

A SELECTION OF KEY FINDINGS FROM THE 2018 NATIONAL CARDIAC AUDIT PROGRAMME REPORT



HEART FAILURE

Patients who have heart failure have better outcomes if cared for on a cardiology ward with specialist input.

Patients seen by a member of a specialist heart failure team had a mortality of **8.4%** compared to a mortality of **12.9%** for those not seen by specialists

In-patient mortality was lower for heart failure patients admitted to a cardiology ward than for those for those admitted to a general medical ward (**7.0%** compared with **10.4%**)

Patients leaving hospital with all 3 disease-modifying drugs had a survival rate of **85%**, compared with **70%** for those on none

Patients admitted with heart failure should have access to cardiac rehabilitation and specialist follow up.

Seeing a heart failure nurse was associated with an average 1 year mortality rate of **22%** compared to **26%** without

Cardiology follow-up was associated with an average mortality rate of **19%** compared to **27%** without

Referral to rehabilitation was associated with an average mortality rate of **18%** compared to **24%** without

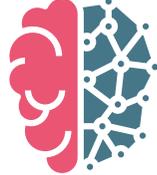
see p27

 **4.5%** DIFFERENCE
  **3.4%** DIFFERENCE
  **15.0%** DIFFERENCE
  **4.0%** DIFFERENCE
  **8.0%** DIFFERENCE
  **6.0%** DIFFERENCE

CARDIAC SURGERY



Mortality rates following adult cardiac surgery **have fallen to 2.5%** despite patients being older and sicker *see p24*



Stroke after adult cardiac surgery is now **less than 1%** *see p24*

HEART ATTACK



Increased use of angiography and angioplasty is **improving outcomes** for patients who have had a heart attack *see p24*

The use of drug-eluting stents and radial artery access for angioplasty improves outcomes for patients. The switch to radial access has saved about **450 lives over 7 years** *see p17*

Heart Failure patients' **outcomes are improving** as a result of access to improved access to specialist care, disease modifying drugs and cardiac rehabilitation *see p27*

 Patients with a suspected heart attack should call an ambulance rather than take themselves to hospital

If patients self-present at hospital with a heart attack, they may have to be re-transferred to a centre where angioplasty procedures are available—an ambulance will transport the patient straight to the best place for their needs



Ideally ambulance performance time should be less than 150 minutes—from the ambulance service receiving the call to the patient receiving angioplasty *see p10*

ANTENATAL DETECTION

Antenatal detection of the structural heart problem 'transposition of the great arteries with an intact ventricular septum' has risen from **26%** in 2007/8 to **65%** in 2016/17 *see p15*

Nearly half of children with a congenital heart condition requiring surgery or interventional treatment in infancy have this successfully detected as a result of screening offered to women during pregnancy *see p14*



ANGIOGRAPHY & ANGIOPLASTY: WHAT'S THE DIFFERENCE?



Coronary angioplasty is a procedure used to improve blood supply to the heart muscle by widening coronary arteries

Coronary arteries can become narrowed or blocked by fatty deposits. Angioplasty seeks to rectify blood flow restriction by bracing the artery open. A "stent" is inserted which is then inflated with a small balloon to push fatty deposits aside and hold the artery open



Angiography is a type of X-ray used to check the health of your blood vessels and how blood flows through them

Blood vessels don't show up clearly on a normal X-ray, so a special dye needs to be injected into your blood first. This highlights your blood vessels, allowing your doctor to spot any problems. The X-ray images created during angiography are called "angiograms"