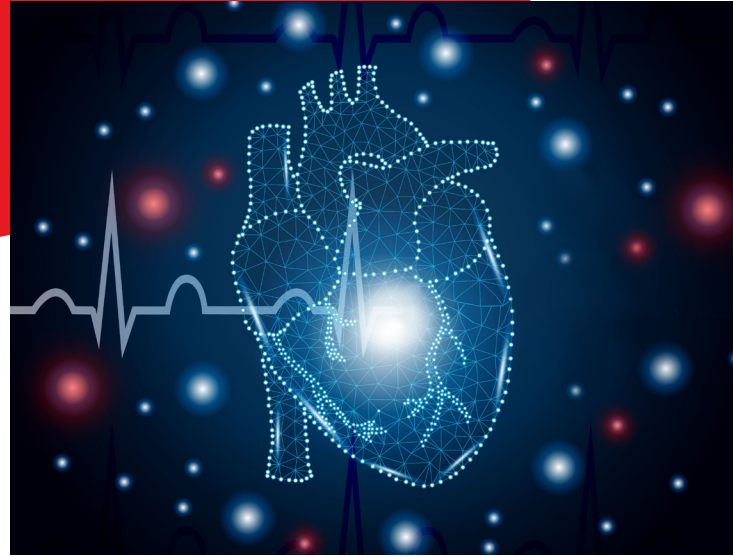


# The Facts

## Failure to Function

A review of the care received by patients who died in hospital following an admission with acute heart failure



### ACUTE HEART FAILURE (AHF)

- AHF can be a new diagnosis or a worsening of chronic heart failure and is the most common reason for an emergency admission in those over 65
- Access to cardiology specialists is important

### STUDY SAMPLE

- 4,768 patients were identified during 2016
- 464 sets of case notes were reviewed and 603 questionnaires were completed by clinicians
- 72% of the patients included were at least moderately frail
- 78% of patients had a prior diagnosis of heart failure

### EMERGENCY CARE

- 88% of acute hospitals had a specialist inpatient HF service
- 96% of acute hospitals provided outpatient services for HF patients
- 97% of hospitals had on-site echocardiography and 57% of hospitals had an on-demand service for outpatient HF clinics
- 52% of hospitals had a rapid access HF clinic available
- 67% of hospitals had a guideline or protocol for AHF
- 98% of hospitals provided a palliative care service for HF patients

### SPECIALIST REVIEW

- 33% of patients were reviewed by a specialist heart failure team
- 49% of patients were reviewed by a cardiology doctor during their admission
- 67% of patients had treatment changes following a cardiology review
- 24% of patients received care that had room for improvement in specialist input. This related to cardiology input either being delayed, not occurring at all or being by too junior a member of the team

### INVESTIGATIONS, INTERVENTION AND ESCALATION

- Natriuretic peptides were measured infrequently in both newly diagnosed patients (18%) and patients with an established HF diagnosis (6%)
- Echocardiography was done in 44% of newly diagnosed patients and in 22% of patients already known to have HF
- The reviewers considered that important investigations were omitted in 34% of patients
- The reviewers considered that treatments or interventions were omitted in 22% of patients
- The reviewers identified 15% of patients where an escalation in care was indicated but did not occur
- In 67% of patients the escalation decision was made more than 24 hours before the patient died
- 17% of the cases reviewed did not have the decision to escalate made or confirmed by a consultant

# TO IMPROVE THE QUALITY OF CARE FOR PATIENTS WITH HEART FAILURE

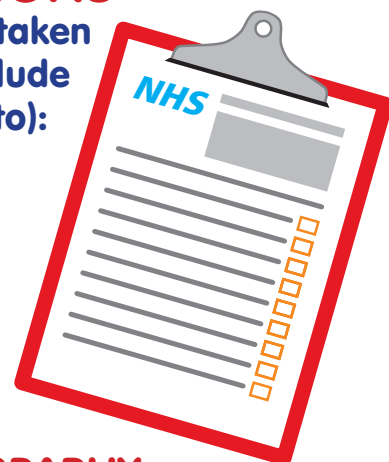


**ACCESS** to heart failure specialists and a multidisciplinary team is required



**ESCALATE** treatment following a discussion with the patient and family after assessing the goals and benefits of escalation with the heart specialists and multidisciplinary team

**INVESTIGATIONS** should be undertaken promptly and include (but not limited to):



**ECHOCARDIOGRAPHY**



for accurate diagnosis and assessment of progress

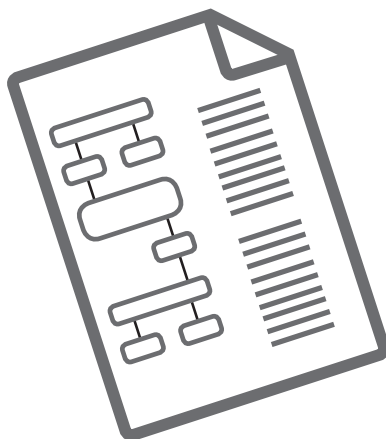
**AND**



**SERUM NATRIURETIC PEPTIDE MEASUREMENT**



**DISCUSS** palliative care needs early on to ensure plans are known and understood, so that the needs of the patient are met



**FOLLOW A GUIDELINE**

for all clinical management of acute heart failure. This should be available in every hospital