**Accelerating Heart Failure Therapy Optimisation:**

**Rapid Titration (RaT) in the real world**

Background:

There is a strong evidence base for the efficacy and safety of early initiation and rapid uptitration of the 4 pillars of heart failure (HF) therapy that is now established into international guidelines. This is particularly important during and after a hospitalisation for acutely decompensated HF.

How feasible this is in the “real world” of non-tertiary and resource-challenged centres is not known or described.

Method:

The Northland Heart Function team undertook a Patient Journey Improvement exercise to assess existing pathways to identify gaps and opportunities to improve care. As part of this was the development of a Rapid Titration (RaT) pathway for the accelerated initiation and optimisation of therapy.

Results:

Firstly, we describe the process and value of Patient Journey review, with all stakeholders, to identify gaps in knowledge and care. The focus was to prioritise achievable targets within the resources available.

Secondly, challenges in implementing RaT of HF therapy will be described. This largely relates to the complex HF population in Northland. Early outcomes in terms of therapy optimisation and time frames will be discussed, along with potential improvements as the pathway develops and is taken up.

Conclusion:

Clinical pathways that have been developed in trials and/or tertiary and/or well-resourced centres have been shown to have positive outcomes following a decompensated HF episode.

How these are applied to real world patients and centres in Northland is an ongoing quality improvement journey. However, it is hoped that already, it can provide learnings for HF services in other smaller and less well resource hospitals.