

**Presentation Category:** Original - Research Complete

**Abstract Title**

Impact of a Heart Failure Guideline-Directed Medical Therapy Stewardship Pharmacist

**Learning Objective**

The study aimed to assess the impact of inpatient pharmacist-led GDMT stewardship as a part of multidisciplinary approach in an effort to improve GDMT optimization and improve patient outcomes

**Abstract**

**Purpose**

Patients with heart failure with reduced ejection fraction (HFrEF) continues to receive suboptimal guideline-directed medical therapy (GDMT) nationwide, despite the substantial body of evidence indicating that early initiation and optimal management can significantly decrease mortality and the likelihood of re-hospitalization in heart failure patients. The study aimed to assess the impact of inpatient pharmacist-led GDMT stewardship as a part of multidisciplinary approach in an effort to improve GDMT optimization and improve patient outcomes.

**Methods**

This was a single-center, retrospective intervention study of adult patients with heart failure with a left ventricular ejection fraction (LVEF) of less than 50% who were hospitalized for non-cardiovascular reasons from December 2021 to May 2022. Subjects were identified through electronic medical records (EMR), and a stewardship pharmacist evaluated gaps in GDMT, following current heart failure guidelines, and communicated recommendations.

**Results**

The intervention group demonstrated higher rate of quadruple therapy at discharge (19.7% vs. 8.0%,  $p=0.003$ ) and at the 30 days post-discharge (26.2% vs. 12.0%,  $p=0.033$ ). The total net therapeutic changes were also significantly higher in the intervention group at both discharge (0.72 vs. 0.40,  $p=0.047$ ) and 30 days post discharge (0.94 vs. 0.57,  $p=0.035$ ). The intervention group demonstrated a consistently higher percentage of patients taking three or more GDMT agents at discharge (68.6% vs. 54.0%) and 30 days post-discharge (71.9% vs. 58.0%) but was not statistically significant.

**Conclusions**

Pharmacist-led GDMT stewardship in hospitalized HFrEF patients, as part of a multidisciplinary approach, resulted in increased adoption of recommended therapies, enhancing GDMT optimization and potentially improving patient outcomes.

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