


Response to “A Nurse-Led Model of Care with Telemonitoring to Manage Patients with Heart Failure in Primary Health Care: A Mixed-Method Feasibility Study” [Letter]

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Dear editor

The article, titled “A Nurse-Led Model of Care with Telemonitoring to Manage Patients with Heart Failure in Primary Health Care: A Mixed-Method Feasibility Study”, effectively explores a nurse-led care model for stable heart failure (HF) patients, incorporating telemonitoring and digital interventions.¹ The mixed-method approach enhances the study, providing a nuanced understanding of participants’ experiences and self-care outcomes. However, notable limitations exist, particularly in participant recruitment, with only 19% meeting inclusion criteria. While the study acknowledges recruitment challenges and suggests GP involvement, a more in-depth discussion on potential biases introduced by different screening strategies is needed, considering the critical implications for heart failure complications. The small sample size and lack of a control group limit the study’s ability to definitively assess the efficacy of the care model, especially in preventing complications associated with HF. Moreover, the autonomous completion of the Self-Care of Heart Failure Index raises concerns about potential biases in participant responses, which could impact the evaluation of interventions aimed at reducing complications.² To address these issues, future studies should refine recruitment strategies, consider additional data sources, and explore interventions to enhance elderly patients’ tech self-efficacy.³ Methodological improvements, including a larger sample size and a control group, are essential for robust findings related to both self-care outcomes and the prevention of HF complications.⁴ Despite these limitations, the study offers valuable insights into nurse-led care models, and with refinements, it holds promise for a comprehensive understanding of their effectiveness in primary health care settings, specifically in mitigating complications associated with heart failure.

Disclosure

The authors report no conflicts of interest in this communication.

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