



## Acute Heart Failure Study – Info for Local Reporters

### Introduction

Heart failure (HF) is one of the most common long-term conditions. There have been major advances in the last 10 years in the treatment of chronic heart failure both in terms of medical therapies (ACE inhibitors, beta blockers, MRAs, ivabradine), device therapy and models of care that have resulted in a >50% improvement in survival. However, acute heart failure management has remained unchanged for over 25 years and lacks the established pathways of care that have led to better outcomes in stroke and myocardial infarction. Most episodes of decompensated heart failure are triggered by acute conditions such as infection, fast AF and acute coronary syndrome and many are potentially treatable.

In the UK, heart failure currently accounts for 5% of all emergency hospital admissions and utilises 2% of all NHS hospital bed days (BSH 2015). The National Heart failure Audit has shown better heart failure medication prescription and better survival for those patients treated in Cardiology and this survival benefit persists to 1 year post discharge. Access to cardiology is age and sex dependent, with males and younger patients more likely to be treated on a cardiology ward (BSH 2015).

The National Heart Failure Audit shows that care delivered in a specialist cardiology ward is associated with a 40% reduction in mortality, but the proportion of patients transferred to cardiology is highly variable and no direct admission pathways or specialist management units exist.

The majority of heart failure deaths in the first 48 hours are due to pulmonary oedema but <5% are admitted to a High Dependency Units despite exceeding required Level 2 criteria.

**Primary aim:** To identify and explore avoidable and remediable factors in the process of care for patients admitted to hospital with acute heart failure.

### Objectives

The following areas will help address the primary aim of the study

- Prompt recognition and diagnosis of heart failure and rapid initiation heart failure pathway



- Appropriate documentation and management heart failure
- Prompt senior review and follow-up throughout admission
- Escalation of care decisions and planning including admission to critical care
- Assessing multidisciplinary team approach
- Assessing adequate communications with patient, families and carers
- Examining the management of the 'acute' end of life pathway and ceilings of treatment including appropriateness of interventions
- Equity of access for mechanical support / transplant centre and escalation decisions
- Organisational aspects of care delivery for heart failure patients on acute, general or cardiology wards to include aspects of staff training

### **Sites**

All hospitals in England, Scotland, Wales, Northern Ireland and public hospitals in the Isle of Man, Jersey and Guernsey that treat patients with acute HF.

### **Data collection**

#### ***Patient identifier spreadsheet***

**All adult patients (aged 16 and older) that were admitted as an emergency between 1st January 2016 and 31st December 2016 inclusive and died in hospital with a primary diagnosis of Heart Failure.**

The spreadsheet will collect data on a number of fields, many of which are **key** to the study. Please try and complete all fields requested on the spreadsheet, any problems then please contact our office.

A sample of ~ 1000 patients (with a maximum of 5 patients per hospital) will then be selected for questionnaire dissemination and peer review.

#### ***Clinician questionnaire – To be disseminated in April/May 2017***

A clinician questionnaire regarding the inpatient episode will be sent to the consultant responsible for the patient at the time of their death.



***Case note extracts for peer review***

Photocopied case note extracts will be requested for each patient included in the study sample.

***Organisational questionnaire – To be disseminated in April/May 2017***

Information regarding facilities, equipment, policies and guidelines relevant to the management of patients with acute HF will be collected.

We would be grateful if you could return the completed **password protected patient identifier spreadsheet to our nhs.net account; [ncepod@nhs.net](mailto:ncepod@nhs.net) by Friday 14th April 2017** but if you require more time, please contact the office. **Please then phone the office with the password to open the spreadsheet.**

Further information about the study can be found on our website

<http://www.ncepod.org.uk/hf.html> or please contact the office on 020 7251 9060 or by email [heart@ncepod.org.uk](mailto:heart@ncepod.org.uk)