

# Does remote health care affect mortality in patients with chronic heart failure

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**KEYWORDS:** heart failure, mortality, time of arrival, distance.

**CITATION:** *Cardiol Croat.* 2022;17(9-10):194. | <https://doi.org/10.15836/ccar2022.194>

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**Introduction:** The purpose of this study was to determine whether the geographical distance and/or the time required to arrive from the place of residence of a patient with heart failure (HF) to the place of secondary health care, along with other variables including age, gender, body mass index (BMI) affects mortality.

**Patients and Methods:** The trial was designed as a prospective study in which 275 selected subjects with HF were monitored within 5 years from 2013 to 2018 with the determination of mortality at the end of the follow-up. All subjects' residence and contact phone numbers were recorded during hospitalization. The geographical distance of the residence and the time needed to arrive at University Hospital Centre Osijek (KBCO) were determined using the Google Maps application with the criterion of selecting the fastest arrival route.

**Results:** Distance from KBCO was observed as a possible predictor of mortality. Lower BMI, older age and shorter time to arrival in KBCO proved to be significant predictors of five-year mortality.

**Conclusion:** We can conclude that the basic hypothesis, in which it is assumed that respondents who have a greater geographical distance have a higher five-year mortality, after applying additional statistical analyzes (Cox's proportional hazard regression with the Enter method) seems to be correct. Additional research is needed, as arrival time is probably more important than distance itself. Although the two are strongly positively correlated (longer journey, longer time). The assumption is that with a better organization of health care mortality can be reduced in this way.<sup>1-3</sup> Proposed modalities include translocation of patients with heart failure to places that are closer to the source of secondary health care such as retirement homes and inpatients with the aim of reducing mortality.

**RECEIVED:**  
October 18, 2022

**ACCEPTED:**  
November 10, 2022



## LITERATURE

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