**Outcomes after Heart Failure GDMT Optimisation**

Background:

Guideline directed medical therapy (GDMT) for heart failure with reduced ejection fraction (HFrEF) is well established in clinical guidelines. Most local heart failure (or heart function) services have the “4 pillars” as the treatment goal and outcome based largely on EF.

However, it is unclear what the best follow-up plan is subsequent to reaching GDMT targets, and likely varies considerably across and possibly within services.

In the current environment with resource constraints in both primary and secondary care, what happens post GDMT optimisation in a real-world cohort of HF patients ?

Method:

Our Northland heart function service, like most others in New Zealand, have discharge guidelines in order to have capacity for new referrals. There is limited capacity to manage most patients long-term.

We retrospectively review patients discharged from the HF service after therapy optimisation

Results:

Patient discharges from our HF service (from 3 locations) during 2023 are reviewed regarding outcomes, such as those below, to help identify factors that may lead to poorer outcomes.

Planned follow-up (Hospital vs GP)

Echo (EF) assessment

Medications, including adherence

Clinical outcomes, including death, re-admission, re-referral

Tertiary referral for eg devices, surgery

Conclusion:

There are a number of patients who, at later follow up, post HF therapy optimisation, have had potentially avoidable deterioration in EF and/or outcomes. Some factors are patient related and others are systems of care related

This analysis should help guide future service development and potentially better patient outcomes and provide data to support funding for more resource.