Early implementation of home care and 30 day readmissions in >65 years Veneto region patients discharged for heart failure and with disability. [Article in Italian]

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INTRODUCTION: The effectiveness of Home care (HC) on preventing rehospitalizations in patients discharged for heart failure (HF) are uncertain.

AIM: The aim of the study was to measure the impact of HC on early rehospitalizations of patients discharged for HF and with disabilities.

METHODS: Cohort retrospective study on >65 years patients, discharged at home and with a Barthel index <50. Variables considered were: previous hospitalizations for ischaemic cardiopathy ad/or chronic obstructive pulmonary disease, number of hospital admissions in the previous year, length of index hospitalization; outcomes considered were: hospital readmissions and days of hospitalizations 30 days from hospital discharge in patients with or without a home care visit within two days from hospital discharge.

RESULTS: Of the 5.094 patients (60%>85 years), 14.8% received a HC visit within 2 days from discharge (43.7% from a nurse); 18.3% of patients (933) were readmitted within one month. In multivariate analyses an HC access within 2 days did not reduce the risk for readmission (although with better results in younger males but not in older women). An early HC visit reduced the days of hospital stay in males of all ages (65-74 years IRR 0.53 CI 95% 0.37-0.75; 75-84 years IRR 0.71 CI95% 0.60-0.83; 85+ years IRR 0.79 CI 95% 0.67-0.93) while in >75 years females there was a significant increase.

CONCLUSIONS: An early HC visit (within two days from discharge) may have positive effects on males, but not in older women, possibly for the coexistence of socio-economic factors.