Guideline to standardise acute heart failure practice

NICE recommends that patients with the condition have access to a specialist multidisciplinary team

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HOSPITALS SHOULD ensure patients with suspected acute heart failure are treated by a specialist team, according to the National Institute for Health and Care Excellence (NICE).

In a clinical guideline, NICE recommends that anyone admitted with acute heart failure should ‘have early and continuing input’ from a multidisciplinary team, led by a consultant and including specialist nurses. The team should be based on a cardiology ward and provide outreach services, the institute says.

Acute heart failure is the leading cause of hospital admission in people aged 65 years or older and accounts for more than 67,000 admissions in England and Wales each year. Unlike chronic heart failure, which is more common and which develops slowly over time and worsens gradually, acute heart failure develops suddenly. It can happen either after a heart attack that has damaged an area of the heart or, more commonly, because the body can no longer compensate for chronic heart failure.

NICE noted that the treatment of patients with acute heart failure varied. It said practice was not standardised across hospitals and different factors affected decisions on where to treat patients, including age, whether they had other illnesses and location of available beds.

Treatment usually began in emergency departments and continued in intensive care, high dependency or coronary care units, the institute said. But other patients went on general medical wards or cardiology wards, depending on the treatment required.

Lead heart failure specialist nurse and member of the NICE guideline development group Jayne Masters said: ‘This guideline will ensure that all acute heart failure patients are able to access the expertise of a multidisciplinary heart failure team.’

Ms Masters, who is based at University Hospital Southampton NHS Foundation Trust, added: ‘It should also ensure that they are followed up in a timely manner by the appropriate clinician, thus reducing the likelihood of re-admission and complications and providing patients and carers with the reassurance of knowing who they can contact.’

The guideline also highlights other ‘important components of care’ that will reduce death and the ill health associated with the condition. These include immediate access to natriuretic peptide testing to assess the levels of stress the heart is under, timely access to echocardiography to show how well the heart is working and use of proven drug treatments. It also addresses treatment after patients with acute heart failure have been stabilised, including surgery.

Managers’ resource to improve mental wellbeing of residents

CARE HOME managers can find help to implement a quality standard on addressing loneliness, depression and low self-esteem in residents with a resource from the National Institute for Health and Care Excellence.

For each of the six statements that comprise the 2013 standard on the mental wellbeing of older people in care homes, the resource explains why it is an area for quality improvement. It provides advice and links to help care homes make improvements. Case studies detail practical and low-cost examples of how outcomes were improved by focusing on a person’s needs.

Dementia awareness training for critical care staff

AT THE University of Stirling, the Dementia Services Development Centre (DSDC) has developed a best practice programme for emergency care staff.

The work-based learning course is designed to support healthcare professionals in emergency departments (EDs) where increasing numbers of patients have cognitive impairment. It has been developed in partnership with NHS ED specialists.

The programme will be launched at the DSDC on November 20. It coincides with the opening of the DSDC’s hospital room in its demonstration suite, which will show design and technology ideas that can be used in all acute settings.

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