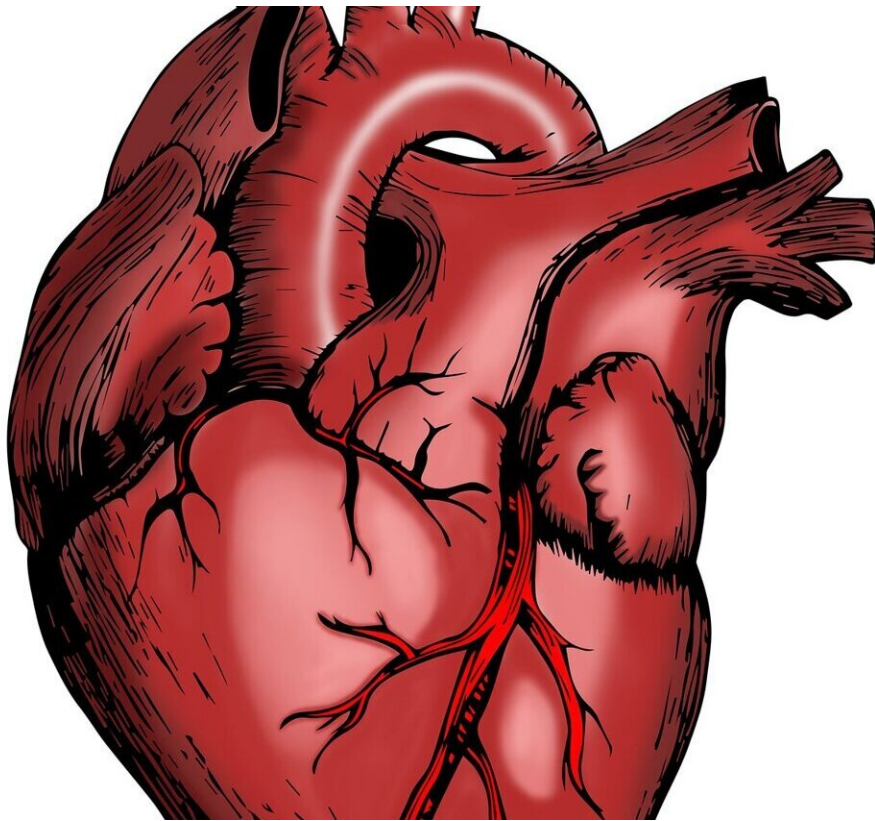


Calling patients after heart failure may save lives

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Phone calls from a nurse may improve survival for patients treated for heart failure, according to a new study by investigators from the Smidt Heart Institute at Cedars-Sinai.

Heart failure occurs when the heart does not pump enough blood to support the organs. Investigators at Cedars-Sinai have been studying ways to improve [survival rates](#) as about one-third of people with [heart failure](#) die within a year of being hospitalized. Studies show about 15% to 20% of people hospitalized for heart failure return to the hospital within 30 days.

"There's a lot of new technology and new ideas about how to manage people who have heart failure remotely, but we demonstrated that low-tech and old-fashioned talking on the phone, essentially monitoring the response to, 'How are you feeling?' can improve outcomes," said Ilan Kedan, MD, professor of Cardiology and corresponding author of the study.

The study, published in the *Journal of Cardiac Failure*, included 1,313 [patients](#) 50 years and older who were hospitalized for acute decompensated heart failure between October 2011 and September 2013 at six academic medical centers in California.

Half were randomized to receive a new post-hospitalization care plan, where patients received pre-discharge heart failure education, along with an average of five calls over a 180-day period. Each patient in this group was also provided with a blood pressure monitor and scale. Nurses scheduled regular phone calls to ask about weight, blood pressure, [heart rate](#) and any unusual symptoms. Patients who reported abnormal results or symptoms received more follow-up calls.

The other half were randomized to usual care, which consisted of a nurse educating them about heart failure before being discharged and, for most patients, one call from the hospital once home.

Investigators grouped patients based on the number of their comorbidities, or how many other diseases and [health conditions](#) they

had in addition to heart failure. The low comorbidity group consisted of people with zero to two comorbidities, the moderate group included people with three to eight comorbidities, and the high comorbidity group consisted of people with nine or more comorbidities.

Patients in the high comorbidity group who were in the intervention group were 25% less likely to die at 30 days and 180 days than patients in the control group. They also stayed out of the hospital a mean of 152 days versus a mean of 133 days for the patients who did not receive the intervention.

Patients in the low and moderate comorbidity groups who received more frequent calls did not have any statistically significant different outcomes than the patients who only received one phone call. Readmission rates were similar for both the intervention and control groups.

"What makes this study unique is our methodology, how we grouped people according to the number of comorbidities they had," Kedan said. "Investigators may consider using a similar approach to identify which patients may benefit the most from heart failure interventions."

Kedan added that the intervention studied is easily scalable because it involves nurses and phones rather than new technology and equipment costs. It is also practical for patients who may otherwise struggle figuring out how to use a [smartphone app](#) or other computer-based program.

The first author of the study is the late Asher Kimchi, MD, clinical chief of Cardiology, vice-clinical chief of the Department of Medicine, and founder and co-medical director of the Preventive and Consultative Heart Center of Excellence at Smidt Heart Institute. Kimchi died on Oct. 7, 2022, at the age of 76. Kimchi spent years studying how to best reduce readmission rates and mortality among people with [heart](#) failure.

Other Cedars-Sinai investigators who worked on the study include Harriet U. Aronow, Ph.D.; James Mirocha, MS; and Jeanne T. Black, Ph.D., MBA.

More information: ASHER KIMCHI et al, Postdischarge Noninvasive Telemonitoring and Nurse Telephone Coaching Improve Outcomes in Heart Failure Patients With High Burden of Comorbidity, *Journal of Cardiac Failure* (2022). [DOI: 10.1016/j.cardfail.2022.11.012](https://doi.org/10.1016/j.cardfail.2022.11.012)

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