Delphi study on the management of patients with Heart Failure reduced Ejection Fraction (HFrEF) in Spain: post- discharge follow-up of a patient with an episode of Worsening Heart Failure (WHF)

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Introduction and Purpose

- The clinical progression of HFrEF is characterized by periods of worsening symptoms and signs. These episodes are associated to a higher risk of hospitalizations, leading to a major burden on the healthcare system due to their frequency and prognostic impact. The period following hospital discharge is critical for the patient.
- This study aimed to evaluate the consensus among cardiologists to better understand their perception and management of HFrEF, and to identify the care process for such management.

Methodology

- A Scientific Committee (SC) of 4 experts in the management of HFrEF created and validated a Delphi questionnaire comprised of 257 statements, which was completed in two rounds by 79 cardiologists (Figure 1).
- Each statement was assessed by a Likert ordinal scale of 1 to 9 points (1 = Completely Disagree to 9 = Completely Agree).
- In this communication, it will be presented the results of post- discharge patient care management



- Responses were collected over two rounds, achieving consensus on 75% of the statements.
- In the first Delphi round, the defined level of agreement was reached for the 76 statements (63.3%), and in second round, 44 statements that did not reach consensus were revisited, with agreement achieved on 31.8% (Table 1).



| | | Consensus | No consensus | | Consensus | consensus |
|--------------------------------------|-----|---------------|--------------|-----|------------|------------|
| Patient management (care) | 120 | 76 (63.3%) | 44 (24.4%) | 44 | 14 (31.8%) | 30 (68.2%) |
| Patient management (treatment) | 87 | 40 (45.9%) | 47 (54.0%) | 40* | 11 (27.5%) | 29 (72.5%) |

* The number of statements is reduced from 47 to 40 by the reformulation of some statements in round 2 with the aim of gaining greater understanding from the panelists.

- Regarding hospital discharge and patient follow-up, patients should attend a follow-up visit with Primary Care within 72 hours (at least via telephone) (8; 7-9), patient should also attend an appointment within 7-15 days with a cardiologist and specialized care nurse for clinical evaluation (9; 8-9) and another one within 15-30 days to reassess the clinical situation (8;7-9) (Figure 2).
- A blood test should be performed at 2-3 months and at 6 months followup (9;7-9 and 8;8-9, respectively) (Figure 2).
- Regarding treatment titration/monitoring after discharge, patient should be followed up after 7-15 days (9;8-9), after 15-30 days (9; 7,5-9) and after 2-3 months (8;8-9) (Figure 2).
- Additionally, areas of improvement were identified, such as the importance of using more PROs to assess the patient's quality of life and psychological well-being (8;7-9) and the promotion of specialized nursing profiles in Heart Failure Unit (HFU) (9;8-9) (Figure 2).

Results



Conclusions

This study highlights the necessity of comprehensive follow-up for HFrEF patients after WHF discharge, considering both clinical and psychological aspects. Fluent communication among health care professionals and sites in Spain is crucial during the early post-discharge period.



Abbreviations: HFrEF: Heart failure with reduced ejection fraction; WHF: Worsening Heart Failure; HFU: Heart Failure Unit; PROs: Patient Reported Outcomes.

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