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Does Systematic Adherence to Joint Commission and AHA Heart Failure Performance Measures Improve Patient Outcomes?

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Introduction: It is unclear whether inpatient heart failure (HF) performance measures reduce post-discharge adverse events. This exploratory study examined the association between systematic adherence to a set of performance measures and outcomes. Measures included all four Joint Commission (JC) HF core measures and AHA recommended beta blockade prescription on discharge.

Methods: A retrospective review of a 3-hospital system was performed for all patients discharged with a primary diagnosis of HF in 2008-2009. Patients were included if they met eligibility criteria for one or more measures (n51270). 'Perfect care' was defined as compliance with all eligible measures. Subsequent all-cause 30-day readmission and 1-year mortality was determined via electronic records and social security national database.

Results: 'Perfect care' significantly reduced 30-day readmissions (19.2% vs. 24.9%, p5.045; OR5.72, 95% CI 0.52-0.99). 'Perfect care' did not influence 1-year mortality.

Conclusions: Adherence to this set of composite performance measures positively influenced short-term patient outcomes. Benefit of adherence was found despite the longer LOS and higher severity of illness on index admission for patients receiving 'perfect care'. The data support the clinical value of a systematic approach towards HF care on patient care quality. 'Perfect care' did not influence long term outcomes, which may be because inpatient processes do not extend to long term outpatient medical management.

Results

Variable	'Perfect Care'	'Non-Perfect Care'	p
N (total51270)	1021 (89.4%)	249 (19.6%)	
Age	73 (15)	72 (15)	.15
Female	516 (50.5%)	125 (50.2%)	.92
LOS	5.54 (5.55)	4.10 (3.92)	<.01
Charlson Score	1.51 (.73)	1.53 (.82)	.34
Severity of Illness	2.55 (.77)	2.41 (.72)	<.01
LVSD	419 (41.04%)	116 (46.59%)	.13
All-Cause 30-Day Readmission	196 (19.2%)	62 (24.9%)	.045
HF-Related 30-Day Readmission	89 (8.7%)	22 (8.8%)	.95
1-Year Mortality	252 (24.7%)	57 (22.9%)	.56
Logistic Regression: 30-Day Readmission	OR5.72; 95% CI, 0.52-0.99		

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