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The problem

In the UK, heart failure accounts for:

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4,5

Changes are needed to improve the current quality of care for patients with heart failure and to expand and meet growing demand.

There is evidence that heart failure care, including diuretics and prognostic medication optimisation, can safely be delivered in a daycase, rather than inpatient, setting for ambulatory patients?

Newcastle Hospitals serve a population of over 3 million, with 200,000 acute admissions and 1.25 million outpatient attendances annually.

On-site consultantled cardiology care is provided at the Royal Victoria Infirmary daily on the cardiology wards and acute medical admissions unit, and through referral from other specialities.

Patients with heart failure would usually be admitted to the cardiology ward, or referred to a cardiologist if required, where a patient was admitted elsewhere. Following discharge, followup could be arranged through a wellestablished team of community heart failure specialist nurses.

A new model of care

In April 2021, an ambulatory heart failure unit opened, and two newly appointed heart failure specialist nurses started.

Patients with heart failure can access the unit for daily clinical review, intravenous diuretics, EMCr 12 02997pet3.7548 8inA cardiology ward, and accept direct referrals from other specialties, and liaise with the community teams. They are supported by the existing experienced heart failure cardiologist, who is supporting their development as independent prescribers.

References

- 1. British Heart Foundation. An integrated approach to managing heart failure in the community. 2015.
- National Institute for Cardiovascular Outcomes Research. National Heart Failure Audit: 2020 summary report. 2020.
- 3. Conrad N, Judge A, Tran J, et al. Temporal trends and patterns in heart failure incidence: a populati**ba**sed study of 4 million individuals. Lancet. 2018;391(10120):57**2**80.
- 4. Nuffield Trust. Quality watch: Hospital bed occupancy. 2021.
- 5. National Institute for Health and Care Excellence. Bed occupancy

Evaluation & quality assurance

- The demographic and clinical characteristics of users will be prospectively collected.
- Survey data on patient satisfaction, and outcome data including 3day readmission and mortality rates will be collected.
- The average length of stay will be compared, excluding the COV¹Ŋ period of widescale service disruption.