COVID-19 Impact on Admissions for Acute CHF Patients

Authors: Orretta Dejonge, RN PCCN  Jocelyn Williams, RN BSN PCCN  Trina Maxey, RN BSN
Authors Email: Orretta.Dejonge@aah.org  Jocelyn.Williams@aah.org  Trina.Maxey@aah.org
Dept Name: 2 North/4South Telemetry
Site Name: Advocate Aurora Trinity Hospital

Background

• Congestive heart failure (CHF) is costly to treat because many patients are readmitted within 30 days of discharge for the same problem. Pre-pandemic, approximately 25 percent of heart failure patients were readmitted within 30 days of discharge.

Local Problem

• The impact for CHF patients during the COVID-19 pandemic has decreased the rate of admissions because of social distancing and the fear of potential exposure.

• Most high-risk patients did not seek medical attention due long wait times or no available appointments for PCP follow up and management, or only offered virtual methods for patient follow up.

• Lack of physical contact with family or follow up with Primary Care Physicians, lack of resources due to the pandemic such as receiving the care needed, access to medications, medication management, nutrition support, and overall well-being checks.

• Preventing readmission begins at the time of admission and carries on post discharge home. It is the clinician’s duty to provide adequate patient education so that the patient can properly manage their chronic conditions from the home setting.

Methods

Pre-pandemic

• Education across disciplines of care allows for better and more efficient care coordination. Consultation to cardiology at the time of admission decreases the need for nursing staff to ask for specialty consultation for the care of CHF patients.

• Current processes include consultation with cardiology; however, orders may not be placed timely, creating a delay in care.

• Education provided for patients varies depending on the discipline of giving education. Resources vary per facility and may not include inpatient cardiac rehabilitation.

Post-pandemic

• Patients are limited to access, increasing the risk.

• Education to support social distancing tactics. Self-quarantine, frequent handwashing, and universal masking.

• Encouragement of virtual telehealth visits

• Reduction in diagnostic testing

• Inpatient provider teams care specifically for COVID-19 patients when needed.

• Wellness checks and family support

• Education on the diet, exercise, and medication.

Conclusions

• COVID-19 pandemic led to reduced hospital admissions for AHF during the pandemic.

• Decreased number of self-referred AHF patients and increased number of AHF patients brought by an ambulance during the pandemic.

• Increased in-hospital mortality for AHF with very high mortality rate for COVID-19.

Implications for Practice

• Education across disciplines of care allows for better and efficient care coordination.

• Consultation to cardiology at time of admission decreases the need for nursing staff to ask for specialty consultation for the care of CHF patients.

• Implementation of the IP Heart Failure Admission Order set all CHF patients decreases potential conflict regarding care coordination.

• Education provided for patients may vary depending on discipline providing education. Patients’ education should be standardized and provided in the patient’s primary language.

• Post discharge phone calls 48 hours post discharge home and within 2 weeks post discharge.