

## Heart failure patients have better outcomes when treated at larger community or teaching hospitals: study

TORONTO, ON, July 31, 2014 — Heart failure patients who are discharged from small hospitals with a lack of associated specialty care are more likely to be readmitted to hospital, revisit the emergency department, and less likely to receive high quality care after discharge, according to a new study by researchers at Women's College Hospital, the Peter Munk Cardiac Centre, and the Institute for Clinical Evaluative Sciences (ICES).

The study, published today in the *British Medical Journal Quality and Safety*, sheds light on possible factors behind high heart failure readmission and emergency department visit rates in Canadian hospitals, a significant burden on the healthcare system.

"Each year, approximately 100,000 Canadians visit the emergency department for heart failure," said Dr. Sacha Bhatia, lead author of the study and a cardiologist at Women's College Hospital. "While many studies have focused on heart failure readmission rates, the novel aspect of our study was the examination of system factors that may contribute to high readmission rates and what can be done to improve a patient's quality of care."

In the study, the researchers analyzed data from more than 89,000 patients who visited an emergency department in Ontario between April 1, 2004 and March 2010. The researchers found heart failure patients, treated at smaller hospitals with the lowest rates of admission for these types of patients, were more likely to:

- Return to the emergency department for care
- Be hospitalized for heart failure within 30 days
- Be hospitalized for cardiovascular disease within 30 days
- Have inadequate post-discharge follow-up from cardiac specialists with or without family doctors.

"The study tells us that hospital characteristics explain some of the differences in varying admission rates and outcomes for patients with heart failure" explained Dr. Douglas Lee, senior author and scientist at ICES. "Higher rates of repeat hospital visits and admissions occurred more often with smaller hospital size, where there is reduced access to specialist care both in the hospital and the community."

More immediate access to rapid cardiovascular care after emergency department discharge along with improved guidelines for physicians are critical to help patients manage their condition and reduce hospital visits, he added.

“Doctors need improved tools to help better identify low and high risk patients so they can determine if they need to be in hospital or can recover at home,” Dr. Bhatia noted. “This will help reduce variations in admission rates across the province and improve treatment options and outcomes for patients.”

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**Women’s College Hospital** ([www.womenscollegehospital.ca](http://www.womenscollegehospital.ca)) is advancing the health of women and improving healthcare options for all by delivering innovative models of ambulatory care. Fully affiliated with the University of Toronto, the hospital is Canada’s leading academic, ambulatory hospital and a world leader in women’s health. With more than 800 physicians, nurses and health professionals, the hospital offers a range of specialized clinics and programs that are bridging the gaps in the health system. Women’s College Hospital is helping to keep people out of hospital by being at the forefront of cutting-edge research, diagnosis and treatment that will help prevent illness and enable patients to manage their health conditions. This healthcare enables Canadians to live healthier, more independent lives. At the Women’s College Research Institute, scientists combine science and patient care to develop innovative solutions to today’s greatest health challenges.

*ICES is an independent, non-profit organization that uses population-based health information to produce knowledge on a broad range of health care issues. Our unbiased evidence provides measures of health system performance, a clearer understanding of the shifting health care needs of Ontarians, and a stimulus for discussion of practical solutions to optimize scarce resources. ICES knowledge is highly regarded in Canada and abroad, and is widely used by government, hospitals, planners, and practitioners to make decisions about care delivery and to develop policy.*

“Outcomes in patients with heart failure treated in hospitals with varying admission rates: population-based cohort study,” was published today in the *British Medical Journal of Quality and Safety*.

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