

### Double check discharge planning to improve the results of a heart failure programme

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**Background:** Reduction of readmissions in heart failure (HF) patients is a main goal of HF programmes. Establishing a discharge planning for the patient and coordinating it with primary care teams are key aspects for their success.

**Purpose:** Evaluate whether a double check discharge planning based on adding face-to-face joint weekly sessions with primary care managers to the conventional electronic communication of care plan reduces 6-month readmission and 6-month mortality.

**Methods:** We evaluated all patients discharged from hospital with HF as primary diagnosis between September 2017 and January 2019. We compared outcomes between patients discharged during Period #1 (single check; September 2017 - April 2018) and those discharged during Period #2 (double check; May 2018 - January 2019).

Primary endpoint was the combined endpoint of all-cause death or all-

cause hospitalization 6 months after discharge from the index hospitalization.

**Results:** The study enrolled 317 patients: 182 in Period #1 and 135 in Period #2.

Mean age was 76±9 years. There was a higher proportion of patients with diabetes and COPD in Period #1, with no differences in other baseline characteristics.

The combined endpoint of all cause-death and all-cause hospitalization at 6 months was significantly reduced in patients in the double check discharge planning group (27% vs. 16%, p 0.021).

**Conclusions:** In a HF programme, the addition of a double check discharge planning based on having joint weekly sessions with primary care managers on top of the conventional electronic communication of care plan reduces 6-month readmission and 6-month mortality.

	Unadjusted analyses			Adjusted analyses	
	Single check discharge planning (%)	Double check discharge planning (%)	p	*Odds Ratio (95% CI)	p
All-cause death or all-cause hospitalization	50 (27)	22 (16)	0.021	0.53 (0.32–0.86)	0.011
All-cause hospitalization	51 (28)	23 (17)	0.023	0.57 (0.32–1.01)	0.056
All-cause death or CV hospitalization	33 (18)	13 (10)	0.037	0.48 (0.24–0.94)	0.035
All-cause death or HF hospitalization	28 (15)	11 (8)	0.058	0.48 (0.23–1.01)	0.054

\*Comparison of double check discharge planning vs. single check discharge planning (reference category).

