

HEART FAILURE CASE PRESENTATION

Aneeqa Javed, MD
Cardiovascular Disease Fellow
Staten Island University Hospital, NY.

April 17, 2026



NorthwellSM
Cardiovascular Institute

PATIENT OVERVIEW

- 56F with NICM/HFrEF (LVEF 17%, LVIDD 6.6 cm), ACC/AHA Stage D
- Devices: s/p CardioMEMS (6/2022), s/p subcutaneous ICD (2018)
- PMH: AFib, VT, TIA, LV thrombus (hx), HTN, Hep B, prior COVID, polysubstance use



STATEN ISLAND COURSE: PROGRESSIVE ADVANCED HF

- Recurrent limitations on functional testing
- 4/29–5/4/23 ADHF admission
- RHC: CO/CI 3.0/1.91 (TD); 2.7/1.65 (Fick); RA 15, mPAP 49, PCWP 37
- Initial AT evaluation started but lost to follow-up
- EP office visits in 2024, HF f/u in Jan 2025

STATEN ISLAND: CARDIogenic SHOCK → CHRONIC INOTROPE (AUG–SEPT 2025)

- 8/2–8/14/25 (SIUH-N): cardiogenic shock from ADHF
- CCU care; DCCV for AFib w/ RVR; Complicated by bacteremia
- Discharged to nursing facility on milrinone 0.375 mcg/kg/min + diuretics
- 9/9–9/18/25: recurrent cardiogenic shock due to inappropriate med adjustment at nursing home
- Recovered; goals-of-care revisited → Code status changed to Full Code (re-engaging with care)

STATEN ISLAND CLINIC PIVOT POINT (9/25/25): “ACCESS MOMENT”

- Presented to HF clinic despite feeling unwell
- On palliative milrinone, now with worsening low-output concern
- Prior AT concerns: nonadherence/poor insight, prior polysubstance concerns
- Decision: admit and pursue expedited advanced therapy evaluation

ADVANCED THERAPIES CANDIDACY: RECONSIDERATION OVER TIME

Earlier barriers

- Incomplete follow up
 - Nonadherence
 - Poor insight
- h/o cocaine and alcohol use

Clinical + social reassessment

Prior exclusion -
> active work up

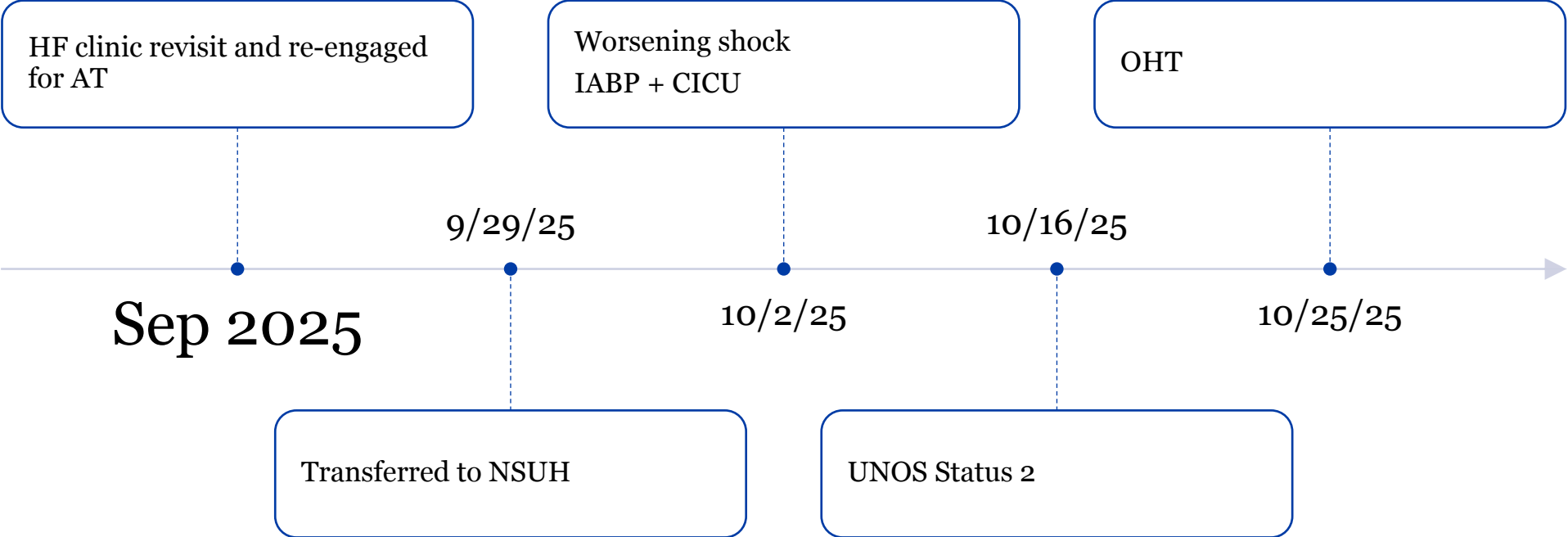
What changed by September 2025

- Reported 8 months of abstinence

Commitment to focus on health

- Family engagement
- Worsening stage D HF despite inotrope
- Clear need for AT evaluation

CLINICAL TIMELINE



SPOKE-HUB-SPOKE MODEL FOR HF ACCESS

Staten Island (community HF care)

- Clinic follow up
- Recurrent admissions
- Recognition of Stage D HF



NSUH (Transplant hub)

- Inpatient AT evaluation
- Hemodynamic escalation
- UNOS listing
- Heart transplant
- Early post-OHT surveillance



Longitudinal care

- Initial recovery near NSUH
- Later handoff closer to home
- Share regional follow up

THANK YOU

