Heart Failure Units in Spain: State of the Art
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Heart failure is a huge public health problem. 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 (ie, 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.

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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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REFERENCES


ANNEX 1. Hospitals Included in the Study

Alcázar
Alto Deba de Mondragón
Arquitecto Marcide de El Ferrol
Bellvitge
Blanes
Cabezón de Gijón
Calella
Campdevanol
Carranza de El Ferrol
Carlos Haya de Málaga
Central de Asturias
Clínica de Barcelona
Clínica de Málaga
Clínica de Valladolid
Clínico San Carlos de Madrid
Clínico Universitario Lozano Blesa de Zaragoza
Clínico Universitario de Salamanca
Clínico Universitario de Santiago
Clínico Universitario de Valencia
Clínico Virgen de la Victoria
Comarcal da Barbanza de Ribeira
Comarcal de O Barco de Valedoros
Comarcal Ernest Lluch de Calatayud
Comarcal de Monforte de Lemos
Comarcal Vélez de Málaga
Complejo Asistencial de León
Complejo Asistencial Río Carrión de Palencia
Complejo Hospitalario de Ourense
Consorci de Terrassa
Costa del Sol de Marbella
Da Costa de Burela
Del Mar de Barcelona
Doctor Josep Trueta
Doctor Peset de Valencia
Dos de Maig Creu Roja de Barcelona
Don Benito
El Bierzo de Ponferrada
Esperit Sant de Santa Coloma de Gramenet
Figueres
Francisco de Borja de Gandía
Fundació Sanitària d’Igualada
Fundación Hospital de Verín
Fundaicíon Son Llàtzer de Palma de Mallorca
General de Albacete
General de Catalunya
General de Ciudad Real
General de Elda de Alicante
General Universitario de Alicante
General Universitario de Valencia
General Yagüe de Burgos
Germans Trias i Pujol
Granollers
Infanta Elena de Huelva
Infanta Cristina de Badajoz
Juan Canalejo de La Coruña
La Fe de Valencia
La Inmaculada de Huércal-Overa
La Paz de Madrid
La Princesa de Madrid
Los Arcos San Javier
Manresa (Althaia)
Marques de Valdecilla de Santander
Mataró
Miguel Servet de Zaragoza
Modelo de La Coruña
Mollet
Montecelo de Pontevedra

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Morales Meseguer  |  San Vicente del Raspeig de Alicante  
Municipal de Badalona  |  Sant Celoni  
Mútua de Terrassa  |  Sant Jaume de Olot  
Nicolás Peña de Vigo  |  Sant Pau de de Barcelona  
Orihuela  |  Sant Rafael de Barcelona  
Palamós  |  Santa Caterina de Girona  
Parc Taulí de Sabadell  |  Santa María de Rosell de Cartagena  
Poniente de El Ejido  |  Santa Teresa de La Coruña  
Povisa de Vigo  |  Severo Ochoa de Leganés  
Provincial de Santiago  |  Torrecárdenas  
Puerta de Hierro de Madrid  |  Universitario de Canarias  
Puigcerdà  |  Universitario de Elche  
Ramón y Cajal de Madrid  |  Universitario Nuestra Señora de la Candelaria de La Laguna  
Reina Sofía de Córdoba  |  Vall d’Hebron de Barcelona  
Reina Sofía de Murcia  |  Virgen da Xunqueira de Cée  
Requena  |  Virgen de l’Arrixaca de Murcia  
Royo Villanova de Zaragoza  |  Virgen de las Nieves de Granada  
San Cecilio de Granada  |  Virgen Macarena de Sevilla  
San Jaime de Torrevieja  |  Virgen del Rocío de Sevilla  
San Jorge de Huesca  |  Xeral de Lugo  
San Juan de Alicante  |  Xeral de Vigo  
San Rafael de La Coruña  |