Heart failure units provide better care for patients with this condition. The establishment of such units in hospitals varies greatly between countries. To date, no specific data are available on the current situation with these units in Spain. A short questionnaire was used to evaluate the present-day implementation and characteristics of heart failure units in Spanish hospitals. Of the 110 hospitals surveyed, 45 (41%) had a heart failure unit. The percentage varied significantly with the technological sophistication of the hospital: level 1 (lowest), 8%, level 2, 38%, and level 3 (highest), 76%. Some 91% of units were run by cardiology departments. In 78% of the units surveyed, nurses were involved in patient care, though only on a part-time basis in the majority (63%). Their task was primarily patient education, although, in 34%, they only performed basic support tasks (i.e., ECG and monitoring vital signs).

Key words: Heart failure. Heart failure units. Nursing.

INTRODUCTION

Heart failure (HF) is a huge public health problem for 2 main reasons: it is highly prevalent1,2 and is a major cause of hospital admission.1,3

Several metaanalyses4–6 have reported that the creation of specialized health care systems has improved care for patients with HF. Thus, in the European Society of Cardiology Guidelines on the treatment of chronic HF its implementation is recommended as follows7: class I, level of evidence A to reduce hospital admissions, and class IIa, level of evidence B to reduce mortality.

Such specialized care systems in hospital settings are usually organized as HF units. Despite the available evidence, the implementation of these units in hospitals varies considerably between European countries.8 There are no specific data on the number of HF units available in Spanish hospitals, their characteristics, and the role that nurses play in them. The aim of this study was to obtain these data.

METHODS

A brief questionnaire was administered containing 12 items:

1. Name of the hospital.
2. Level of technological sophistication.
3. Presence of a heart failure unit.
4. Type of patients cared for in the unit.
5. Department in charge of the unit.
6. Departments that participate in running the unit.
7. Resources available in the unit.
8. Availability of nurses.
9. Time dedicated to nursing.
10. Tasks performed by nurses.
11. Existence of a cardiac rehabilitation program for HF patients.
12. Is the unit a transplant unit?

The responses were obtained in 2 ways: 28 hospitals completed the questionnaire at the meeting of the Heart Failure, Transplantation, and Other Therapeutic Alternatives Section of the Spanish Society of Cardiology held in Córdoba (2006), and 82 hospitals completed it following its distribution through the national network of representatives of a pharmaceutical company. The hospitals were not previously selected. The list of hospitals surveyed is shown in Annex 1.

RESULTS

A total of 110 hospitals (96 state and 14 private) with different levels of technological sophistication responded to the survey: 32.7% were in level 1 (lowest), 33.6% level 2 and 33.6% level 3 (highest). Of the 110 hospitals surveyed, 41% (n=45) had an HF unit. This percentage varied significantly in relation to the technological level (level 1: 8%, level 2: 38%, level 3: 76%). Of these 45 units, 12 (27%) were transplant units. The cardiology department was in charge of 91% of the units and internal medicine in charge of 9%. The cardiology service participated in 96% of the units, internal medicine in 11%, geriatrics in 22%, rehabilitation in 9%, and other services in 16%. The units basically looked after ambulatory patients (98%); 67% were ward patients and 31% patients attending day hospital. Of these units, 84% had a dedicated office, 24% had their own hospital beds, and 18% had beds in the day hospital. Nurses were available in 78% of the units; 63% were part-time and only 37% full-time. One nurse was available in 26% of the units, 26% had 2 nurses, 20% had more than 2, and 28% did not answer this item, probably because the number of nurses was considered to be less than one due to the lack of a full-time nurse. The nurses’ main task was patient education (66%), although in 34% of cases the nurses only performed support tasks (electrocardiogram, monitoring vital signs); the nurses performed autonomous tasks in only 37% of the units. Finally, 31% of the units had an HF failure rehabilitation program.

DISCUSSION

In recent years, different HF care models have become widespread aimed at caring for patients with this syndrome. These have led to fewer hospitalizations, improved quality of life, increased compliance with treatment, improved personal care, and even improved survival rates. Fewer hospital admissions and improved survival rates have also been demonstrated in Spain.

Several care models have been described, ranging from single-session patient education or periodic follow-up by telephone to multidisciplinary intervention. In the hospital setting, these specialized health care systems involve the creation of HF units. The establishment of these units varies considerably between European countries. For example, in Sweden, two-thirds of the hospitals have these units available, whereas in many countries no more than 10% have them. Of the 43 European countries analyzed by Jaarsma et al, only 7 (Ireland, Denmark, the Netherlands, Norway, Scotland, Sweden, and Slovenia) appeared to have specialized care in more than 30% of the hospitals. This study suggests that fewer than 30% of hospitals in Spain have such care available, according to the report of 3 experts in the subject. However, the present study found that 41% of the hospitals surveyed had an HF unit, although the percentage varied considerably depending on the level of technological sophistication, reaching 76% in hospitals with a higher level.

Nurses play a key role in most health care models. A striking finding of our study was that, even though 78% of the units had nurses, only 37% were employed full-time. The task of the nurses also strongly differs between countries, ranging from patient education and drug titration to physical examination of the patients, and even includes being able to request complementary tests. In Spanish hospitals, the basic task of nurses is educational and they perform autonomous tasks in only 37% of units; however, they only perform basic support tasks (monitoring vital signs, electrocardiogram) in 34% of units, as in a conventional outpatient clinic.

Limitations

Although the study included a considerable number of hospitals based throughout Spain, it obviously does not cover all Spanish hospitals. Nevertheless, state hospitals are well represented, since there are 782 hospitals in Spain, of which only 291 are state-run (National Hospital Registry, 2006). The design of the questionnaire was simple in order to encourage completion, and thus specific aspects were not addressed, such as the characteristics of the units, their relationship to primary care, or the work performed by nurses.

In conclusion, only 41% of the 110 Spanish hospitals surveyed had an HF unit, which is less than in other European countries. The availability of specialized full-time nursing staff for such units in Spain is also low.

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