

Appendix 3 Kaplan-Meier Mortality Analyses 2020-21

Quality of in-patient care is also associated with improved longer-term mortality.

In multivariable analyses adjusted for age, not being admitted to a cardiology ward (HR 1.75, $p < 0.001$) continues to be an independent predictor of worse survival when other common markers of disease severity are included in the model (see Cox Proportional Hazards Table in Appendix x for in-hospital mortality and Appendix x for 30-day mortality).

The mortality rate at one year was 33% of people discharged alive following admission with HF [Figure 1]. As in previous years, mortality at 1 year was lower for patients admitted to cardiology wards at 26% [Figure 2]. Similarly, mortality at 1 year of follow-up was lower for those having cardiology follow-up at 24% [Figure 3] and for those seen by HF nurses (29% compared with 36% for no nurse follow-up) [Figure 4]. Referral to cardiac rehabilitation is also associated with a better outcome at one year, 22% compared to 33% for those not referred for rehabilitation [Figure 5]. This presumably reflects a selection bias for those being offered rehabilitation.

Figure 1: Kaplan Meier plot of all-cause mortality following discharge from hospital, 2020/21

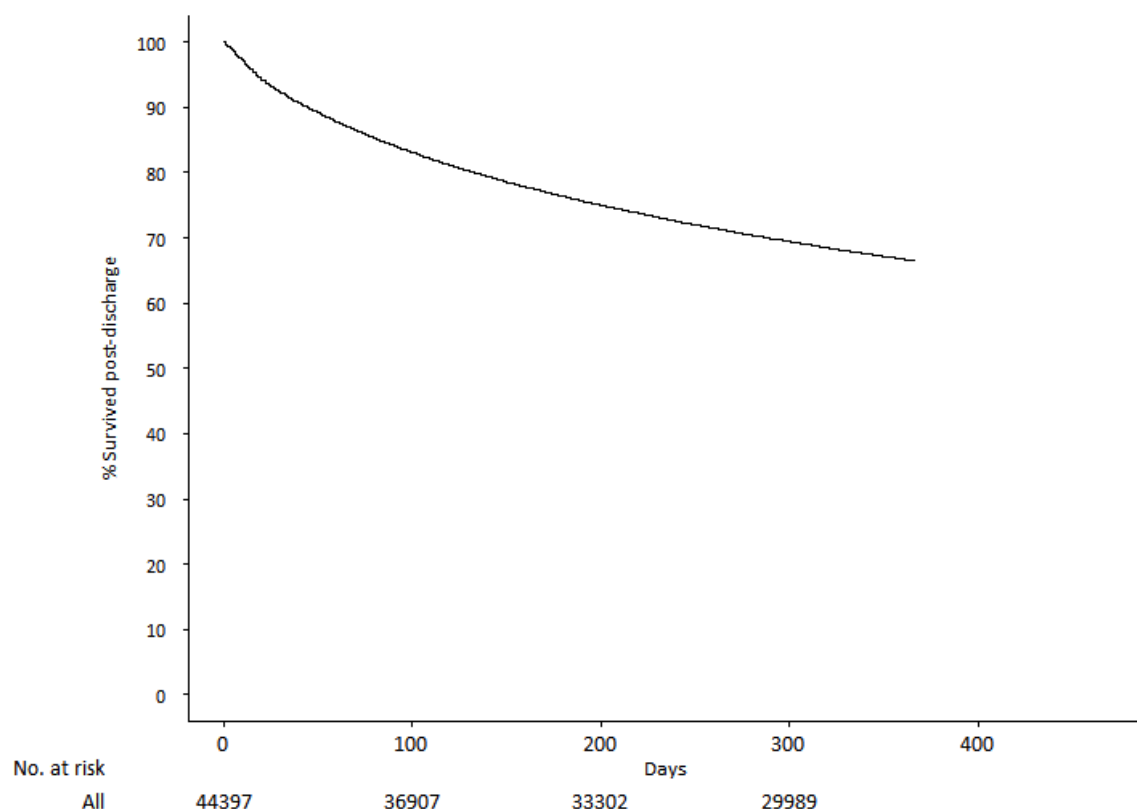


Figure 2: Kaplan Meier plot of all-cause mortality following discharge from hospital according to place of care during the admission, 2020/21

