

COMPREHENSIVE HEART FAILURE GUIDELINE TO IMPROVE CARE AND REDUCE ADMISSIONS

Seamus Loneragan, MD; Bob Risch, MD; John Garrett, MD; Steve Arze, MD; April Lorange

BACKGROUND

- Heart Failure(HF) is a medical problem with high prevalence, high morbidity, and high cost.
- EM docs have a low threshold to admit symptomatic heart failure patients(> 80%).
- With bundled payments and pay for performance hospital incentives, there is an increased emphasis on reducing unnecessary admissions for HF throughout the healthcare system.

GUIDELINE DEVELOPMENT

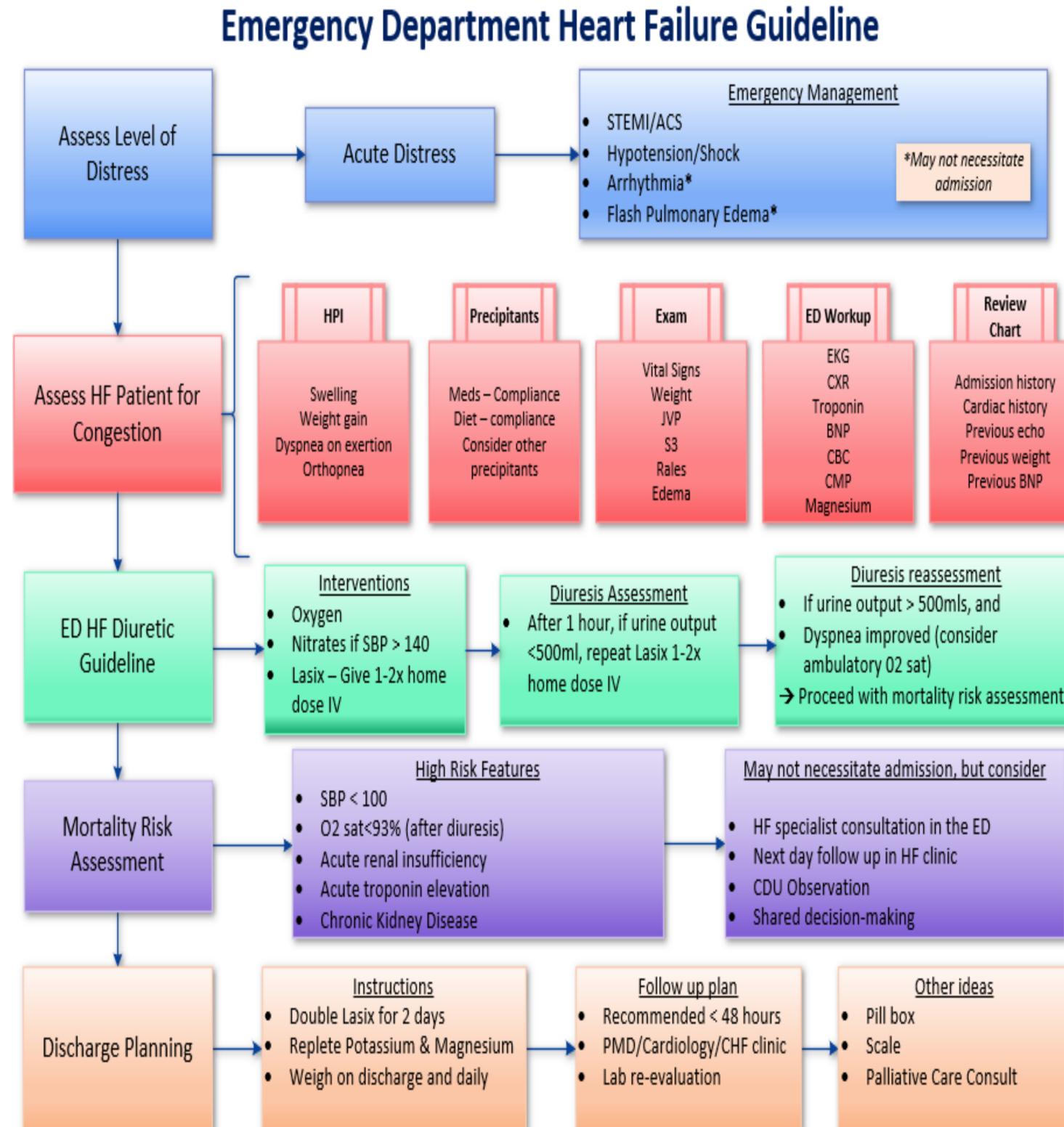
- IES quality group formed a subcommittee to establish a guideline with the goals of improving care, decreasing variance in approach, and reducing unnecessary admissions.
- Literature review performed focusing on congestion assessment, diagnostic tools, diuretic protocols, mortality risk scores, and HF specialty clinic management.
- Discussions with cardiology HF specialists who manage chronic HF patients with admission rates < 5-10%.
- Educational presentation at Clinical Integration Forum and updates at medical directors' meeting.
- Metrics development:
 - % HF patients admitted
 - Average mg of Lasix per HF patient

KEY FEATURES

- Assessment of congestion involves multiple variables, but all variables lack sensitivity and specificity.
- Early and aggressive diuresis improves care.
- Reassessments to assess diuretic responsiveness are key to determine if patient can go home.
- Mortality risk is high for all HF patients, but may not necessitate admission.
- Discharge planning is essential for successful outpatient management of HF patients.

CONCLUSIONS

- Emergency providers do not have to automatically admit a symptomatic heart failure patient.
- Emergency providers can take better care of heart failure patients through a proper assessment, early and aggressive diuresis, an understanding of mortality risk factors, and discharge planning to optimize outpatient management of their heart failure and fluid status.



This guideline is not a fixed protocol that must be followed, but is intended to assist in treatment decisions. This guideline is not intended to supersede clinical judgment. Individual patients may require different treatments than those specified here.