

ReDS across the Continuum of Care How to initiate your Heart Failure Program?

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About Moses Cone Hospital

- 517 Bed Teaching Hospital
- Regional Referral Center
- Level II Trauma Center
- Centers of Excellence:
 - Heart and Vascular
 - Cancer Care
 - Emergency Services
 - Neurosciences
 - Bariatric Care
 - Orthopedic Surgery
 - Pulmonary Care
 - Women's Services



About Cone Health



- Not-for-profit network of healthcare providers serving people in 5 counties
- 6 hospitals (1,254 licensed beds)
- 12,000 employees, 1,300 physicians and 1,200 volunteers
- Joint Commission accredited, Magnet designated
- Triad Healthcare Network
 - 11th largest ACO with over 90,000 covered lives
 - 1 of 45 Next Generation ACOs – Rated Top 5 in US for Quality
- Carolinas Health System
 - Management Services Agreement since October 2012



Cone Health Magnet Facilities

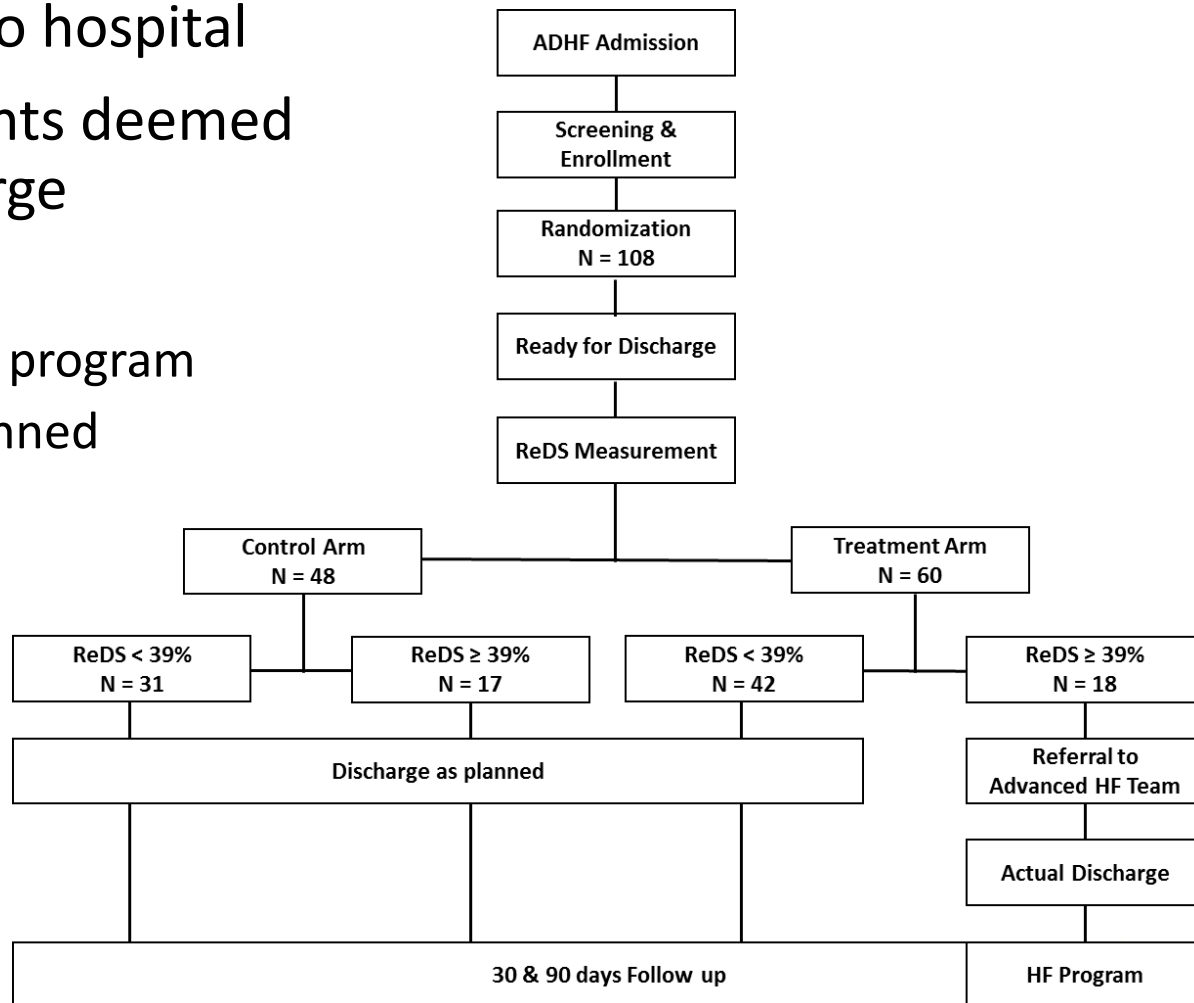
Annie Penn Hospital
Behavioral Health Hospital
Moses Cone Hospital
Wesley Long Hospital
Women's Hospital



