Heart failure in Victoria under the spotlight

Heart failure is one of the top three leading causes of death in Australia, with around 1 in 4 people over the age of 80 diagnosed with heart failure. In Victoria, heart failure admissions have increased by 26% from 2003-04 to 2013-14, with an average length of stay of 7 days.

The number of hospital separations due to heart failure across Victorian health services (from 13% to 33%) indicates widespread variation in heart failure readmission rates. The number of hospital separations due to heart failure across Victorian health services (from 13% to 33%)2

Heart failure consumes $1 BILLION in healthcare budget, with two-thirds of this amount on hospitalisations with an average length of stay of 7 days.

Heart failure is associated with the greatest BED-DAY USAGE FOR UNPLANNED READMISSIONS. Average 30 day all-cause unplanned heart failure readmission rate INCREASED BY 26% from 2003-04 to 2013-14. HF determined using DRG F62A, F62B of index admission DRGs (DRG 62A) COSTS $7260 (for heart failure admission where a more complex diagnosis group is involved) whereas a more complex heart failure admission (DRG 62B) COSTS $3440.

Despite improvements in hospitalised heart failure care, study estimates indicate that the readmission rate of one local government area (LGA) is higher than State or Federal rates. The number of heart failure readmissions in one LGA is higher or lower than expected, given the age distribution of its population. An SMR > 1 indicates that the risk of a heart failure admission for a given LGA is higher than expected if it had the same risk profile as the Victorian population.

Patients aged 75+ account for 71% of the heart failure readmission activity.

Males have a slightly higher heart failure readmission rate than females (57.4% vs 48.5%).

HEART FAILURE READMISSIONS TO HOSPITAL WITHIN 30 DAYS OF BEING DISCHARGED

WHERE A PERSON LIVES IMPACTS ON THEIR LIKELIHOOD OF A HEART FAILURE ADMISSION

OF THE AUSTRALIANS THAT HAVE HEART FAILURE

98% have died within 10 years of their first heart failure admission.

NATIONALLY

Nationally

The number of heart failure deaths in Victoria from 2004 to 2013 is 75.7% of the national total.

The top three leading causes of death associated with heart failure are:

1. Cancer
2. Cardiac dysrhythmias
3. Respiratory disease

More than 60% of heart failure deaths are attributable to chronic heart failure care. Chronic heart failure care in the hospital setting appears to be effective, with an aggregate standardised mortality ratio (SMR) of 0.85 - 1.08 and a national heart failure case fatality rate of 0.4%.

Nationally, 38% of patients admitted with CHF have been discharged to a general practitioner (GP) in the past 12 months.

When patients are discharged from hospital, the risk of readmission is highest in the first 30 days with a 7-day average stay. The number of heart failure patients hospitalised in Victoria in 2012-13, and, has increased slightly since 2011-12.

Healthcare professionals are encouraged to work with patients to ensure they are discharged to a GP or other appropriate provider.

Heart failure patients are complex and require additional care, with more than 60% of heart failure deaths being attributed to chronic heart failure care.

Death is associated with the greatest hospital bed usage for unplanned readmissions. Average 30 day all-cause unplanned heart failure readmission rate INCREASED BY 26% from 2003-04 to 2013-14. HF determined using DRG F62A, F62B of index admission DRGs (DRG 62A) COSTS $7260 (for heart failure admission where a more complex diagnosis group is involved) whereas a more complex heart failure admission (DRG 62B) COSTS $3440.

Heart failure is associated with the greatest hospital bed usage for unplanned readmissions.

Diabetes and diabetes complications contribute to more than 50% of heart failure readmissions.

Patients aged 75+ account for 71% of the heart failure readmission activity.

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