

BACKGROUND

Heart Failure (HF) is a complex clinical syndrome with symptoms and signs that result from any structural or functional impairment of ventricular filling or ejection of blood⁽¹⁾. There are multiple causes of HF both cardiac and non-cardiac. Leading causes include ischaemic Heart Disease, Hypertension, Cardiomyopathy, Valvular disease, Viral illness, infiltrative disease, cardiotoxins including alcohol and chemotherapy, Diabetes and cardio-renal syndrome. HF carries a significant mortality, and is found to be as malignant as some of the major cancers⁽²⁾.

BURDEN OF HEART FAILURE

1 in 4 are readmitted < 1 month following HF hospitalisation⁽⁴⁾, with an average length of stay of **10.8 days**⁽⁵⁾.

Heart failure (HF) costs Ireland approximately **€660m** per year – of which €158m is a direct healthcare cost to the State, equivalent to 1.2% of the total health budget.⁴



Some **90,000** people live with HF in Ireland², and **10,000** people are newly diagnosed with HF per year.³ Economic and social participation is severely restricted for most people living with HF.

1 in 5 people can expect to develop HF in their lifetimes.¹

PREVALENCE

HF is a chronic illness which is estimated to affect 2% of the population, rising to 10% in the over 70's⁽³⁾. It is an increasingly prevalent condition given the ageing population, rising trends in Obesity and Diabetes, and also due to improvements in medical therapies leading to patients living longer with chronic illness.



HF is a leading cause of hospitalisations, including high admission and re-admission rates in Ireland. HF related admissions accounted for circa 4% all of inpatient admissions, about 7% of all inpatient bed day and; circa 5% of all emergency/acute admissions.⁽⁵⁾

THE ROLE OF SPECIALIST NURSING TEAM ACROSS THE TRAJECTORY OF HEART FAILURE CARE



2022 OUTREACH SERVICE

Staffing: 1 ANP working under supervision of UHG HF Consultant

Locations: Merlin Park Clinic, Tuam PCC

Referrals: Jan -Dec 2022, 105 referrals, 274 review visits

Referral sources: Cardiology OPD 7.7%, UHG Discharge 23.1%

Prescriptions: 275 issued in 2022

Readmission rate 7.6%* (for those who engaged with service)

* Average HF annual readmission rate: 38%⁽⁶⁾

2022 Testimonials

Patients
"Considerably better than any previous experience"
"better understanding of my condition & a feeling that everything possible is being done"
GPs
"excellent service, should be replicated across the HSE"
"easier access for the patient- proximity of clinic"
"more time for complex patients"

2023 DEVELOPMENTS

Staffing: 1 additional ANP, New Integrated Cardiovascular hub team recruited to date:
• Consultant Cardiologist
• 2 Cardiovascular CNS
• 1 Acute Liaison Cardiovascular CNS

Locations: Newcastle clinic established, Clifden & Tullyballinahown by mid 2023

TARGETS/KPIS

OUTPATIENT REVIEW POST DISCHARGE < 7-14 DAYS

RIGHT CARE, RIGHT PLACE, RIGHT TIME

↓ READMISSION RATE FURTHER

TIMELY OPTIMISATION OF HF MEDICATIONS IN LINE WITH INTERNATIONAL GUIDELINES

2023 DATA SO FAR...

Referral sources Feb-April 2023: Cardiology OPD 6.9%, GP 4.9%, UHG Discharge 44.1%

Jan-April 2023: 102 referrals

HF OPD: 44.1%

91% Referred for ANP/CNS follow up on discharge instead of Hospital HF OPD

REFERENCE LIST

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