom management**
- Patients do not consistently receive education on how to effectively manage and understand their symptoms
- While the current readmission rate was greater than the existing FAHC rate, our data analysis did not include a risk adjustment
- While most patients have a PCP, the majority did not schedule a follow up appointment. Lack of follow-up has been shown to contribute to higher readmission rates

**LEARNED LESSONS**

- Barriers to patient management of congestive heart failure include limited post-discharge patient follow-up
- Patient awareness of symptoms and signs of an acute on chronic CHF exacerbation is critical in reducing 30 day re-admission rates
- Given the fluctuation of symptoms in chronic illness, patients may not understand the relationship between the acute illness for which they are hospitalized and their underlying disease
- Administrative barriers to implementing patient education interventions and consistent use of standardized discharge procedures
- In the future, there is a need to enhance patient provision of the heart failure journal and promote PCP follow-up appointment

**LIMITATIONS**

- Inclusion criteria did not specify CHF as the primary diagnosis and most patients were admitted with an acute on chronic CHF exacerbation or an unrelated cause
- Loss of follow-up due to inability to contact the patient or reported death was an obstacle to completing data collection
- Cognitive impairments during the teach back were not assessed
- Participant variability in disease severity and time course

**REFERENCES**

Programs/Readmissions-Reduction-Program/index.html>