



Potential gaps in congestive heart failure management in a rural hospital.

<https://arctichealth.org/en/permalink/ahliterature173480>

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Source: Can J Rural Med. 2005;10(3):155-61

Date: 2005

Language: English

Publication Type: Article

Keywords: Adult
Aged
Aged, 80 and over
Female
Health Care Surveys
Health Services Accessibility - standards - statistics & numerical data
Heart Failure - drug therapy - epidemiology - therapy
Hospitals, Community - standards - statistics & numerical data
Hospitals, Rural - standards - statistics & numerical data
Humans
Middle Aged
Ontario - epidemiology
Patient Care Planning - standards - statistics & numerical data
Retrospective Studies
Rural Health
Rural Health Services - standards - statistics & numerical data
Rural Population - statistics & numerical data

Abstract: Congestive heart failure (CHF) is increasingly recognized as an important cause of morbidity and mortality. Previous studies in urban settings have shown that patients frequently are not receiving recommended therapy. There is a paucity of studies that have evaluated CHF management in a rural setting. We therefore reviewed hospital and outpatient care in this setting as an initial step toward improving CHF care.

A retrospective chart review was used to examine the care of all 34 patients hospitalized for CHF from 2000-2001 in a small rural hospital, to assess the need for improved CHF management.

The median age of the patients was 78 yr, and a number of them had many co-morbid cardiovascular risks. Similar to other studies, only 23% of patients were prescribed recommended doses of angiotensin-converting enzyme (ACE) inhibitors. Use of beta-blockers was far below expected rates. Although there was follow-up care for nearly all patients (97%), few patients had echocardiography performed (38%) or had their medications altered in the outpatient setting.

There is a need for improved management of CHF in the rural setting. Approaches to improving CHF care should use the continuity of care advantage provided by primary care physicians to optimize outpatient medical treatment regimens and improve access to diagnostic services such as echocardiography.

PubMed ID: 16079031 [View in PubMed](#) 