Heart Failure

North Trent CHD Collaborative

Modernisation Agency

1. Before and After

Heart Failure Nurse

Before

- Patients had a variety of different contact points for their condition within the hospital
- No central person to see patient and monitor their condition
- No one to advise and support the patient with Heart Failure
- The hospital lacked a way of keeping up-to-date in the field of heart failure

Improvement made

- Heart failure nurse in post to advise and monitor patients
- Able to act as central resource for heart failure patients
- Allows staff to keep updated and disseminate knowledge on heart failure locally
- Runs nurse led clinic for effective dose titration of patients

Heart Failure Clinic

Before

- Patient would have to attend hospital twice for tests and diagnosis
- Greater wait and delay - causing more stress for the patient

After

- One stop heart dysfunction clinic offers patients tests and diagnosis in one go
- Reduced wait for patients
- Referrals to the heart failure nurse can be made quickly
- Simplified interface with primary care

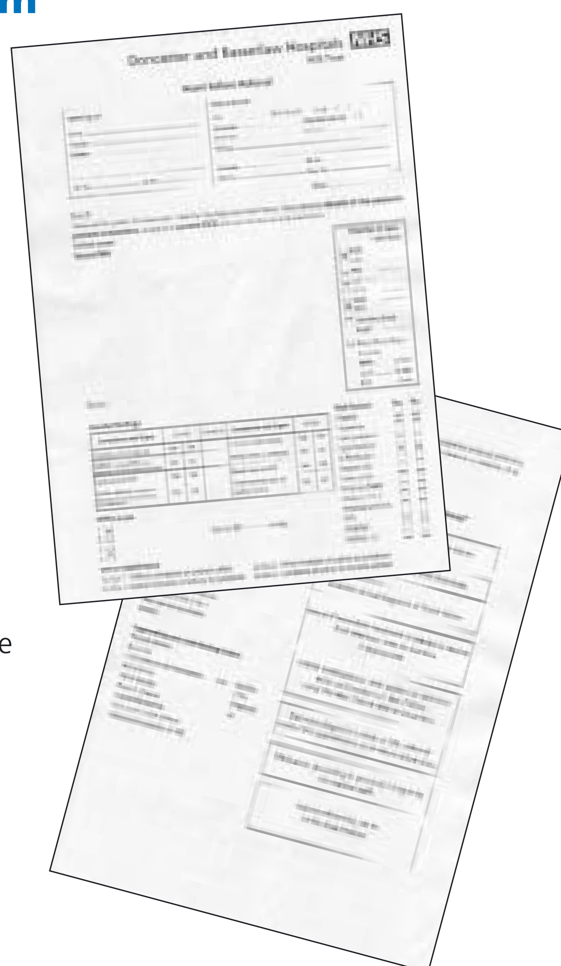
Heart Failure referral form

Before

- Suspected heart failure patients were referred by GP letter
- Susceptible to delays
- No defined route for suspected heart failure patients.

After

- New heart failure referral form introduced into the community
- Acts as an easy referral route for GPs to refer to secondary care
- Includes "aide memoirs" to help GPs conduct examinations for heart failure patients
- Easier for consultant to identify heart failure patients from the form
- Speeds process/reduces delays



Doncaster and Bassetlaw Hospitals NHS Trust

2. Patient & Carer Experience

Patient and carer interviews have been conducted throughout the year in Doncaster as part of the CHD Collaborative.

It is important to keep all highlighted remarks in context. Most interviews generally contained a lot of highly complementary remarks about the staff and service, but there were some key issues that have emerged. These have been grouped into three broad areas. Underneath each are detailed changes that the Collaborative has instigated to try and improve the patient and carer experience

Lack of Knowledge about the condition

Of particular concern for patients when interviewed was the lack of knowledge or information given about their heart condition:-

'I am not a medical person, but I need some information so that I can deal with it at home 24hrs a day.'

'When it [HF symptoms] initially started, I said I really need to know what exactly is wrong'

'I need to know where I am going, it is the only way I can deal with it'

Change brought about by the CHD Collaborative

There is now a dedicated heart failure nurse specialist, seeing both patients and carers in a nurse-led clinic. In the clinic, the nurse initiates and reviews treatment and offers support and advice to the patient and their carer. The clinic also offers patients and carers a chance to talk about their condition and their concerns in a less hurried or intimidating setting. This helps to ensure knowledge is freely gathered.

