Background

Beta-blockers may be held during acute heart failure with reduced ejection fraction (HFrEF) hospitalizations. We assessed the utility of discharge forms in ensuring the re-initiation of beta-blockers prior to discharge at a VA Medical Center.

Methods

We added a mandatory checkbox to the discharge face sheet. A free type box was made available to document cause reason(s) for not prescribing beta-blocker therapy prior to discharge. We compared rates of prescription of beta-blockers 3 months before and 3 months after institution-wide implementation. Patients that left against medical advice, that died during the hospitalization, and those who were discharged to hospice were excluded from the analysis.

Results

Examination of baseline pre-intervention data in patients with HFrEF indicated that an average of 93% (n=40 of 43) of patients received beta-blocker prescriptions at discharge. Following the implementation of the mandatory discharge electronic face sheet, the prescription for beta-blockers was 95% (n=20 of 21).

Discussion

User-friendly checkboxes merged with discharge summaries for HF allowed for easy standardized documentation of data collected and captured exclusion criteria concerning patient or medical reasons for forgoing treatment, saving the time previously required to manually sort through non-standardized patient records. However, a significant increase in beta-blocker prescriptions at discharge was not noted.