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“Association Between Follow-Up Scheduling at Discharge and 30-Day Readmission Among Heart Failure Patients Discharged to Skilled Nursing Facilities”

Background: Heart failure (HF) is a major cause of 30-day hospital readmission. Patients discharged to skilled nursing facilities (SNFs) or long-term acute care (LTAC) facilities may face higher risk, yet most evidence on early post-discharge follow-up comes from patients discharged home. In this study, we examined whether follow-up scheduling and attendance were associated with readmission among HF patients discharged to SNF or LTAC.

Objective: To evaluate the association between outpatient follow-up and 30-day all-cause readmission among adults hospitalized with HF and discharged to SNF or LTAC.

Methods: We conducted a single-center retrospective cohort study of adults hospitalized with HF at Our Lady of the Lake Regional Medical Center and discharged to SNF or LTAC between January 2024 and January 2026. Follow-up at discharge was categorized as cardiology, primary care, both, or neither. A separate variable combined scheduling and attendance status. The primary outcome was 30-day all-cause readmission. Unadjusted odds ratios (ORs) and 95% confidence intervals (CIs) were estimated using logistic regression.

Results: Among 212 patients, the median age was 80 years, 44% were female, and 86% had Medicare. Overall, 135 patients (63.7%) were readmitted within 30 days. Follow-up was scheduled for 31% of patients: 13% with cardiology, 17% with primary care, and 1.5% with both. Cardiology follow-up scheduling was associated with lower odds of readmission (OR 0.42, 95% CI 0.21–0.87; $p = 0.02$), whereas primary care follow-up alone was not (OR 1.88, 95% CI 0.76–5.35; $p = 0.20$). Patients who attended follow-up had lower odds of readmission (OR 0.30, 95% CI 0.11–0.80; $p = 0.02$). Those who both had an appointment scheduled and attended also had lower odds (OR 0.41, 95% CI 0.20–0.84; $p = 0.01$), while scheduling without attendance was not associated with reduced readmission (OR 1.33, 95% CI 0.59–3.25; $p = 0.50$). **Among patients with scheduled follow-up, 54.8% attended, compared with 2.9% of those without a scheduled appointment.** Acute-on-chronic HF and prior CHF history were also associated with readmission.

Conclusions: Among HF patients discharged to SNF or LTAC, cardiology follow-up scheduling and completed follow-up were associated with lower odds of 30-day readmission. Scheduling alone was not associated with improvement. This suggests that discharge planning should consider the patient's ability to complete their follow-up.