**CONTEMPORARY RETROSPECTIVE REVIEW OF HEART FAILURE READMISSIONS AT AN ACADEMIC MEDICAL CENTER**

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**Background:**Heart failure (HF) has significant morbidity and mortality. Readmission rates at 30-days and 6-months are estimated to be 25% and 50% respectively. Public reporting of readmission rates is required as financial penalties are imposed on hospitals with higher readmission rates.

**Study Design**: The purpose of this retrospective analysis is to determine HF readmissions are preventable. 169 heart failure patients were readmitted to an academic medical Center between 2016 and 2017.

**Methods:**Heart failure readmissions between 01/01/2016 and 12/31/2017 were identified through the hospital HF admissions tracker. Subjects were categorized as: HFrEF (HF with reduced ejection fraction (EF) <40%), HFbEF (HF with borderline EF 40-50%), and HFpEF (HF with preserved EF >50). Risk factors, comorbidities, time to readmission, and cause of readmission were reviewed at the multidisciplinary HF task Force monthly meetings.

**Results**: The average age of our cohort was 77.6. The majority were HFrEF patients (44.9%) compared to HFbEF (12.5%) and HFpEF (42.6%). The prevalence of coronary artery disease was highest in HFrEF (64%) compared to HFbEF (52%) and HFpEF (44%). More men had HFrEF (64%) than HFpEF (38%). The average time to readmissions (12.46 days) and was similar in all three groups. 25.4% were readmitted from home with self-care, 32.6% from home with health services and 42% from long-term and skilled nursing facilities. A Cardiac etiology for readmission was almost two times more frequent in HFrEF (52%) than the other categories. For all patients, infections (20.1%), advanced renal failure (11.4%), and ischemia (11.2%) were the most common causes of readmission. From this cohort, only 20% of readmissions were considered to be preventable for not meeting the American Heart Association Get With The Guidelines core measures during the index hospitalization.

**Conclusion**: The majority of HF readmissions are not due to recurrent HF. One fifth of heart failure readmissions are preventable. Attention is warranted for non-cardiac comorbidities as part of the strategy to prevent HF readmissions.