

Following treatment guidelines more important than volume for assessing heart failure care

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How well hospitals adhere to treatment guidelines for heart failure is more important than comparing patient volumes at hospitals, UT Southwestern cardiologists found. Above is a Transcatheter Aortic Valve Replacement (TAVR), a leading-edge, minimally invasive procedure for patients with symptomatic severe aortic stenosis, which is a narrowing of the heart's aortic valve resulting in the obstruction of blood flow to the body. UT Southwestern is

among an elite group of hospitals across the nation with the capabilities to perform this procedure. Credit: UT Southwestern Medical Center

Looking at how well hospitals adhere to treatment guidelines for heart failure is more important than comparing patient volumes at hospitals, new research shows.

While volume alone didn't make much difference to mortality or readmission rates, hospitals seeing fewer [heart failure](#) patients were "significantly" less likely to follow American Heart Association treatment guidelines, the researchers found.

"There's a very small, incremental relationship between how many patients a hospital sees with heart failure and the actual patient outcome once you adjust for adherence to the guidelines," said lead author Dr. Dharam Kumbhani, an interventional cardiologist at UT Southwestern Medical Center. "But we found that lower-volume hospitals have worse adherence to important heart failure processes than higher-volume hospitals."

Heart failure, which the American Heart Association says affects 6.5 million Americans, results when damage to the heart leaves it unable to pump enough blood to support the body. Without a heart transplant, it can be fatal.

Medications such as beta-blockers, and medical devices such as defibrillators, are commonly used to help such patients. But researchers found that hospitals treating fewer patients were less likely to:

- prescribe beta-blockers or ACE inhibitors - medications commonly used for heart failure patients

- run tests to check how well the heart's left ventricle was pumping blood
- install a defibrillator or [cardiac resynchronization therapy](#) (CRT) pacemaker.

The study, which appears in American Heart Association journal *Circulation*, was based on records for more than 125,000 [heart](#) failure patients at 342 U.S. hospitals, admitted between 2005 and 2014. The study involved collaborations between scientists at UT Southwestern, which is recognizing its 75th anniversary this year, UCLA, Stanford University School of Medicine, Duke University Medical Center, Northwestern University Feinberg School of Medicine, Brigham and Women's Hospital, and Harvard Medical School.

Rather than directing patients to larger institutions, which can involve travel barriers and added costs, a better solution would be to find ways to give more hospitals easy access to [treatment guidelines](#), said Dr. Kumbhani, Assistant Professor of Internal Medicine, and an epidemiologist.

More information: Dharam J. Kumbhani et al. Association Between Hospital Volume, Processes of Care, and Outcomes in Patients Admitted With Heart Failure: Insights From Get With The Guidelines-Heart Failure, *Circulation* (2018). [DOI: 10.1161/CIRCULATIONAHA.117.028077](#)

Provided by UT Southwestern Medical Center

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