Abstracts

S175 095

Identifying Treatment Gaps in HFrEF Management in Metropolitan Australian Hospitals

D. Drak 1,∗, J. Fulcher 1,2, J. Kilian 3, J. Chong 4, R. Grover 5, A. Keech 1,2

1 NHMRC Clinical Trials Centre, Sydney, Australia
2 RPA Hospital, Sydney, Australia
3 Bankstown-Lidcombe Hospital, Sydney, Australia
4 Westmead Hospital, Sydney, Australia
5 Canterbury Hospital, Sydney, Australia

Background: Several evidence-based therapies are recommended to reduce morbidity and mortality in heart failure with reduced ejection fraction (HFrEF), but data on physician adherence to therapy guidelines in Australia are limited.

Aims: To audit HFrEF treatment utilisation across a representative sample of metropolitan hospitals against current evidence-based guidelines.

Methods: A retrospective review was conducted of patients admitted to six hospitals in metropolitan Sydney with a primary diagnosis of HFrEF, between Jan 2015 and Jun 2016. HFrEF therapy use was compared with guideline recommendations.

Results: Discharge treatment information was available for 815 HFrEF patients. The figure shows the average treatment gap for each therapy across all sites combined and the upper and lower limits of treatment gaps by individual site.

Conclusion: Trends in treatment gaps were generally similar between sites. Increasing the usage of ACEIs/ARBs and, particularly, aldosterone antagonists are important avenues for improving the medical management of HFrEF.

http://dx.doi.org/10.1016/j.hlc.2019.06.096

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This abstract has been withdrawn

http://dx.doi.org/10.1016/j.hlc.2019.06.097

S175 097

Impact of Hospital Readmissions on Subsequent Mortality: A Temporal Trend Analysis of Hospital Admissions for Acute Heart Failure

A. Driscoll 1,2,∗, D. Diem 3, D. Prior 4, D. Hare 2,5, D. Kaye 6,7, C. Neil 8, S. Lockwood 9, A. Brennan 2, H. Carruthers 2, J. Lekovits 2, J. Amerena 1,10, J. Cooke 11, G. Vaddadi 12, V. Nadurata 13, C. Reid 3,14

1 Deakin University, Viewbank, Australia
2 Austin Health, Heidelberg, Australia
3 Monash University, Prahran, Australia
4 St Vincents Hospital, Melbourne, Australia
5 University of Melbourne, Melbourne, Australia
6 Baker IDI, Melbourne, Australia
7 Alfred Health, Melbourne, Australia
8 Western Health, Footscray, Australia
9 Monash Health, Melbourne, Australia
10 Barwon Health, Geelong, Australia
11 Eastern Health, Boxhill, Australia
12 Northern Health, Epping, Australia
13 Bendigo Health, Bendigo, Australia
14 Curtin University, Perth, Australia

Background: Patients admitted to hospital with acute heart failure (AHF) are at increased risk of readmission and mortality post-discharge. This study assessed the impact of hospital readmissions on subsequent mortality rates in patients discharged from hospital with AHF.

Methods: Sixteen Victorian hospitals participated in a prospective statewide HF snapshot of patients admitted to hospital with AHF over one month and followed up for 30 days post-discharge. The project was conducted annually over three consecutive years from 2015–2017.

Results: Of the 1197 patients, 56.3% were male with an average age of 77 years (SD 13.17 years). Hypertension, chronic renal disease and atrial fibrillation were the most common comorbidities (75.2%, 64% and 54.7%, respectively). Overall, 50.4% of patients were admitted to General Medicine and 33.9% to Cardiology. In-hospital mortality rate was 5.1% with 30 day-mortality of 4.2% and readmission rate of 24.4%. Patients who experienced a subsequent readmission within 10 days of discharge from index hospitalisation had a 4.6-fold increase in risk of mortality (adjusted HR 4.6, 95% CI 2.16–9.81) compared to patients who were not readmitted and patients readmitted within 11–20 days post-discharge had a 4.3-fold increase in risk of mortality (adjusted HR 4.36, 95% CI 2.04–9.27).

Conclusion: Patients admitted to hospital with AHF who experience a subsequent readmission within 20 days post-discharge are at increased risk of dying. It is vital that early post-discharge follow-up within 20 days is implemented to address this vulnerable period after an HF admission.

http://dx.doi.org/10.1016/j.hlc.2019.06.098