

BACKGROUND

In the UK, over 1 million people have heart failure with approximately 200,000 new diagnoses of heart failure annually. HF puts significant pressure on the NHS accounting for 2% of the total NHS budget, 1 million bed days per year and 2% of all NHS hospitalised bed-days.

We set out to provide care for patients in Leicester, Leicestershire and Rutland (LLR), led by University Hospitals of Leicester (UHL) heart failure team providing clinical oversight for closer monitoring and support for patients through a Heart Failure Virtual Ward (HFVW) to allow patients to get the care they need at home safely and conveniently

AIMS & OBJECTIVES

Primary aim:

To provide an alternative to hospital admission and to support individualised patient care for exacerbation of HF

AIMS & OBJECTIVES

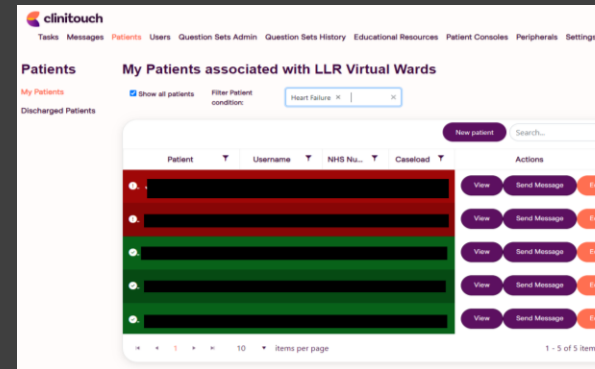
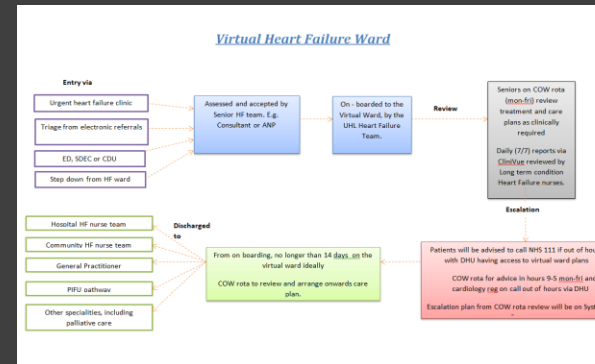
Secondary objectives:

- Reduction in inpatient bed days, supporting increased capacity at UHL and cost savings as part of this.
- Enhanced monitoring, assessment and intervention for decompensated heart failure patients who would otherwise be in an acute inpatient bed therefore improving patient satisfaction.
- Rapid up-titration of HF therapies at home.

MATERIALS & METHODS

Eligible patients identified from urgent heart failure clinic, acute admissions areas (Clinical Decisions Unit/Same Day Emergency Care) and wards who fulfil pre-set inclusion criteria for admission:

- Main diagnosis at assessment is heart failure,
- Would otherwise be using an acute inpatient bed
- Heart failure must be confirmed by gold standard diagnostic investigation
- Care plan devised and monitored by senior heart failure specialist responsible for patient.



RESULTS/SERVICE IMPROVEMENT

From 06/09/2023 to the 21/12/2023 we admitted 50 patients. Table 1 details the patient demographics, outcomes at 6 months and estimated cost savings.

In total 137 patients have now been admitted to the VW as of 8/5/2024. Informal feedback from patients and staff has been very positive, with the challenges outlined below.

	n=50
Male, n(%)	36 (64)
Mean age, yrs (Min, Max)	76 (43,96)
Heart Failure with reduced EF, %	68
Mean length of stay, days	12.3
Total number of bed days saved	615
Projected cost of inpatient stay	£212,175
Outcome at discharge:	
Optimally treated, n (%)	45 (90)
HF Admission, n (%)	4 (8)
Palliated, n (%)	1 (2)
Interim analysis May 2024	
HF Readmission, n (%)	7 (14)
Death (Non HF)	10 (20)

NEXT STEPS

- Obtain patient satisfaction data from being on the HFVW;
- Comprehensive health economic analysis;
- Introduction of intravenous diuretics through the HFVW.

CONCLUSIONS

Successful and sustainable but challenging initiative to provide remote monitoring, video consultations, holistic support and follow-up for patients who would normally require admission to hospital with a clinical diagnosis of exacerbation of heart failure. It has shown significant savings in bed days and a further expansion of subcutaneous or intravenous diuretic therapy will allow this initiative to be even more far-reaching.

REFERENCES

- British Heart Foundation (BHF) UK Factsheet January 2024. <https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf>
- Chronic Heart Failure in adults: Diagnosis and management. NICE Guideline [NG106]. 2018