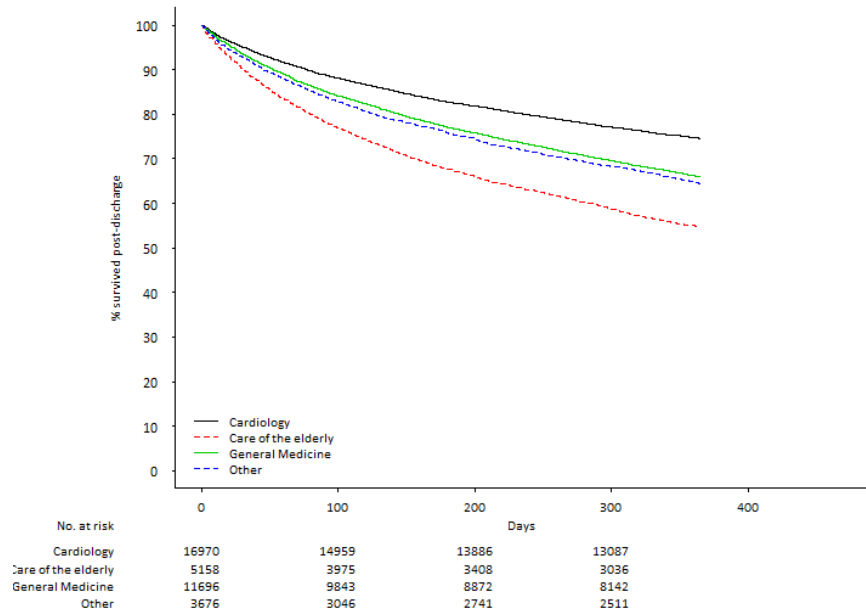


Figure 3: One-year mortality according to cardiology follow-up, 2020/21

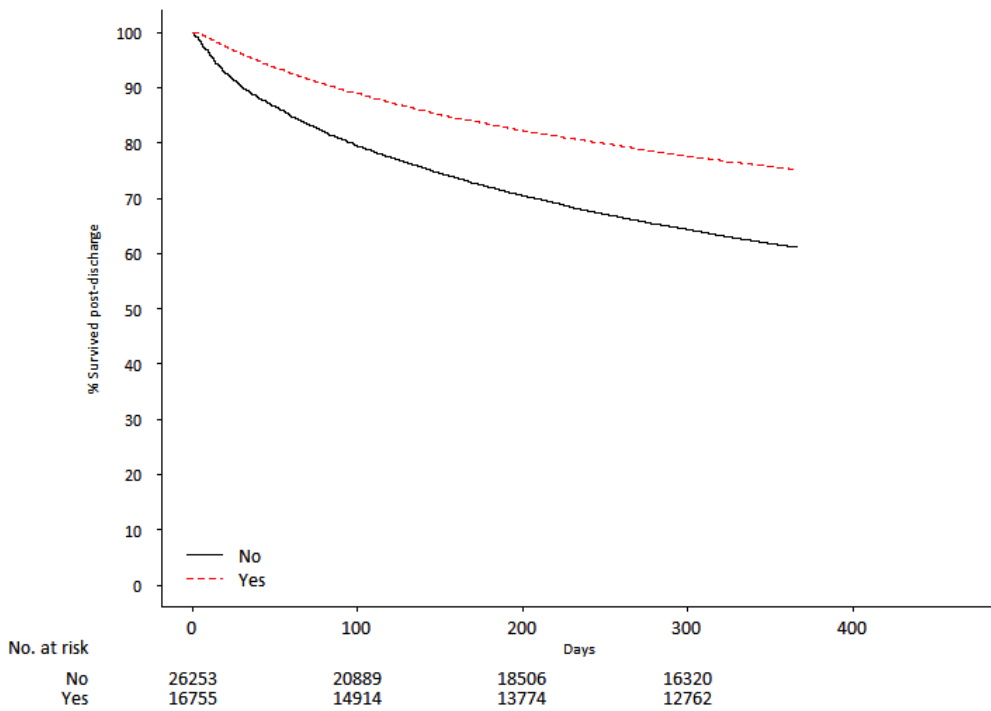


Figure 4: One-year mortality according to HF nurse follow-up, 2020/21

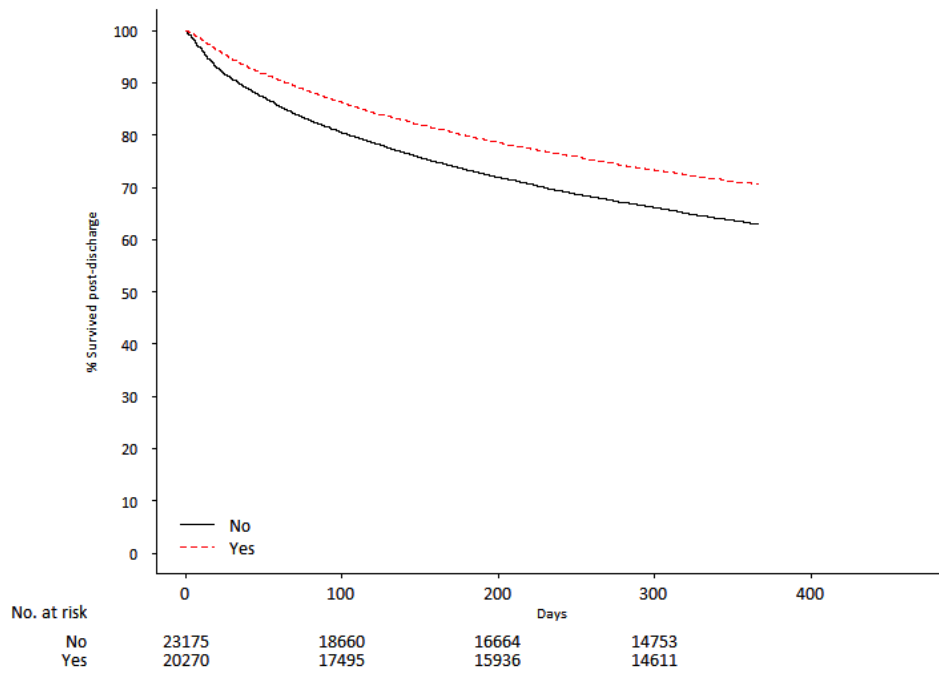
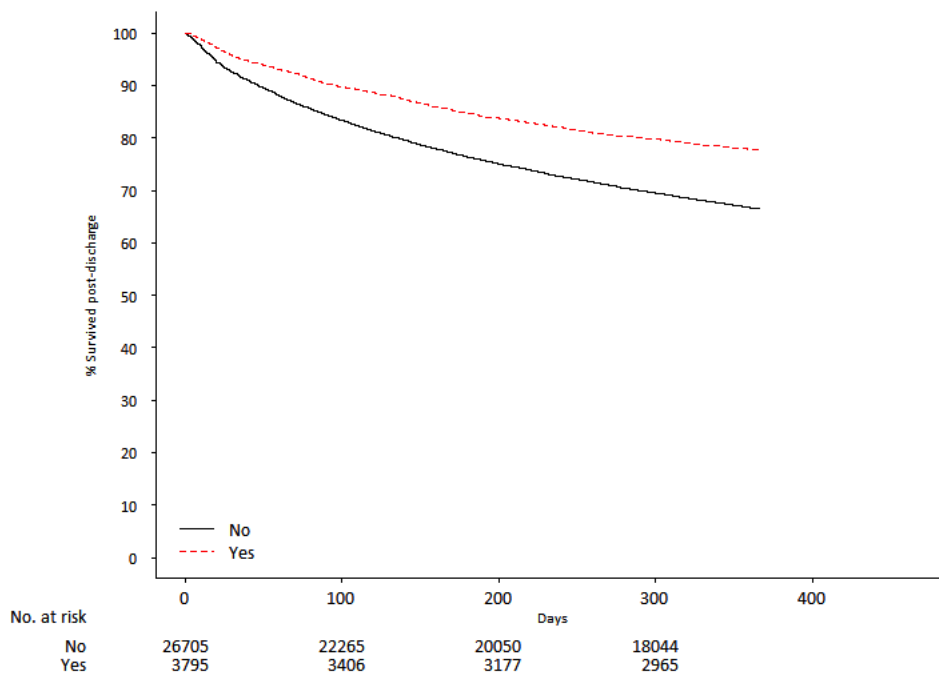
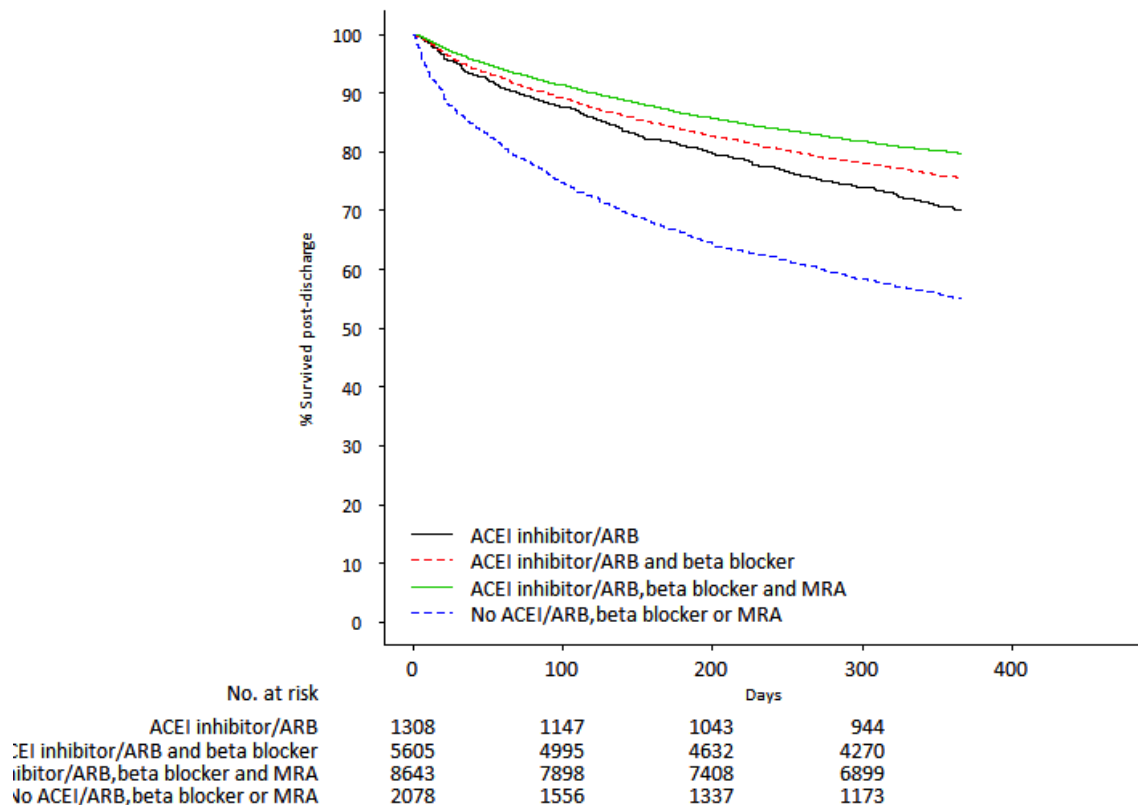


Figure 5: One-Year mortality stratified by referral to cardiac rehabilitation, 2020/21



Mortality post-discharge is highly dependent upon the prescribing of each of three disease-modifying drugs, with the greatest cumulative benefit seen in those who leave hospital on all three key modifying drugs [Figure 6].

Figure 6: Mortality post-discharge associated with prescribing for patients with HFrEF, 2020/21



Those discharged on all three disease-modifying drugs had a 1-year mortality rate of 20% compared to 44% for those leaving hospital without any of the three key drugs.

The Cox Proportional Hazards Model for 1-year mortality is shown in Appendix 4. Not being a cardiology in-patient, not having cardiology follow-up and not being on an ACEI/ARB or a beta-blocker are all independent predictors of worse 1-year mortality. This appendix is available online [here](#).