LBS 9 EMBARGOED Media Briefing 7:30-8:30 am CT, Tuesday, Nov. 17, 2020.

[LBS 9 Briefing Speakers](https://newsroom.heart.org/_gallery/get_file/?file_id=5facb9862cfac2160eb376f5&file_ext=.docx&page_id=) (doc) (Updated 11/16/2020)

Nancy Albert – MyRoad

Again this trial is MyRoad stands for my recorded on- demand audio discharge instructions. The recorded instructions are in the form of a card. Authors had no disclosures. What author was the inventor however she was those not involved in the conduct of the research. I was a Principal Investigator and also create of the messages used within the card at the research trial was funded by Cleveland Clinic and American Greetings collaborated with us to design and produce the MyRoad instructions card. We all know heart failure is a complex condition. When patients are in the hospital doctors, nurses, Care Managers and other healthcare professionals meet with patient and their family members to discuss the plan of c are. The messages are given by different team members may be inconsistent and patient and family members members important content or be confused by what they here. On the day of discharge patients are distracted as they tried to leave the hospital. [Indiscernible] patients received may seem overwhelming. Family members who can help with recall may not be present or may also be overwhelmed taking the patient home and remembering home going instructions. Our hypotheses without adult hospitalized with heart failure who used a recorded audio discharge instruction card would have a decrease in all- cause and heart failure hospitalization, all-cause in heart failure Emergency Department visits, all-cause in Heart Failure death, and we studied each of these outcomes at 30 days, 45 days, 90 days and 180 days after discharge. We used a randomized controlled trial designed and patients were included from four hospitals in Northeast Ohio. Patients were recruited while in the hospital. One-half of patients received usual care that included Usual care assessment, medications, medical management, nursing care and other treatment. The other have received the Usual care that I just described. In addition they received the MyRoad card. This center picture you see the pics the outside of the card. The lower picture shows on the inside of the card. When the card is opened three hundred fifty-second audio message automatically begins to play letting the person know that the [Indiscernible] will cover important information regarding heart failure care. The lower-right picture shows the heart with the four buttons on it, and the top right triangle part of the card with the card is [Indiscernible] is removed. Rectangular park has a magnet within it so the card can be attached to a metal service. For example the refrigerator. There is space super base --to provide the provider space a phone number. The four buttons within the heart provide 35 to forty- second messages on activity, diet, medications and self- monitoring. When in the hospital patients were randomized to receive the card. The research nurse opened the card and let the initial messages play. The nurse also press the activity by 10. Finally the research nurse encouraged patient to press all of the buttons multiple times and to share with family and other caregivers after discharge. Here you can see the analysis plan. Baseline data was collected when patients were in the hospital and all patients received a telephone call at 45 days after discharge. Medical Records and telephone calls were used to obtain data at 90 days and at six months. Here is our results. We had 997 patients who were included in analysis. 491 in the Usual care group, and 506 were in the Usual care plus MyRoad card well. [Indiscernible] community patients with heart failure. Mean age of entire sample was 72.5 years, 42% we're female, 24% were African American, and over one-half of the participants had highest education level of high school graduate or less than graduate. Renal disease was the only characteristic that differed between groups with the Usual care group having a higher rate than the MyRoad group. After we tested for renal disease the MyRoad group had 27% lower odds of all-cause 30- day, and at 29% lower odds of all-cause 45-day emergency department visits, compared to Usual care p articipants. The MyRoad group also had 42% lower odds of all-cause death and a 48% lower odds of Heart Failure death at 90 dares the beard to Usual care participants. There are no differences between groups in all-cause were health as Heart Failure re- hospitalizations. But when we looked at all three events together as a composite endpoint that is all-cause rehospitalization, emergency department visits or death, the worst 25% lower odds of the composite endpoint at 30 days, and a 30% lower odds of the composite endpoint at 45 days in the MyRoad group compared to the Usual care group. In summary, consistent actionable messages related to heart failure self-care can be replayed, and also when they are replayed they can be shared with family members, and this combination may help patients adjust to the transition from hospital to home. It lead to improvement in some clinical outcomes, especially all-cause Emergency Department visits that 30 and 45 days after discharge, all-cause Heart Failure death at 90 days after hospital discharge, and the composite outcomes of all- cause rehospitalization, emergency department visits or death at 30 and 45 days after discharge. In the United States heart failure is our number one reason for hospitalization among adults. Our national all-cause Re- hospitalization Rate is over 20%, and about 90% of patients are treated in an emergency department for worsening heart failure are hospitals eyes. The information in this card helped our patients to understand self-care expectations and ultimately decrease bed rates, which is good for patients living with heart failure and also it's good for the healthcare systems. Thank you.