**The Tairawhiti Heart Function Accelerated Titration Clinic Early Experience**

**Background** Rapid up-titration of evidence-based care improves outcomes following admission with heart failure. We report our early experience in Gisborne Hospital with a nurse-led accelerated titration service for patients with heart failure reduced ejection fraction (HFrEF).

**Method:** Patients admitted with HFrEF were referred with the intent of discharging on 3-4 pillars of evidence-based care with optimization of dosing using a combination of telehealth and face to face care post discharge.

**Results:** Over a 7-month period, 33 patients have been referred. A total of 9 patients have completed the programme with follow up echo at 3 months. Median age 51 (39-84) years; 78% male, ; 67% European, 33% Maori. The median LV ejection fraction (LVEF) on referral was 25% (20-35%). Median NT-pro BNP 839pmol/l.

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| (n=9) | BB | ACEi/ARB or ARNI | Aldosterone Antagonist | SGLT-II Inhibitor | 3 classes | 4 classes |
|  Discharge | 100% (9) | 90% (8) | 77 % (7) | 0% | 77% (7) | 0 |
| 3 months | 100% (9) | 100% (9) | 90% (8) | 55% (5) | 22% (2) | 66 % (6) |

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66% were on 4 pillars at 3 months compared with 14% noted in a prior audit pre implementation. Ejection fraction had improved to 45% (25-45%) at 3 months.Median NT pro-BNP post titration was 129 pmol/L . One patient was readmitted within 3 months with symptom improvement noted in the remainder.

**Conclusion:** Early experience with a nurse led rapid titration service, following a heart failure admission in a regional New Zealand setting is favourable, noting an increase in evidence-based care, with an improvement in patient well-being and biomarker status.