

CARDIAC FUNCTION AND HEART FAILURE

REFERRAL TO HOSPICE AND PREDICTED MORTALITY RISK AMONG PATIENTS HOSPITALIZED WITH HEART FAILURE: FINDINGS FROM GWTG-HF

ACC Poster Contributions

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Background: Guidelines recommend hospice care as a treatment option for end-stage (Stage D) heart failure patients. We evaluated hospice utilization by estimated risk of death within 90 days in a contemporary cohort of HF patients.

Methods: We analyzed HF patients ≥ 65 years (n= 58,330) from January 2005 through March 2010 from 214 hospitals in the Get With The Guidelines-HF program. Univariate analysis comparing patients discharged to hospice versus other patients was performed. Using a validated model to predict 90-day mortality risk, mortality risk was assigned to each patient in the cohort. Hospice utilization was evaluated for deciles of estimated mortality risk.

Results: Patients discharged to hospice (n=1,442, 2.47% of patients; 856 to home; 586 to medical facility) were significantly older (median age 84 vs 79, p<0.001), and white (87% vs. 76%, p<0.001). HF patients discharged to hospice presented with lower left ventricular ejection fraction (35% vs 40%, p<0.001), higher BNP (1328 vs. 788, p<0.001) and lower SBP (median SBP 124 vs 138 mmHg, p<0.001) on admission. Less than 9% HF patients in the highest decile of 90 mortality risk (46% predicted mortality) were discharged to hospice.(Figure)

Conclusions: Hospice utilization correlates with predicted 90 day post-discharge mortality risk. However, hospice utilization is low for patients with the highest predicted risk of death within 90 days. Further efforts are needed to improve and better target referral to hospice, when available and appropriate.

Figure 1. Discharge to Hospice by 90-Day Predicted Mortality Risk for Patients ≥ 65 years.

