HQIP
Healthcare Quality Improvement Partnership

To be completed by project's Clinical Lead (or other appropriate person in audit team). Content should be factual, objective and evidence based. No anecdotal statements or opinion should be included.

Report key messages	
Project title: ***National Heart Failure Audit (NHFA)***	
Report ref. and name: ***National Heart Failure Audit 2022 Summary Report (2020/21 data)***	
Date of publication: ***16th June 2022***	
Key message 1:	Fewer patients, 61,784, were admitted to hospital with acute heart failure during this audit cycle than the 69,556 reported in 2019/20, with striking troughs and peaks in the numbers over this year, which varied with the prevailing COVID activity.
Key message 2:	Despite the two COVID peaks, all-cause inpatient mortality was very similar to the previous audit cycle at 9.2% overall. It varied with place of care, being lowest on cardiology wards at 6% (unchanged from 2019/20), but 10.2% on general wards. In-patient mortality was also improved with specialist involvement at 7.9% (again unchanged from 2019/20), irrespective of the ward, when compared to those who received no specialist care and at 14.9% higher than the 13.3% of 2019/2020. In-hospital, and 30-day mortality rates (increased at 16% from the 15% of 2019/20) varied considerably between hospitals. There was no difference in the 12-month mortality when compared with the 2019/20 audit cycle.
Key message 3:	There is a downward trend in the percentage receiving an echocardiogram, the gold standard diagnostic test, that also informs specific treatments, now at 85% and down from the 92% in 2014/15. There is considerable variation in the use of this essential diagnostic tool with only 54% of those aged ≥75 years older undergoing echocardiography, and 83.5% of women compared with 86.2% for men. Echocardiography usage also varies within institutions and between hospitals and in this audit cycle only 48% of hospitals achieved the quality indicator target of an echocardiography rate of 90% or more, a decrease of 12% from the last cycle.
Key message 4:	There was improvement in the percentage of patients with heart failure with systolic dysfunction (HFrEF) discharged home on the three disease modifying drugs that reduce mortality, to 52% overall, with over 90% receiving Beta-blockers and an increase in 10% of hospitals prescribing at this level or above. Similarly the prescribing of Mineralocorticoid Receptor Antagonists (MRAs) increased by 5% to 61% of patients.
Key message 5:	One of the results of COVID was variable redeployment of the specialist staff. Although the number of hospitals providing specialist care to ≥80% or more of the inpatients, increased by 4% to 65%, the provision of cardiology and specialist nurse follow-up within two weeks decreased. Overall, 39% had timely cardiology follow up (7% lower than in the preceding audit

	cycle) and 47% received HF specialist appointments within 2 weeks of leaving hospital (8% down on the 2019/20 cycle). Similarly referrals to cardiac rehabilitation were decreased.

100 word summary or abstract of the report:

Despite COVID pressures, admission to hospital with acute HF was not associated with increased all-cause mortality, as an in-patient, or 12 months later. Furthermore:

- There was a reduction in HF admissions
- Proportion of hospitals providing specialist care to ≥80% of patients increased by 4%
- Overall specialist care and drug prescribing for those with reduced ejection fraction (HFrEF) was maintained
- A 10% increase in the number of hospitals achieving the ≥90% prescription of beta-blockers for HFrEF patients is reported
- There was a substantial reduction in specialist follow-up within 2 weeks
- There was a small increase in all-cause mortality within 30 days