Cone Health – BEST Discharge Study

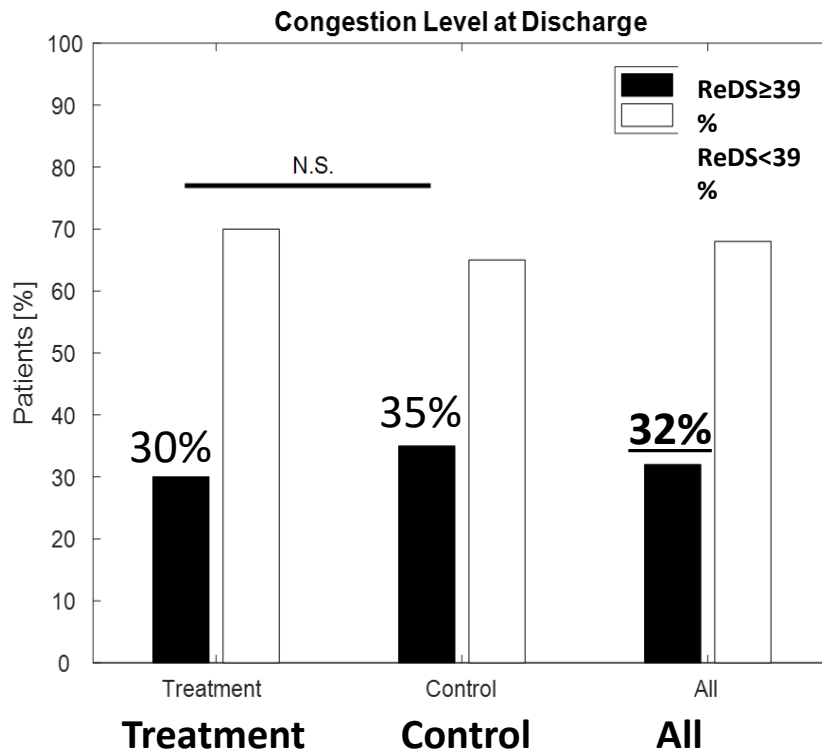


- Randomized Control Trial
- ADHF patients admitted to hospital
- ReDS reading when patients deemed clinically ready for discharge
- ReDS $\geq 39\%$
 - Treatment – referral to HF program
 - Control – discharge as planned
- ReDS $< 39\%$
 - Discharged as planned
 - For both Arms



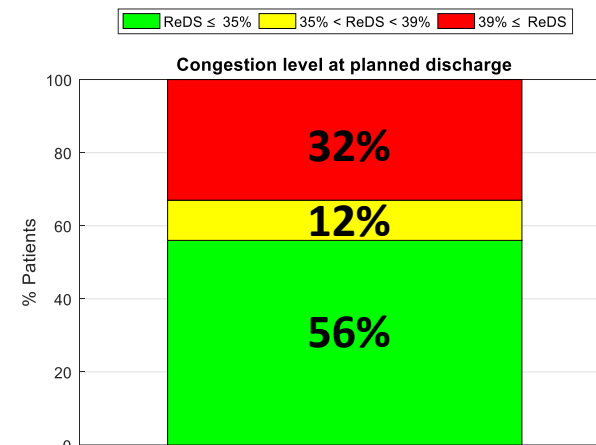
BEST Discharge Study – Results

- **Primary Endpoint** : To determine the percentage of patients deemed clinically ready for discharge, but are still congested



