

Multidisciplinary care improves the completeness of discharge prescriptions for heart failure patients, reducing mortality rates.

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Background

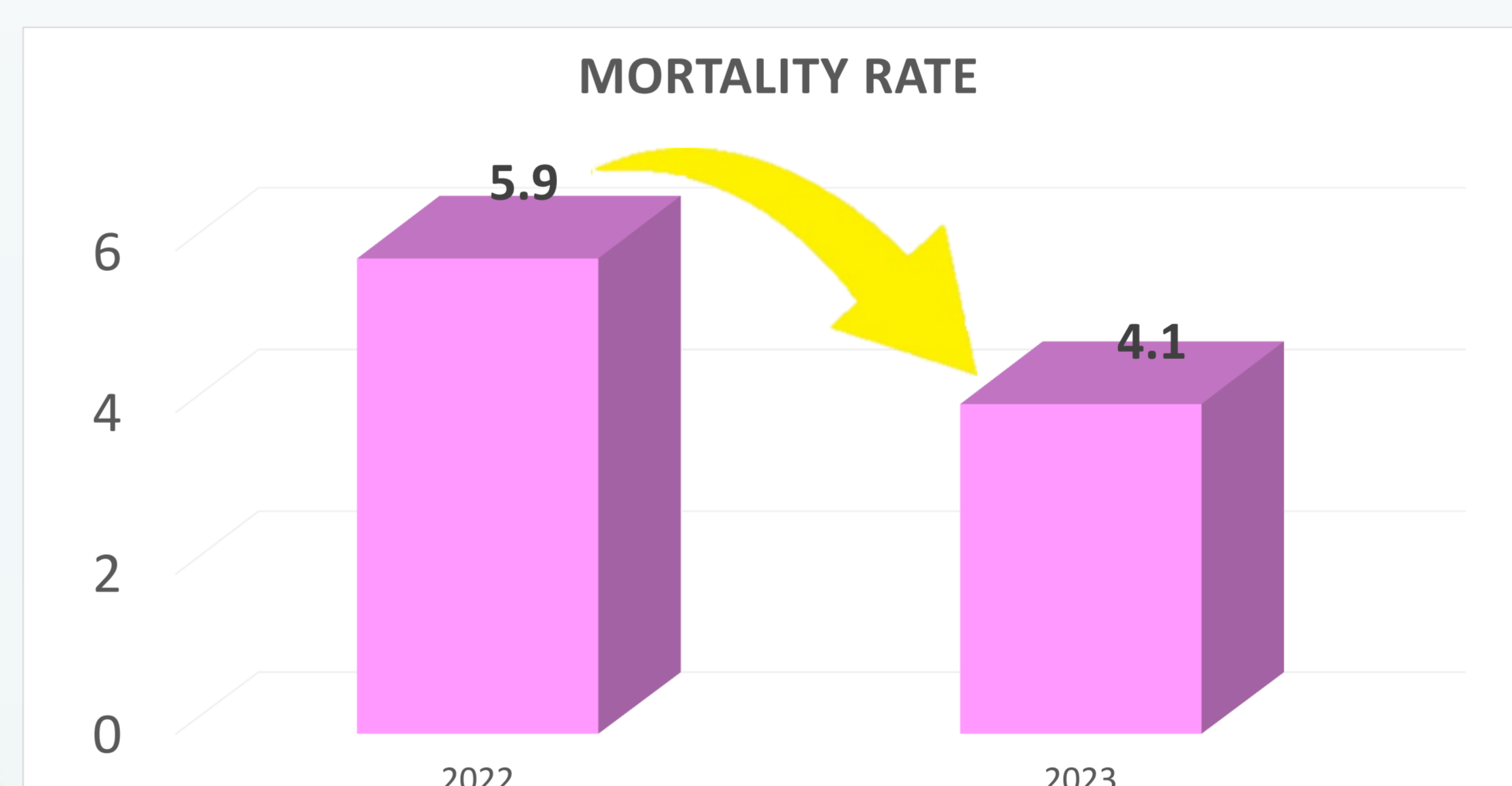
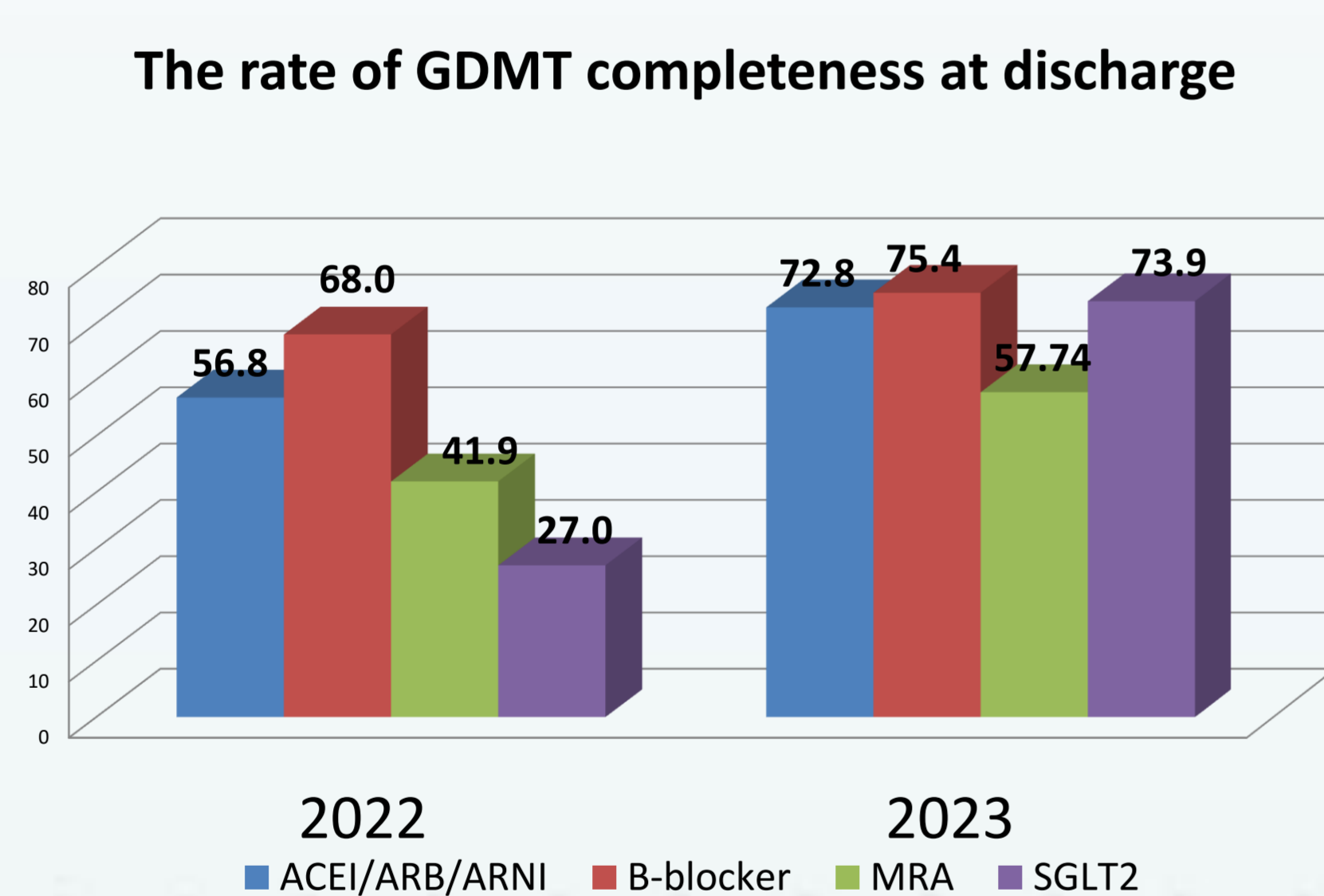
The guidelines of the European Society of Cardiology and American Heart Associations state that, Four major guideline-directed medication therapies(GDMT), Can reduce the mortality rate of patients with heart failure with reduced ejection fraction (HFrEF). We aim to improve the completeness of discharge medication prescriptions through interdisciplinary care coordination, with the ultimate goal of reducing mortality rate

Methods

Based on the guidelines of the European and American Heart Associations, healthcare education should be conducted as follows: a dedicated case manager, pharmacist, and physician collaboratively develop a medication therapy plan. The pharmacist provides one-on-one bedside education. After discharge, the dedicated case manager conducts telephone follow-ups to monitor medication adherence, and monthly audits are conducted to assess the completeness of medication prescriptions and identify physicians who have not issued necessary prescriptions. The results are then reviewed and discussed in meetings for further improvement.



Results



Conclusions

Research indicates that for effectiveness, both doctors and patients need to adhere to medication regimens. Recognizing physicians with high prescription rates during meetings serves as peer models to inspire others. Through cross-team collaboration, discussion, and adjustments, increasing the completeness of prescribing GDMT (Guideline-Directed Medical Therapy) further reduces patient mortality rates and fosters positive morale among colleagues.

Keywords Heart failure, treatment guidelines, medication safety.

Poster Session P2.2: Improving care of people with multiple health problems and comorbidity I