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Variation in the Management of Heart Failure across Medical and Cardiology Wards: A Retrospective Cross-Sectional Single Site Study**Fahmida Mannan***National Institute for Health Research (NIHR) Academic Clinical Fellow (ACF), Manchester, UK*

Background: The National Heart Failure Audit (2017–2018) revealed that patients admitted to medical wards have a higher mortality rate from acute heart failure due to reduced adherence to national management guidelines.

Aim: The aim of this audit was to assess the management of acute heart failure in both medical and cardiology wards against national guidance (National Institute for Health and Care Excellence; NICE QS103) to determine standards of care in each setting.

Methods: Patients with a coded diagnosis of 'acute heart failure' who were admitted to either a medical or cardiology ward were randomly selected between January 2019 and December 2019 at a large central teaching hospital in Manchester, England. Retrospective data extraction was performed on their online records, the results of which were subsequently compared against the NICE QS103 guidelines.

Results: Overall 714 patients were identified with a coded diagnosis of 'Acute Heart Failure'. Of these, 221 patients were admitted under cardiology and the remaining under general medicine. A random sample of 100 patients admitted under medicine and 100 patients admitted under cardiology was obtained. The average age of patients admitted under cardiology and medicine was 76.7 ± 6.1 and 74.3 ± 5.9 respectively. The male to female ratio were similar in both groups.

The use of evidence-based therapy was significantly higher in patients admitted to a cardiology ward compared to a medical ward across five of the six quality statements issued by NICE ($p < 0.05$). Inpatient mortality was significantly greater in patients admitted under medicine compared to cardiology (9% v 2%, $p < 0.05$). Patients admitted under medicine had a higher incidence of a subsidiary diagnosis, for example, 'community acquired pneumonia' (64% vs 3%, $p < 0.05$) and had multiple co-morbidities.

Conclusion : The above results suggest a sub-optimal adherence to certain areas of the NICE QS103 guidelines for the management of acute heart failure on medical wards compared to cardiology wards. The higher inpatient mortality of medical patients could in part be explained by a higher proportion of these patients with co-morbidities, subsidiary diagnoses, as well as the lower utilisation of evidence-based therapies. Further studies are required to determine the level of risk each co-morbidity potentially contributes, alongside the development of local guidance to advocate the use of evidence based therapy .

Biography

Dr. Fahmida Mannan (MBBS BSc MRCP) is currently a National Institute for Health Research (NIHR) Academic Clinical Fellow (ACF) in Manchester, in the UK. She graduated with MBBS BSc (Hons) from Imperial College London and is currently undertaking a Master's of Research degree (MRes) at the University of Manchester alongside her full-time clinical role in Internal Medicine and Cardiology.

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