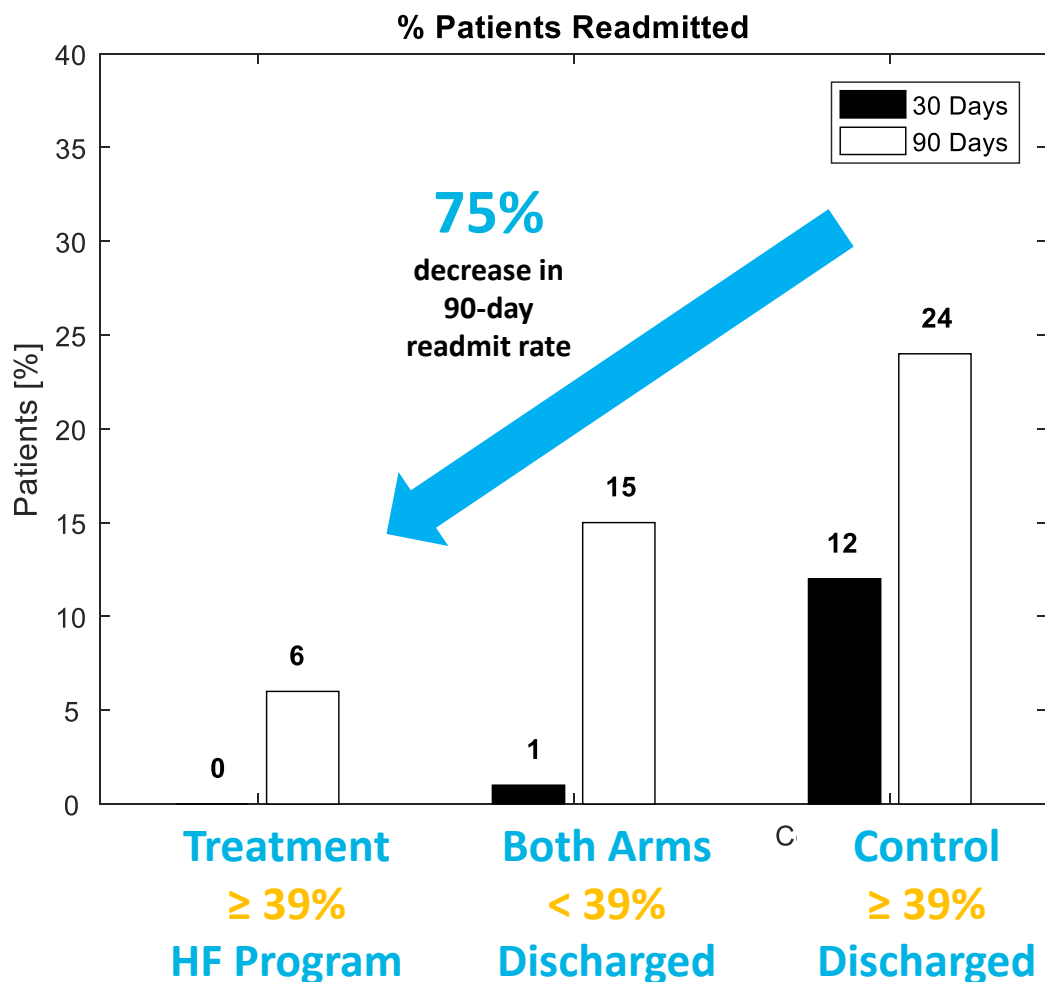
Patients are being discharged congested

- **32%** are discharged with ReDS $\geq 39\%$
- **44%** are discharged with ReDS $> 35\%$



BEST Discharge Study – Results

- **Secondary Endpoint : % Patients Readmitted in 30 days and 90 days**



30 Days

Group	% Patient Readmitted	Events /Patients
Treatment, ReDS $\geq 39\%$ Referred to HF Program	0%	0/18
All, ReDS $< 39\%$ Discharge as planned	1%	1/73
Control, ReDS $\geq 39\%$ Discharged as planned	12%	2/17

90 Days

Group	% Patient Readmitted	Events /Patients
Treatment, ReDS $\geq 39\%$ Referred to HF Program	6%	1/18
All, ReDS $< 39\%$ Discharge as planned	15%	11/73
Control, ReDS $\geq 39\%$ Discharged as planned	24%	4/17

BEST Discharge Study – Results



> Treatment arm intervention

- > Mean additional weight loss – 5.7 lbs
- > Mean additional LOS – 2 days
- > No adverse events
 - > Only 1 episode of transient WRF (creatinine inc > 0.5 g/dl)
- > Mean ReDS decrease – 8 %

> Conclusions

- > ~1/3 of ADHF patients are discharged with significant congestion
- > % of patients readmitted was lower for patients with ReDS < 39%
- > ReDS guided treatment significantly and safely improved pre-discharge decongestion and was associated with decreased readmissions