

# Findings from an advanced heart failure multidisciplinary team meeting: a holistic pathway for improved patient care

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## Aims

Heart failure (HF) is a complex, progressive condition that requires a multidisciplinary team (MDT) input. In this abstract, we present the outcomes of our advanced HF MDT involving cardiologists, palliative care physicians and heart failure nurses, to deliver a holistic management approach to advanced HF.

## Methods

A total of 100 patients were presented at the monthly MDT (January 2010 to January 2013). Referrals to the MDT were based on a cause-for-concern trigger tool: NYHA III/IV HF, more than three admissions in 1 year, non-specific predictors of end of life (weight loss, general physical decline or albumin <25 g/L) and/or stage four or five CKD patients who have declined or discontinued dialysis. Data were collected on alterations in cardiac medications, referral for device therapy, referral for interventions and palliative care input. The number of admissions and length of inpatient stay were analysed 6 months prior to and after presentation at the advanced HF MDT.

## Results

The mean age ( $\pm$ SD) of the study cohort was 69.7 ( $\pm$ 18.2) years, with 48% males. A total of 36 patients had died within 6 months of presentation at the MDT (mean age 76.5 ( $\pm$ 14.3) years, 64% males). Of these, 15 had had palliative care input prior to dying. Shared palliative care was considered for 24 patients, with 66.7% (16/24) having an advanced care plan put in place. All patients had cardiac medications reviewed, and optimised in 21%. Device therapy was considered in 29 patients, with 10 patients fulfilling criteria had devices implanted (two permanent pacemakers, one implantable cardioverter-defibrillator, one cardiac resynchronization therapy pacemaker and 6 cardiac resynchronization therapy defibrillators). Six patients were referred for cardiac transplant assessment. Coronary angiography was considered for three patients. Two patients

had referrals for advanced cardiac valve disease management (one transcatheter aortic valve implantation and one mitral clip). Three patients were referred for rhythm control of atrial fibrillation or atrial flutter (two atrial flutter ablations and one DC cardioversion).

In the patients alive at 6 months, total admissions were similar 6 months before and after the MDT (71 vs 69;  $p=0.9$ ). The length of inpatient stay was similar 6 months before and after the MDT (mean 16.7 days ( $\pm$ 11.8) vs 12.2 days ( $\pm$ 9.9);  $p=0.6$ ).

## Conclusions

These data confirm that the goals of the MDT have been met. This sick cohort of patients needs a MDT approach to management. This model is successful and has demonstrated improved access to multiple subspecialist intervention and palliative care.

## Conflict of interest statement

None. ■

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