



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Heart Failure Clinical Pathway Improve Disease Management & Risk Factors Control**

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**Introduction**

Congestive Heart Failure (CHF) is one of the leading causes of hospital admission and readmission. It is proven that adoption of a guideline based clinical pathway on heart failure can improve survival and unplanned readmission. A guideline based pathway on heart failure management is developed and implemented in Department of Medicine & Geriatrics.

**Objectives**

Patients can receive better disease management:

- 1)Improve prescription percentage of evidence based medication for heart failure
- 2)Improve risk factors controls
- 3)Enhance lifestyle modification

**Methodology**

Patients aged less than 80 years old with diagnosis of CHF in medical wards are screened by cardiac nurse for recruitment into CHF clinical pathway. When recruited, cardiac nurse will provide health education to patients on lifestyle modification (e.g. low salt diet, fluid restriction, daily exercise, smoking cessation), symptoms monitoring (e.g. bodyweight monitoring & edema status) and self-management when symptoms arise, the importance of drug compliance will also stress on. Case doctors are advised to follow the management plan according to the pathway unless contraindicated. The pathway includes suggestion on risk factors controls such as blood checking for cholesterol level, cardiac investigations such as echocardiogram and coronary angiogram, evidence based medication prescription such as angiotensin-converting enzyme inhibitors (ACEIs)/ (ARB) and beta blocker (BB). Allied health professionals will be referred if indicated for individual patients. Community nurses are also referred for those who need more home monitoring to prevent readmission.

**Result**

50 patients are recruited into CHF clinical pathway in 2017, the mean age is 67 years

old.

For risk factor control, the percentage on blood lipid level monitoring is over 80% with the present of pathway, and their blood lipid level is also noted to have improvement. No coronary angiogram/intervention was arranged for those heart failure groups, 26% of them have been arranged in 2017, some of them may require further intervention or referral such as coronary bypass graft.

Percentage of prescription on evidence based medications (i.e. ACEI/ARB, BB and Anticoagulant) was compared, the prescription for these medications were increased with 12-24%. These medications are recommended and proven to decrease mortality rate of heart failure patients.