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News

STS Press Release

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Home Health Care Visits after Heart Surgery Significantly Reduce Risk of Readmission, Death *Improved outcomes result in higher cost savings*

Chicago – Home visits by a cardiac surgery nurse practitioner (NP) following coronary artery bypass grafting (CABG) surgery can dramatically reduce a patient’s risk of hospital readmission and death 30 days after surgery, according to a study in the May 2014 issue of *The Annals of Thoracic Surgery*.

Michael H. Hall, MD, MBA, from North Shore University Hospital in Manhasset, NY, and colleagues implemented a pilot transitional care program, called Follow Your Heart, to evaluate the impact of home visits by hospital cardiac surgery NPs following CABG surgery.

“The goal of the Follow Your Heart program is to provide continuity of care for patients that the cardiac surgery nurse practitioners know from the hospital setting and provide robust medication management, coordinate community services, and be a communications hub for hospital and community providers,” said Dr. Hall.

The study included 401 patients who underwent isolated CABG surgery at a single New York institution from May 1, 2010, to August 31, 2011. Of these patients, 169 were entered in the Follow Your Heart program, and 232 received usual care.

The researchers found that patients receiving usual care were three times more likely to be readmitted or die (one death in usual care group treated as readmission within 30 days for statistical reasons) following surgery than patients receiving NP home visits (11.54% vs. 3.85%, respectively). Previous research has shown that one in five Medicare patients (20%) is readmitted to a hospital within 30 days

Key Points

- Home visits from cardiac surgery nurse practitioners significantly reduced the short-term risk of hospital readmission for coronary artery bypass grafting (CABG) surgery patients.
- CABG patients receiving usual care were three times more likely to be readmitted within 30 days following surgery than patients in Follow Your Heart program.
- Costs of home health care program were much lower than the cost of hospital readmission.

of discharge following CABG surgery, and most of those hospital readmissions are preventable, according to Dr. Hall.

As part of the Follow Your Heart program, patients received two home visits from an NP in the first week to 10 days after discharge, a routine surgeon office visit around 10 to 14 days after discharge, multiple phone calls from the NP, and the assurance that hospital personnel were available around the clock for questions, including an on-call surgeon. Encrypted smart phones were used to send pictures of incisions to surgeons and to email reports to hospital and community providers.

When comparing the costs for the program to the costs of the readmissions averted, the researchers found a substantial savings.

“The nurse practitioners are the key to this program’s success because they provide patients they know from the hospital setting with robust continuity of care they need immediately after hospital discharge, while helping community resources better prepare for the patient handoff,” said Dr. Hall. “We hope to continue our studies with patients with other medical diagnoses, such as heart failure, and determine the most efficient way for excellent, cost-efficient, and sustainable long-term care for these challenging patients.”

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For a copy of the study contact Cassie McNulty at 312-202-5865 or cmcnulty@sts.org.

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 6,700 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society’s mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

The Annals of Thoracic Surgery is the official journal of STS and the Southern Thoracic Surgical Association.