



# Failure to Function

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

## Summary

It is already known that access to a heart failure specialist improves access to investigations, uptake of heart failure treatment and mortality rates. This study has reinforced the value of specialist input: after detailed review, care was rated as good in 53.8% of cases where the patient had been reviewed by a specialist but in only 12.4% of those who were not. Only 33% of patients were reviewed by a specialist heart failure team during the inpatient episode. Better access to heart failure specialists is clearly needed.

There was also room for improvement the investigation of these patients. Despite guidelines recommending the use of serum natriuretic peptide measurements, and their wide availability in hospitals, they have not been accepted in clinical practice. Abnormal natriuretic peptide levels can highlight the need for echocardiography. Only 17 of the 95 patients with a new diagnosis of acute heart failure had this blood test done.

Echocardiography is an essential part of the assessment of patients with acute heart failure. It is needed to make an accurate diagnosis, to assess prognosis and to guide specific treatment.

Over half (55.8%) of the newly diagnosed patients did not have this key investigation done.

For patients with advanced heart failure, palliative care teams can help with assessment and control of symptoms while providing support for patients and their families. A quarter (25.4%) of these patients were referred to or discussed with the palliative care team. There were an additional 121 patients where the reviewers stated that discussion would have been appropriate.

To deliver the standard of care that these patients deserve, all hospitals need a heart failure multidisciplinary team that includes membership from all professional groups that care for these patients. Local guidelines should include standards for specialist review, investigation and treatment and the performance of services should be assessed against these standards. In advanced heart failure, proactive discussion about treatment escalation and early involvement of palliative care services will also help to improve the experience of patients and their families. There are plenty of resources available to guide the care of acute heart failure but faster and accurate diagnosis and action is required.



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# Principal recommendations

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A guideline for the clinical management of acute heart failure should be available in all hospitals.

These guidelines should include standards for:

- The location of care - which should be on a specialist unit
- Arrangements for heart failure service review within 24 hours
- Initial investigations required to diagnose acute heart failure, including a standard protocol for the use of:
  - o BNP/NTproBNP testing
  - o Echocardiography
- Immediate treatments (medications guidance for treatment prior to specialist review)

Hospitals should audit against these standards annually. *(Medical Directors, Directors of Nursing, Clinical Directors)*

This recommendation supports NICE guideline CG187

This recommendation refers to the specialist heart failure/ cardiology team review - see also RECOMMENDATION 2 p.82 regarding all acute admissions and consultant review within 14 hours of admission.

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All heart failure patients should have access to a heart failure multidisciplinary team. Core membership of this team should include:

- A clinician with a sub-speciality interest in heart failure
- A specialist heart failure nurse
- A healthcare professional with expertise in specialist prescribing for heart failure
- The primary care team
- A specialist in palliative care

Other services such as cardiac rehabilitation, physiotherapy, occupational therapy, clinical psychology, elderly care, dietetics and clerical support should be involved as needed.

*(Commissioners, Medical Directors, Directors of Nursing and Clinical Directors)*

This recommendation supports the draft NICE guidelines for chronic heart failure management outlining the core membership with the addition of palliative care to the core group

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Serum natriuretic peptide measurement should be included in the first set of blood tests in all patients with acute breathlessness and who may have new acute heart failure. It is central to the assessment of these patients to guide further investigation.

*(All Clinicians)*

This recommendation supports NICE guideline CG187 rec 1.2.2

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An echocardiogram should be performed for all patients with suspected acute heart failure as early as possible after presentation to hospital, and within a maximum of 48 hours as it is the key to diagnosis, risk stratification and specialist management of acute heart failure. *(All Clinicians, Lead Physiologists and Medical Directors)*

This recommendation supports NICE guideline CG187 rec 1.2.4

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For all patients with heart failure, best practice in escalation decision making includes:

- Assessment of the goals and benefits of treatment escalation
- Inclusion of the patient (and their family where possible)
- Involvement of the cardiology or heart failure consultant
- Agreement among members of the multidisciplinary team
- Communication of the decision with healthcare professionals across the whole care pathway

For patients with advanced heart failure, pre-emptive discussion in the outpatient setting of treatments that would not be beneficial, along with consideration of palliative care needs, can prevent unnecessary admissions and should be encouraged.

Escalation decisions should be reviewed at the time of all admissions with acute heart failure. *(Heart Failure Teams/ Consultant Cardiologists)*

See also: Treatment and care towards the end of life: good practice in decision making (GMC 2010)

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