

IMPLEMENTATION OF A HEART FAILURE ALERT CARD AND IMPLICATIONS FOR CONTINUITY OF CARE

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THE PROBLEM

A lack of effective communication between primary and secondary care

A scoping exercise was conducted in NHS Manchester to elicit views on how heart failure services and processes might be improved. Interviews were conducted with a selection of health care professionals (HCP) and heart failure specialist nurses (HFSN) who raised concerns that they were not notified when patients on their caseload were admitted to and discharged from hospital resulting in:

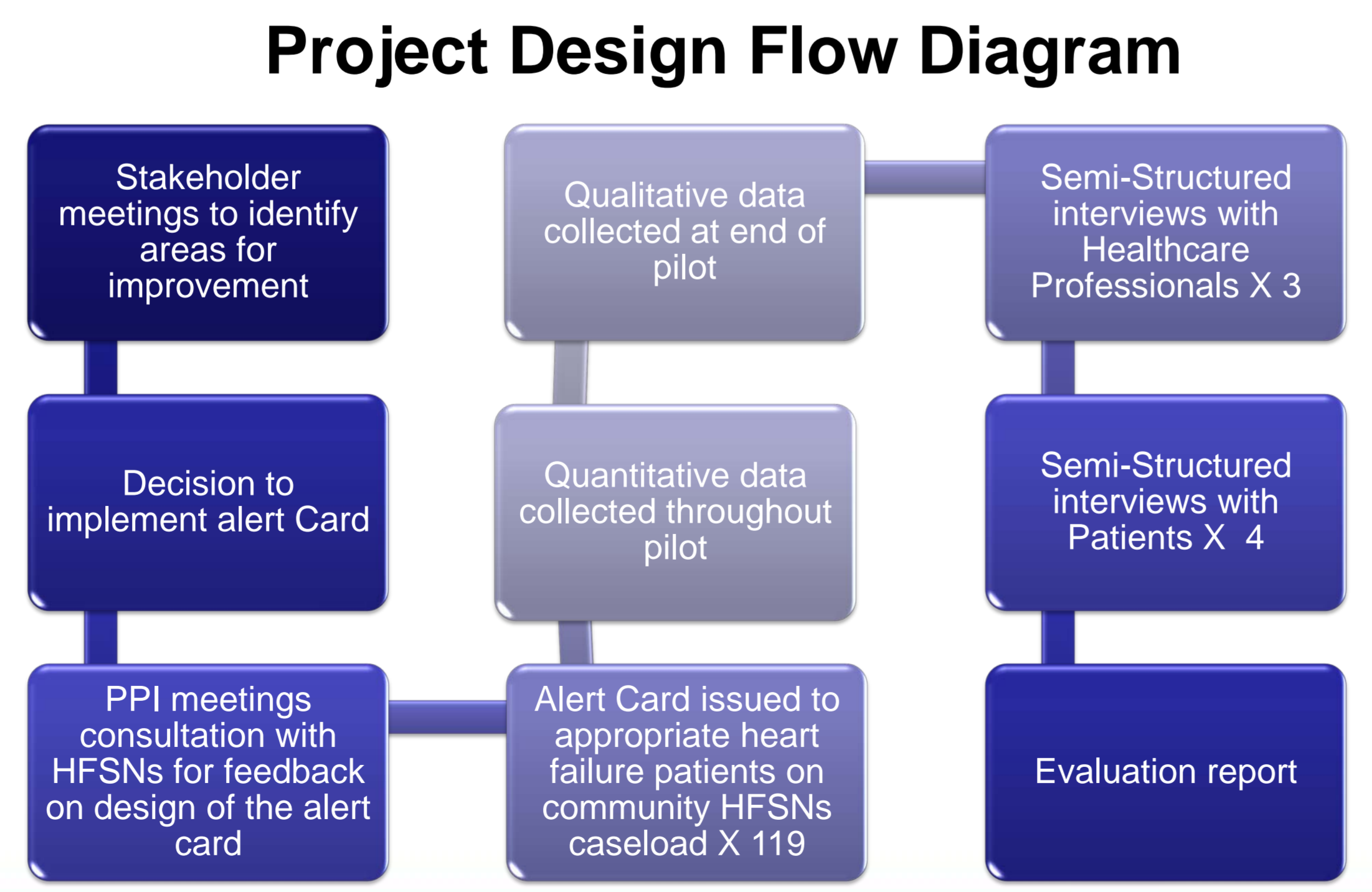
- Repeated tests
- Unnecessary referrals to therapists
- HFSNs unaware of medication changes
- Ward staff unaware of patient baselines

THE SOLUTION – A HEART FAILURE ALERT CARD

Aim: to improve communication between healthcare professionals at transitions of care

- Objectives:
- To increase the incidence of HFSNs being notified that a patient has been admitted
 - To increase the incidence of HFSNs being notified that a patient has been discharged
 - To ensure baseline information is communicated to staff in secondary care
 - To empower patients to take an active role in their care by identifying they have a HFSN

The card was designed with input from patients, carers and the HFSNs involved in the project. It is plastic, the size of a credit card and fits into a wallet or purse. The card is issued during face to face consultations by a heart failure specialist nurse. Patients were asked to present the card on hospital admission or at out-patient appointments. The main target for the card were patients admitted to general medical wards, where nurses are less knowledgeable about heart failure and changes in treatment more likely to occur. In the previous 12 months the HFSNs were contacted by secondary care on only two occasions to notify them of patient admission.



QUANTITATIVE RESULTS

- The HFSNs treated a total of 160 patients during the period of the pilot of which 119 (74%) were issued with alert cards.
- In 80% (49 out of 61) cases HFSNs were notified of patient admission. Representing a large increase from the previous 12 months.
- 18 (37%) notifications came from secondary care nurses. In the previous 12 months the HFSNs had only been notified of a patient admission on 2 occasions. This represents nearly a 10 fold increase assuming similar admission rates. 12 (25%) notifications came from primary care nurses and 19 (38%) from family members.
- In 36 (59%) cases the HFSNs were informed of discharge from secondary care. Prior to the alert card they were only notified of discharge very occasionally and considered this to be a significant improvement in communication.

QUALITATIVE RESULTS

- 3 HCPs, 3 patients and 1 carer were interviewed by telephone. Everyone interviewed considered the alert card to be a good idea.
- HFSNs felt that communication with secondary care had improved significantly.
- HFSN have become more involved in in-patient management and have started to be contacted by hospital clinicians.
- The HFSN have started to be copied into out-patients letters that would previously be sent only to the GP.

- Feedback from patients has been positive and suggests that they feel more empowered and the card legitimises the fact that they have heart failure

CONCLUSIONS

The alert card pilot achieved the objectives in terms of:

- An increase in the number of notifications of admission
- HFSNs were more involved in in-patient care
- An increase in the number of notifications of discharge
- Patients/carers were empowered to take an active role in their care