Communication

Patients and their carers reported some difficulty in communicating with medical staff over different areas of the person'. Some typical comments on this issue are:-

'I don't like to be kept in the dark and I don't like to be treated a second class citizen as though I am not fit to know'

'I understand that they haven't got a lot of time, but I think when somebody specifically says "could I talk to you about my husband's condition, when you have got time?" they should try to make you 5 minutes

'Things aren't explained'

Change brought about by the Collaborative

A heart failure database has been initiated, so that monitoring of patients can be improved and communication more structured. The Cardiac Handheld record card used locally has been further developed for use by heart failure patients and to act as an effective communication tool. Finally, all consultants (not only cardiologists) in the hospital can now refer patients to the heart failure nurse who will become a key point of contact for sufferers of the condition

CARDIAC HEALTH RECORD

Please carry this card with you at ALL times and present it at ALL Doctor, Nurse and Hospital Appointments

Patient Details

Practice Computer Number

NHS Number

Name

Address

Telephone Number

Mobile Number

Date of Birth

Sex Male Female

Isolation

The carers of patients reported that they themselves felt quite isolated at times about the condition of the friend or relative:-

'Most of the time I feel very isolated at home. Sometimes there are little hiccups and you think I don't know which way to turn with this'

'I think sometimes it would be wonderful if I could pick up the phone and say "I am at my wits end and I don't know what to do".

'We are in a state of limbo at the moment'

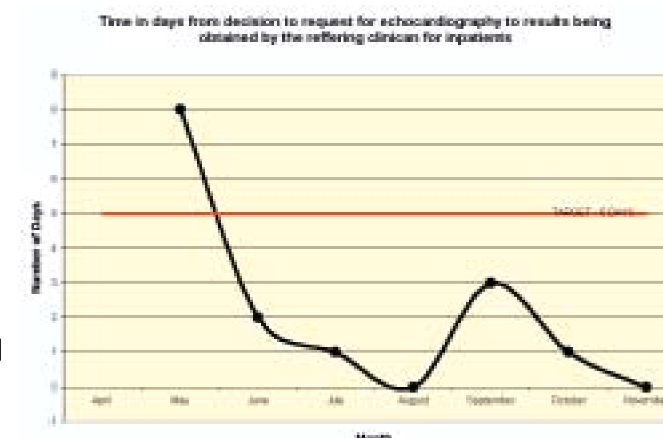
Change brought about by the Collaborative

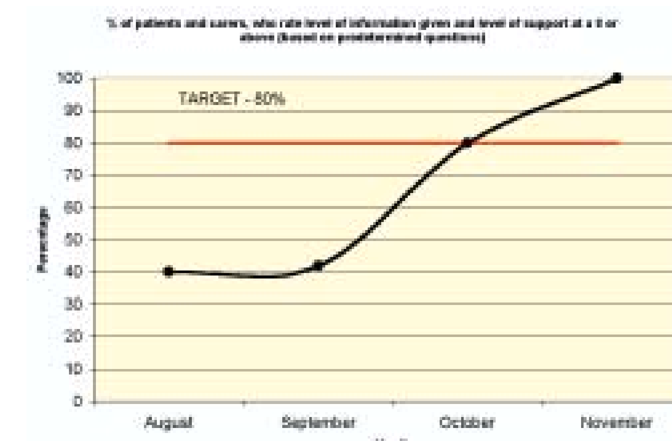
The heart failure nurse aims to be accessible at convenient times for patients and their carers. Business cards with full contact details are given to patients so that they can, if they wish, pick up the phone and make contact. In addition, the heart failure nurse is able to visit patients in their own homes and disseminate published literature on the condition in a more effective way. Heart Failure patients are now being encouraged to attend support groups and the framework established for further community schemes.

3. Run charts

As part of the reporting mechanism for the Modernisation Agency, the project is assessed according to five measures. Each measure has a locally set target of against which run charts are plotted every month over the lifetime of the project. Two of these charts are re-produced below

Over the course of the year 2001-2002, the access for patients to the echocardiography service has improved. The main change came about in May / June 2001 when for the first time, the waiting list structure was examined and improvements made. Heart Failure patients were recategorised and dealt with seperately so speeding their treatment.





The main improvement in the patient and carer experience measure comes about in September with the appointment of the new Heart Failure Sister. The nurse now acts as a central point for information, advice and support as well as being able to offer titration of their dose. This hopefully, will ensure a better experience for the patient