

The following may be done at a later time :

- ① To add symptoms on table 3
e.g. dyspnea, edema etc
- ② Do combination outcomes for
Survival analysis e.g. Death or
e.g. HF readmission or readmission
or death.

THANK YOU

Survival up to / Cox Regression

Table 4

~~Univariate~~ for 5 years.

	1 year	3 years	5 years
% HR/CI/P.			
Any Cause Readmission			
CV Readmission			
HF Readmission			
No Readmission			

Table 5. Cox Regression

bedlines
+
symp
+
Kee
+
Ale 3.

1 year

3 years

5 years

3 outcomes

- Any Cause
- HF Readmission
- CV Readmission

Table 3 (outcomes) Cox Regression - Survival

Covariates & Demographics	7 days		90 days			1 y			
	HR	CI	p value	HR	CI	p value	HR	CI	p
DM									
COPD									
CKD									
NEHA									
OSA									
HTN									
SC									
AF									
Fib									
HT									
C									

~~Outcome~~ In the following 3 outcomes

In the following 3 outcomes

- ANY CAUSE
- HF READMISSIONS
- Cardiovascular Readmissions

TABLES

table. 1

LEAD	# 1st HF	# discharged alive	# alive without exclusion
			Denominator
total			# Total #

table 2 (incidence)

DAYS	# ANY CAUSE DEATH	Readmission for HF	G READM	ANY READ
7				
30				
90				
180				
Year				



Heart Failure and Cardiomyopathies

PREDICTORS OF READMISSION OR DEATH AMONG PATIENTS WHO WERE DISCHARGED ALIVE WITH A FIRST DIAGNOSIS OF HEART FAILURE IN A STATEWIDE DATABASE

Poster Contributions

Poster Hall, Hall A/B

Sunday, March 11, 2018, 9:45 a.m.-10:30 a.m.

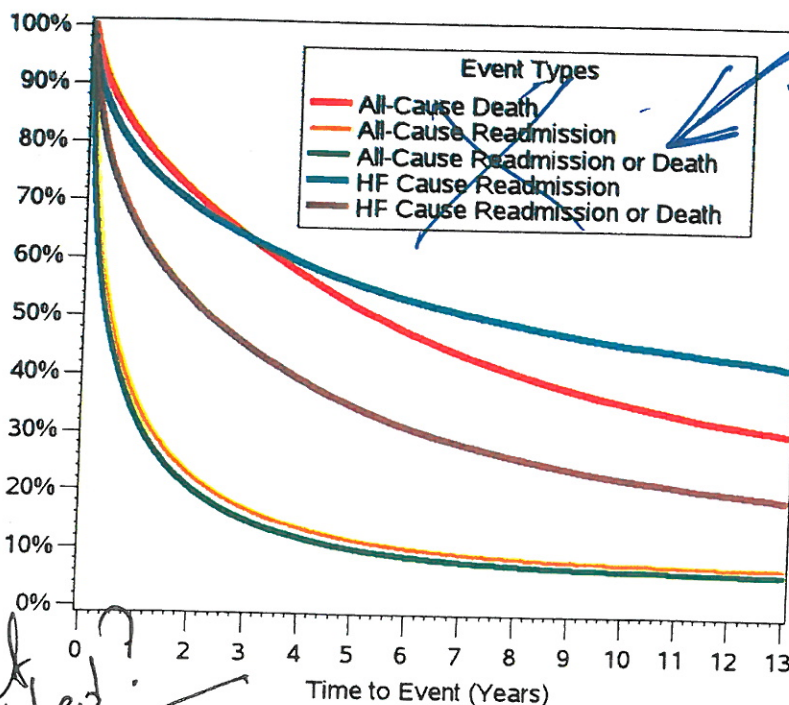
MIDAS

Session Title: Defining Risk, Prognosis and Stratification Tools

Abstract Category: 13. Heart Failure and Cardiomyopathies: Clinical

Presentation Number: 1188-104

Authors: William J. Kostis, Handing Xie, Davit Sargsyan, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, USA

Background: Heart failure (HF) readmissions are common and are associated with high expense and mortality. However, there are scant data on the factors associated with readmission or death pertaining to all patients admitted in a specified geographic area.**Methods:** Using the Myocardial Infarction Data Acquisition System (MIDAS), a statewide longitudinal database of all admissions for cardiovascular disease, we examined the fate of 131,710 patients discharged alive with a first diagnosis of HF. The predictors of readmission for HF, readmission for any cause, and all-cause death (ICD9 428.XX) were examined during a 13-year follow-up period.**Results:** At 13 of years follow-up, 56.7% had been readmitted for heart failure and 35.5% readmitted for causes other than heart failure, resulting in 92.2% being readmitted for any cause. Death occurred in 69.4% of the patients. Cox regression identified male gender, Black race, diabetes, hypertension, coronary heart disease, chronic kidney disease, and chronic obstructive pulmonary disease as important predictors of death ($p < 0.0001$), readmission for any cause ($p < 0.0001$) and readmission for HF ($p < 0.001$). Commercial insurance was associated with better outcomes ($p < 0.0001$).**Conclusion:** Heart failure carries a dire long-term prognosis. Among heart failure patients discharged alive, readmissions for this condition account for 61.5% of the total. Attention to the factors predicting readmission will result in major health benefits.ANY CAUSE
HF R edu
EV R
NO R

those that
 get readmitted
 have long
 term bad
 prognosis

What about
 those that
 didn't get
 readmitted?