

**“Case management”  
can prevent people  
with heart failure being  
admitted again**

**School for  
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## **STUDY SUMMARY**

**NHS**  
*National Institute for  
Health Research*

Case management (CM) that is initiated in hospital and led by specialist nurses may reduce unplanned hospital readmissions and length of hospital stay for adults with heart failure. The review found limited evidence that hospital-initiated case management is cost effective – particularly in relation to the NHS.

Case management is intensive one-to-one care that involves many components to do with planning, coordinating and reviewing the care of people with long-term conditions.

This review of health services research found 17 trials and five other studies, including three from the UK. The interventions used by the individual studies in this review varied widely, highlighting a need for caution in interpreting the pooled findings. These findings are promising, however, and should lead to further studies that confirm them in the UK setting. Commissioners would also need to know other things such as the components and costs of case management that are most beneficial.

### **Publications:**

Huntley AL, Johnson R, King A, et al. Does case management for patients with heart failure based in the community reduce unplanned hospital admissions? A systematic review and meta-analysis. *BMJ Open*. 2016; 6(5): e010933.



## Does case management for patients with heart failure based in the community reduce unplanned hospital admissions?



[www.spcr.nihr.ac.uk](http://www.spcr.nihr.ac.uk)

### **Issue:**

Heart failure is a condition where the heart is unable to pump blood to meet the needs of the body. It typically affects older people and causes symptoms including breathlessness, swollen legs and fatigue. Over half a million people are living with heart failure in the UK and this figure is expected to rise.

### **What we did:**

This systematic review of 17 randomised controlled trials and five non-randomised controlled studies included 8,626 people with heart failure living in Organisation for Economic Co-operation and Development countries. Three studies were based in the UK. Trials compared unplanned hospital admissions and length of hospital stay in people receiving CM with those receiving usual care. In nine studies, researchers also collected cost information. Studies were divided into hospital-initiated and community-initiated CM. In nearly all the studies CM was led by specialist nurses.

### **What we found:**

Hospital-initiated case management can be successful in reducing unplanned hospital readmissions for heart failure, and length of hospital stay for people with heart failure.

Nine trials described cost data; no clear difference emerged between CM and usual care. Only a small number of studies looked at community-initiated CM, and they suggested that it doesn't reduce hospital readmissions.