

*To be completed by audit’s Clinical Lead (or other appropriate person in audit team). Content should be factual, objective and evidence based. No anecdotal statements or opinion should be included.*

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| **Report Key Messages** |
| **Audit:** National Heart Failure Audit |
| **Report Name:** National Heart Failure Audit April 2015-March 2016 |
| **Date of Publication:** 13th July 2017 |
| **Key message 1:** | The mortality of patients hospitalised with heart failure is significantly lower than in the reported audit cycle at 8.9% compared to 9.6% in the preceding 12 months, even though this audit is more comprehensive. |
| **Key message 2:** | The prescription of key disease-modifying medicines for patients with heart failure and a reduced left ventricular ejection fraction (HF-REF) continues to increase, as compared with previous audit cycles. These treatments are both life-saving and inexpensive. However, there is considerable scope to increase the prescription of these key drugs since only 53% of the patients on the cardiology wards are prescribed all three evidence based medicines, and elsewhere the rates are lower at 33%. Involvement of the specialist HF team achieves prescribing rates of 47%, irrespective of ward whereas inpatients with HF-REF who do not see anyone from the specialist team the rates are very low at 22%. |
| **Key message 3:** | The number of patients seen by HF specialists remains high at 80% this year. In particular, HF nurses saw more HF patients admitted onto general medical wards (33%) than last year (24%). This is important as specialist care improves mortality. |
| **Key message 4:** | The lowest all-cause mortality rates of 6.6% are found in the HF patients admitted to the cardiology wards. This compares with 9.7% for those people with HF cared for on general medical wards. This mortality figure can be reduced to 7.8% if these patients are seen by the specialist HF team, but rises to 12.6% if the specialist HF team is not involved in the care of this vulnerable group. |
| **Key message 5:** | The impact of good inpatient care on people admitted to hospital with heart failure is reflected in inpatient all-cause mortality but continues to have a marked influence on subsequent wellbeing and mortality for years to come. It is essential that there is more widespread access to specialist HF care for people admitted to hospital with HF and this should be a key message for those commissioning, delivering or seeking heart failure care. |
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| 1. **Word summary or abstract of the report:**
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| The Heart Failure (HF) audit covers 82% of primary HF admissions in England and 77% in Wales. Use of key diagnostics is high: 90% having echocardiography. The prescription of key disease-modifying medicines for reduced left ventricular ejection fraction (HF-REF) has continued to increase. The number of patients seen by HF specialists remains high at 80%. The mortality of patients hospitalised with heart failure is significantly lower this year at 8.9% compared to 9.6% last year. Mortality rates in hospital and post discharge are independently associated with admission to a cardiology ward, cardiology follow up and the use of key disease-modifying medicines for HF-REF. |