The efficacy of "Get With the Guidelines Heart Failure," a retrospective analysis

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Background:
Heart failure (HF) represents an immense burden to our patients and, consequently, to healthcare expenditure. In an era of pay-for-performance initiatives, during which financial penalties are enforced for HF-related readmissions, reducing these occurrences has become of tantamount importance to hospital systems throughout the United States. In an effort to improve heart failure management as well as hospital readmission rates, the American Heart Association (AHA) created a collaborative quality improvement program entitled: Get With the Guidelines – Heart Failure (GWG-HF). It is the aim of this study to evaluate the efficacy of this initiative in reducing readmissions.

Methods:
A university medical center in a major US city performed a retrospective chart review of randomly selected HF hospitalizations on a yearly basis for the GWG-HF initiative. This data was used to compare two years, 2012 and 2016; one in which the hospital’s GWG-HF performance was sub-par (2012, N=416) and the other in which performance warranted a Gold-Standard award for adherence to guidelines (2016, N=301). GWG-HF "Achievement Measures" were selected as comparative variables between the two years.

Results:
Of the GWG-HF "Achievement Measures," post-discharge appointments displayed the most significant difference between the comparison groups with 97.3% of patients having an appointment scheduled in 2016 and only 74.6% in 2012, a statistically significant difference of 22.7% (p<0.0001, 95% CI 17.1-28.1). Additionally, evidence-based beta Blocker use exhibited a statistically significant difference between the comparison years with 99.2% usage in 2016 and 91.8% in 2012, a 7.4% difference (p=0.0031, 95% CI 2.6-12.2). Measuring the LV function and ACEi/ARB/ARNi use were achievement measures with non-statistically significant differences in the two populations.

Conclusion:
The GWG-HF "Achievement Measures" of scheduling post-discharge appointments and utilizing evidence-based beta Blockers were better enforced during a period with fewer 30-day readmissions. While this finding does not, in and of itself, imply a causal relationship it does lend support to the notion that compliance with GWG-HF ultimately reduces HF-related readmissions.