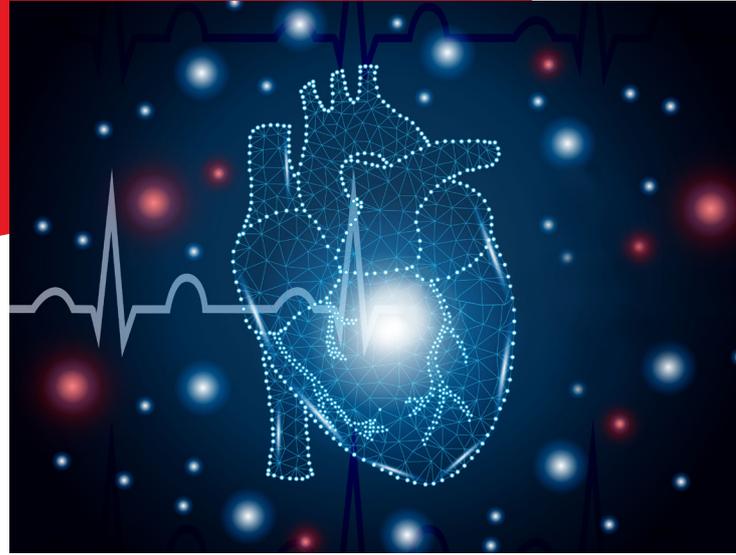


The Facts



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



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

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



ECHOCARDIOGRAPHY



for accurate diagnosis and assessment of progress

AND



SERUM NATRIURETIC PEPTIDE MEASUREMENT

FOLLOW A GUIDELINE

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

