

Heart Failure Pathway

Anurup Kumar*

East Sussex Healthcare NHS Trust, East Bourne, United Kingdom
ABSTARCT

Introduction: Heart failure is a complex clinical syndrome that affects the efficiency of the heart as a pump. The cause for heart failure may be structural or functional. There are approximately 920,000 people in the UK on an average who are suffering from either acute or chronic heart failure. Epidemiologically, the incidence and prevalence of heart failure has been increasing as a result of age and obesity. There are several causes for heart failure which include:

Coronary heart disease–Atherosclerosis is the name denoted to the process whereby the arteries in the body get clogged with fatty material thus precipitating either angina or Myocardial infarction. High blood pressure–High blood pressure causes strain to be excessively placed on the heart thus precipitating heart failure

Cardiomyopathy–conditions affecting the heart muscle causing it to stretch and resulting in excessive strain. Heart rhythm problems (arrhythmias), such as atrial fibrillation, atrial flutter, ventricular ectopics

Damage or other problems with the heart valves including aortic/mitral valve stenosis and/or regurgitation. Congenital heart disease – birth defects that affect the normal workings of the heart.

However, heart failure can also present with atypical symptoms, such as a persistent cough, a fast heart rate and dizziness.

Occasionally anemia, alcohol excess, hyperthyroidism or pulmonary hypertension) can also lead to heart failure. Clinically, heart failure presents as:

Dyspnea at rest or exertion

Fatigue and reduced exercise tolerance

Swollen ankles and legs.

Keywords: Coronary artery disease; Heart failure; Anemia; Hypertension; Cardiomyopathy

BACKGROUND

The clinical spectrum of heart failure complexity compounded by the multiple comorbidities of geriatric patients brings with it new challenges for treating clinicians. Over 80% of all heart failure patients are 65 years and older. The diagnosis and management of heart failure in older adults can be challenging [1-4]. However, with the correct clinical skill and experience, most geriatric heart failure patients can be properly diagnosed and managed. It is a clinical diagnosis that can be made at bedside and the established evidence-based therapy for heart failure can be easily implemented by general physicians. The diagnosis and management of heart failure in the elderly can be complicated by multiple co-morbidities and poly pharmacy.

At the point of admission in any given hospital at any given time in any part of the world, heart failure patients are presently randomly scattered between different wards, especially geriatric patients [5,6]. It has also been observed that appropriate diagnostic and management plans for these patients are not laid down from the time of admission in Accident and Emergency to their respective wards. There is also a time delay observed between their initial presentation with possible heart failure and the assessment by the heart failure teams [7,8]. It is believed that during this time gap, initial steps that would be advised by the heart failure teams could be put into practice by the attending ward teams. This will enable the heart failure teams to advice with more evidence at their disposal. There is presently no universal model/pathway that has been identified to achieve integration of care among geriatric heart failure patients. By framing a pathway along established guidelines, it will enable a step-by-step approach to establishing the diagnosis, etiology and initial management of heart failure in geriatric patients before being reviewed by the heart failure teams [9]. This will improve patient experience and their safety in lesser time than what is being practiced presently. This will also enable care coordination. Additionally, this will result in cost savings due to system efficiencies such as reduction in hospital admissions and hospital referrals (Figure 1).

Correspondence to: Anurup Kumar, East Sussex Healthcare NHS Trust, East Bourne, United Kingdom, E-mail: anurup.kumar@nhs.net

Received: July 29, 2020; **Accepted:** August 14, 2020; **Published:** August 21, 2020

Citation: Kumar A (2020) Heart Failure Pathway. J Clin Exp Cardiol.11:667 DOI: 10.35248/2155-9880.20.11.667.

Copyright: ©2020 Kumar A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

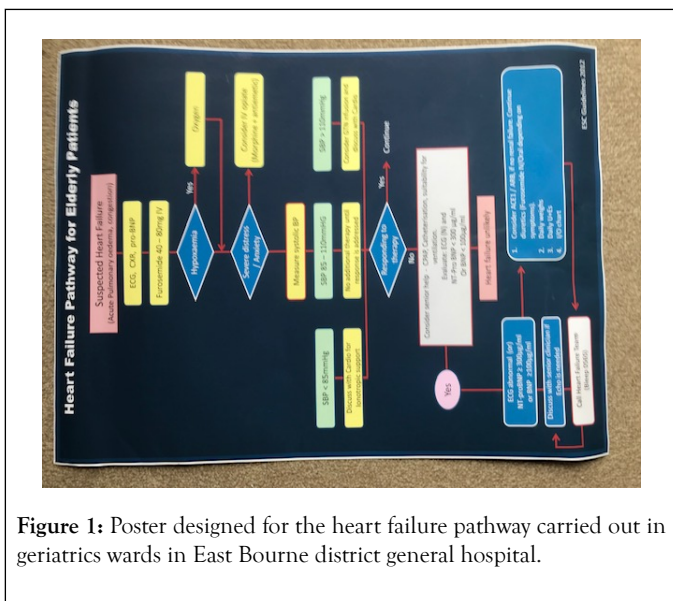


Figure 1: Poster designed for the heart failure pathway carried out in geriatrics wards in East Bourne district general hospital.

METHODOLOGY

With this aim in mind, a heart failure pathway project was initiated on a small scale in EastBourne District General Hospital H, UK in the form of a poster which were put up in all the 3 Geriatric Wards. The attending teams were given a short presentation regarding the same. Feedbacks were collected 2 months post the introduction to all the doctors in the three wards in order to ensure that the pathway was being followed and to assess the outcomes. Feedbacks were received from all the doctors in the 3 wards. 100% responded that it is better to have a comprehensive heart failure care pathway for geriatric patients. 100% respondents believed that the heart failure pathway provided clarity when investigating/treating a patient and also that it should be established as a guideline across the hospital. Doctors across these 3 wards were also asked what steps they thought should be included in the heart failure pathway for

geriatric patients. The data was collected from 1st November 2019 until 20th January 2020. The major problems identified were that it was initially difficult for all the attending teams to integrate the pathway in the management of heart failure and the Heart Failure teams were being called in frequently. A strategy for sustained improvement is being put in place whereby the Heart Failure pathway should be established as a common pathway across the Hospital and all attending teams should be made aware of it.

DISCUSSION AND CONCLUSION

The lessons learnt during this project was that the time delay observed between a patient’s initial presentation with possible heart failure and the assessment by the heart failure teams be minimized and the Heart Failure Pathway for Geriatric patients might be a step forward towards doing this. It can be concluded that the Heart Failure pathway should be established as a common pathway across the Hospital and all attending teams should be made aware of it. If implemented, it would provide a uniform guideline for the management of heart failure in elderly patients across the hospital. It would also save time and provide better treatment for the elderly patients with heart failure.

REFERENCES

1. A standardised heart failure pathway that reflects clinical guidelines. ESC Guidelines for Heart Failure. 2019.
2. Heart Statistics. 2019.
3. National heart failure audit. 2019 summary report. 2019.
4. Comorbidities-Heart Failure. 2019.
5. Staff B J C. Acute Heart Failure. NICE. Quality Standard. 2015; 23:9.
6. Heart Failure: Causes, Symptoms, Types, and Stages. 2018.
7. Heart Failure. BUPA. 2015.
8. Heart Failure. Symptoms and Causes. 2017.
9. Chronic Heart Failure. 2019.