

JOINT EVENT ON  
24<sup>TH</sup> WORLD CARDIOLOGY CONFERENCE  
and  
25<sup>TH</sup> ANNUAL CARDIOLOGISTS CONFERENCE  
September 17-18, 2018 Hong Kong

**To what extent is the management of adults presenting with acute heart failure meeting the quality standards as outlined in NICE QS103 and CG187?**

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**Background & Aim:** Acute heart failure is a major cause of mortality and long-term morbidity in the UK and across the globe. The in-hospital mortality rate for those admitted with acute heart failure in the UK is approximately 10%, with more than one-third of those discharged dying in the following year. The quality and timeliness of investigations and management in the acute phase following admission to secondary care is shown to impact on re-admission rates and longer-term levels of morbidity. This audit aims to compare the performance of a secondary care centre managing a case-load of 600 acute heart failure admissions per annum against the quality standards as outlined within NICE guidance (CG187 and QS103).

**Methods:** The clinical records of 120 patients presenting with new-onset acute heart failure to a semi-urban hospital in 2017 were quality assessed against seven clinical standards (NICE CG187 and QS103).

**Results:** The headline results from this audit are that 72.2% of patients receive a measurement of BNP upon admission, of which 66.2% of these were within 24 hours. 45.6% of patients received an echocardiogram within 48 hours; however, 15.6% did not receive an echo during the acute admission. 33.2% of patients were on a beta-blocker prior to admission, which improved to 91.9% upon discharge, with 86.8% of patients being stable on the newly commenced medication prior to discharge. 53.3% and 72.2% of patients were discharged on an aldosterone antagonist and ACE inhibitor respectively following discharge.

**Conclusion:** Whilst these results represent a good performance in comparison to the expert consensus guidance, there is clearly room for improvement. The main focus of which should be around increasing the availability of inpatient echocardiograms for these high-risk patients, in addition to being more proactive in prescribing prognostically beneficial medications in the acute phase.

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