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Factors associated with heart failure readmissions from skilled nursing facilities

Background: Despite guideline-driven pharmacological therapies and careful transitional care, the rates of preventable hospital re-admission of heart failure patients and associated costs remain unacceptably high in the SNF populations. Transfer to SNF is one strategy to limit hospitalizations. As such, 25% of patients are still symptomatic at the time of discharge.

Purpose: The objective of this study is to identify patient factors affecting re-admissions of HF patients residing in SNF within 30-days.

Methods: A retrospective electronic chart review was completed on patients > 65 years with HF who were admitted into large medical center between 2012 and 2014. Descriptive statistics and univariate analyses using the Chi-square test or Fisher's exact test for categorical variables and the Mann-Whitney test for continuous data was used to compare patients readmitted within 30 days vs. those who were not readmitted within 30 days. Significant factors associated with readmission in the univariate analysis ($p < 0.10$) were included for a multivariate logistic regression model.

Results: Fifteen variables: creatinine, weight difference, CKD, angina, arrhythmia, VHD, tobacco, ADL, independent in bathing, independent in the toilet, S3 heart sounds present, HJR, AF, nitrates, and hydralazine, were identified for the multivariate logistic regression as potential risk factors associated with "readmission within 30 days". Creatinine and ADLs were included in the final model as this subset of predictors was found to be the best for prediction of "readmission within 30 days". Creatinine ($p < 0.0087$) and ADLs ($p < 0.0077$) were both significantly associated with readmission within 30 days in the final logistic regression model. Every 1-unit increase in creatinine is associated with an 87% increase in the odds of being readmitted within 30 days ($OR = 1.87$). Those patients who require assistance with ADLs are over 9 times more likely to be readmitted within 30 days ($OR = 9.25$) as compared to patients who are independent.

Biography

Shade Akande has completed her Doctor of Nursing practice from Stony Brook University, NY, USA in the year 2015. She has given numerous podium presentations related to nursing practice. As a Clinician, she has the expertise, leadership and motivation to successfully contribute to the mission and values of programs and the institution as a whole. She is dedicated to continuously deliver excellent and quality care to the population with increased productivity and positive outcome, fostering education and to embrace the concept of continuous performance improvement.

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