

Pre-recorded audio messages help improve outcomes for patients with heart failure

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Patients who are hospitalized with heart failure can reduce their odds of requiring re-hospitalization, a heart transplant or death by repeatedly reviewing recorded audio messages about self-care at home, according to late breaking research presented today at the American Heart Association's Scientific Sessions 2020.

"My Recorded On-Demand Audio Discharge Instructions (MyROAD)" is a re-playable audio card containing information for patients with [heart failure](#) who have been discharged from the hospital. The MyROAD audio card begins with a general statement and then has four sections about diet, physical activity, medication and self-monitoring behaviors specific to heart failure to help answer frequently asked questions about the condition and what to expect at home.

"Patients may be tired, confused and worried about being able to follow provider orders and/or without family members at the time they are discharged, so they may lack the ability to carefully hear, understand and ask questions about instructions for [self-care](#) at home. Handing out more paperwork may not be the answer. In addition, some patients have health literacy issues, poor eyesight or they do not have access to the internet to get heart failure information. We needed a new way to provide this potentially life-saving information," says the study's lead author Nancy M. Albert, Ph.D., C.C.N.S., C.H.F.N., C.C.R.N., N.E.-B.C., FAHA, associate chief nursing officer of the Office of Nursing Research and Innovation at the Cleveland Clinic Health System and a clinical nurse specialist at the Kaufman Center for Heart Failure at the Cleveland Clinic in Cleveland, Ohio.

Researchers performed a randomized controlled trial of about 1,000 patients (average age 72.8 years, 58.7% male) who were hospitalized with heart failure at four sites in Northeast Ohio. Upon discharge, patients either received usual care or the MyROAD audio card with a demonstration on how to operate it plus usual care. Patients were

encouraged to keep the card visible and share it with [family members](#). Researchers followed up at 30, 45, 90 and 180-day intervals after hospital discharge. Both [patient groups](#) were similar in demographics, medical history and heart failure factors.

Findings of the study indicate:

- Patients who received MyROAD had a 27% decrease in the odds of visiting the emergency department for any cause one month after their initial hospital discharge and a 29% drop at the 45-day mark.
- MyROAD users were 40% less likely to need a heart-assist device, receive a [heart transplant](#) or die from any cause at three months after discharge.
- Patients in the MyROAD group were also nearly 50% less likely to die from [heart failure](#) at 90-days after discharge if they had received the MyROAD card.
- All causes of death dropped by more than 40% among the group of patients who received the MyROAD card compared to the group who received usual care.

Researchers note that although the readmission rates among the MyROAD group were lower at 30 and 45 days when compared with the usual care group, it was not a statistically significant difference. However, when they assessed all-cause hospitalization, emergency department visits or death, the odds of an event were reduced by 25% at 30 days and 30% at 45 days. Researchers believe there is an opportunity to improve outcomes by providing patients and family with clear, consistent messages (as was delivered with the audio card).

"It is important for patients who are discharged to home after a hospital stay to understand that by carrying out specific [physical activity](#), diet, medication and self-monitoring behaviors, they may improve their

lifespan and be less likely to require a future [emergency department visit](#)," said Albert. "These results may spur innovative methods of enhancing discharge information and early home care. More research is needed to learn how we can optimize care to prevent post-discharge healthcare utilization."

Co-authors are Kathy Ray, B.R.M.P.; James F. Bena, M.S.; Shannon L. Morrison, M.S.; Mary Marino, B.S.N., R.N.; and Celia Painter, B.S.N., R.N. Author disclosures are in the abstract. The researchers reported no external funding for this study.

More information: [www.abstractsonline.com/pp8/? ...
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