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Heart Failure and Cardiomyopathies

BEHIND THE SCREEN: A RETROSPECTIVE COMPARATIVE ANALYSIS OF CONGESTIVE HEART FAILURE EXACERBATION ADMISSIONS, FOLLOW UP AND MANAGEMENT DURING THE COVID19 PANDEMIC AND PRE PANDEMIC

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

Session Title: Heart Failure and Cardiomyopathies Flatboard Poster Selections: Clinical Science

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Background: Since the outset of the COVID19 Pandemic health care has had to greatly adapt to maintain high quality patient care, while decreasing person to person contact. Particularly, Heart Failure (HF) patients are at risk due to their low threshold for hospitalization, high risk for infections and frequent need for outpatient monitoring. Due to these challenges, a recent Joint commission publication by Zhang et al, developed guidelines to form a procedural road map to standardize quality of care while navigating these barriers.

Methods: A total of 563 patients consisting of two patient groups admitted for HF exacerbations were studied. The Pre COVID19 group (Pre Pandemic) consisted of patients admitted between March 2019-2020 (n=315), and the COVID19 group (During Pandemic) between March 2020-2021 (n=248). Analysis was performed using both T and Chi squared tests. Most notable variables included were highest level of care required during admission, time to post-discharge follow up, and type of follow up

Results: Baseline characteristics were collected including but not limited to, age, pertinent comorbidities, and Echocardiograms. No significant differences between the two group were demonstrated. Days to follow up appointments were significantly decreased in the Pandemic group vs the Pre Pandemic group, 7 and 22 respectively (p = .0032). The decline in days to follow up in the Pandemic group was attributed to the increase in telemedicine follow up appointments from 7.5 to 32%. In addition, there was a significant increase in amount of CCU vs ICU admissions in the Pandemic group (p value < 0.01). This finding supports that ICUs were predominantly occupied by COVID patients. However, no significant difference was seen in requirement of ICU level of care (CCU/ICU) or length of stay.

Conclusion: The utilization of telemedicine appointments during the COVID19 Pandemic attributed to decrease time to post discharge follow up appointments. In addition, no differences were seen in the severity of illness or time of hospital course. Following further evaluation of our data set it would be beneficial to assess if the use of telemedicine follow up appointments can help decrease readmission rates of HF patients.