SGIM Foundation
Solothurnerstrasse 68
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Project Funding 2012/2013
«LOST IN TRANSITION»

The award of CHF 70'000.-- is granted to the following project:

Effectiveness of discharge plan to Lower EArly Readmission of patients hospitalized with Heart Failure. « LEAR-HF »

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Abstract

Introduction
Readmissions occur for 20 percent of patients at 30 days and more than 30 percent at 90 days. They represent a major cause of burden and cost. This rate rises to 26.9 percent for patients hospitalized with heart failure, which is also the first cause of readmission. The early transition period from discharge to first medical visit is crucial because of possible lack of follow-up. We are therefore Interested in the possible actions, effective and cost-effective, that would improve patient's follow-up in the first weeks after discharge. We hypothesize that a multidisciplinary discharge plan reduces by 50 percent the number of days of hospitalization as readmission within 30 days, compared with the data from 2009 to 2012.

Study design
This is a prospective, single-centre, interrupted time series study. The pre-intervention group consists of patients hospitalized from 2009 to 2012. We will study all adult patients, consecutively admitted to the Service of Internal Medicine in CHUV, with symptomatic heart failure and discharged at home. Intervention consists of a comprehensive discharge plan provided by a research nurse acting as transition coach with medical supervision and by a clinical pharmacist. Primary end point will be the number of hospitalization days as readmission at 30 days.

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Population:	Adult patients with symptomatic heart failure hospitalized in internal medicine discharged at home.
Intervention:	Introduction of a multidisciplinary discharge plan in 2013.
Comparison:	Same population from 2009 to 2012.
Outcome:	Number of hospitalization days as readmission at 30 days.
Design:	Prospective, single-centre, interrupted time series study.

Study rationale

Several discharge plans have shown to be effective but have low external validity and need to be customized to match with local practices. We want to achieve arguments for additional resources, like a nurse or a clinical pharmacist. These resources should be realistic and cost-effective in everyday clinical practice.