Nurse-lead ambulatory follow-up of patients with heart failure compared to physician-guided management - experience of a single academic center

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Background: The follow-up of patients with chronic heart failure by a nurse in an outpatient clinic showed to be as effective as physician management for clinical and prognostic improvement of patients with chronic heart failure (CHF). The role of nurses is important and would improve the general condition of patients.

Aim: To determine the effect of nurse-lead ambulatory follow-up of patients with heart failure – when compared with physician-guided management of patients with CHF.

Participants and methods: Overall, 72 patients with HF were included in a structured ambulatory program after hospital discharge following the OptimizeHF Care Program protocol, with the active participation of a nurse in it. The patients were divided into two groups – group A – mostly managed by a trained nurse, and group B – predominantly led by a cardiologist with the help of the nurse. Advice on diet and physical activity for all patients was provided by the nurse according to an established protocol and in accordance with current recommendations for non-pharmacology behavior in heart failure at the beginning of follow-up and at each visit. We use self-reported readiness of patients to comply with dietary and physical activity guidelines to measure adherence to the program at the end of the follow-up period.

Results: The patients in group A (21) were insignificantly more often females, with slightly higher ejection fraction, and a little bit older than group B (61). After a 6-month follow-up, 61 finished the program. There was no significant difference in the outcomes – death or hospitalizations, between the groups. In group A, the improvement in the NT-pro BNP levels was more pronounced – 94.7% vs 74.4% in group B (p=0.024). Numerically, nurse-lead patients had more often improvement in their functional capacity with 1 NYHA class – 95% vs 84% (p=0.23). Both groups had similar improvement in the 6-minute walking test and there was no difference in hemodynamic measurements and laboratory tests.

The majority of the patients followed the advice for diet and physical activity – 81.7%. There was no significant difference in this indicator between the group managed by the nurse and that by the physician. The same similarity was recorded in the drug therapy at the end of the follow-up.

Conclusions: Our results confirm that the nurse-lead program for ambulatory management of patients with CHF is effective and safe compared to physician management and can be applied in various health systems. This will increase the importance of the health care professionals in the HF team.