Supporting Failing Hearts and Developing Care Success

POCF QI Project at the Great Western Hospital
A Collaboration of Cardiology and End of Life Care

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The Team:

Great Western Hospitals
NHS Foundation Trust

Service Teamwork Ambition Respect
Cardiac Physiologist:

Relevance to project:

- Perform Cardiac Investigations:
  - Echocardiograms looking at heart structure and function.

- Cardiac device insertion and follow up:
  - Pacemakers to restore slow heart rhythms.
  - Cardiac defibrillators to restore fast heart rhythms to include shock therapy.
  - Devices that resynchronise the pumping action of the heart for heart failure patients.

- According to University College London, GWH pacing team demonstrates “exemplary practice” for it’s device implantation service.
Introduction:

Heart Failure:

- Affects 900,000 people in the UK.
- Variable disease trajectory requiring frequent hospital admission.
- Mean survival from diagnosis to death - 3 years.
- Prognosis similar to most cancers.
- Nationally, information and support for patients is less.
  - Less predictable disease progression with uncertainty of response to treatments.

Result:

- Clinicians are reluctant to engage with patients and their families about the terminal nature of the disease.

Consequence:

- Patients and families do not realise the situation or have the opportunity to make plans.
Project Overview:

Palliative Care and Cardiology

- Inpatients
- Outpatients
- Cardiac Physiology

Phase 1
Identify Areas for Improvement

Phase 2
Implement Change & Evaluate
Project Aim:

First Phase:

To Identify Areas For Improvement from the Patient’s Perspective:

- **Shadowing**: of patients, relatives, staff members in a variety of situation and location.
- **Staff discussions and reflection** around anxieties with respect to dealing with difficult conversations.
- **Reference** to Trust data within patient notes: documented conversations, FFT, ward death rates, place of death, complaints and feedback.
- **Telephone Questionnaire** to bereaved relatives.

- To use this qualitative data to dictate and drive change in the Heart Failure Care Pathway.
Cardiac Physiology:

Current Patient Referral Pathway

ICD / CRTD Device Service

Assess, Identify and refer

Council, and pre device discussions

Device procedure

Specialist advice and device check pre- discharge

Referral to Palliative Care &
Tachycardia therapy deactivation

Referral to Heart Failure Nurse or Consultant

Outpatient follow up –
hospital / home monitoring

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Data collection:

“Allow people to tell their story & reflect on service”

“Formulate new pathway for improved care”

“Aid our understanding of how care was perceived in latter months of life up till death”
Lessons Learnt:

Shadowing & Listening:

Patient Reflections:

• Pre – Implant Assessment & Counselling – Poor Patient Information: Patients received general “pacemaker” leaflet but wanted more face to face discussion time and specific device information.

• Post Device Implant - Lack of understanding:
  ➢ “Will it prevent a heart attack?”
  ➢ Didn’t understand driving implications / restrictions / impact.
  ➢ “Why do I need to know about EOL? – it’s to prevent me dying.”

• Post Tachycardia Therapy Deactivation: Poor Communication:
  ➢ Patient perception that deactivating shock therapy would also deactivate the pacemaker function.
  Effect - Observer reflected “Colour flooded back into her face”.

Service Teamwork Ambition Respect
Lessons Learnt:

Bereaved Questionnaires:

- 39% response rate to invitation letter (75 sent out), 20% completed interviews.
- Respondents consistently indicated a need for an individualised approach.
- Experiences were polarised, very good or very poor.

Positive:

- Majority of those questioned had perceived their experience as positive.
- They valued support, information and professionals working in a joined up way.

Negative:

- Predominantly as a result of poor communication.
- Where experiences were poor, anger remains many months after the death.
Quality Improvements:

Second Phase: Implement Changes and Evaluate

- Education:

  - **Pre assessment nurses** - need to discuss EOL planning with respect to tachycardia deactivation and DVLA guidelines. Introduced simplified DVLA flow chart.
  
  - **Cardiac physiologists** – symptoms / signs of heart failure for earlier referral to heart failure specialist. Palliative care services.
  
  - **Patients** - Modified patient information given out at pre-assessment clinics and at pre-discharge checks.
  
  - Introduced varied media formats for patient information – written, on-line & fridge magnets.
  
  - Introduced palliative care presentations and EOL planning into ICD patient support group sessions.
Quality Improvements:
Second Phase: Implement Changes and Evaluate

• Staffing & Workflow:
  - Re-assigned physiology staff and time allocated for first follow up.
  - Improved work flow and data quality – Fysicon Dataflow.
  - Dedicated pacing bleep for ease of patient contact with department.

• Evaluation:
  - Quality Improvement Questionnaires - audit and evaluate progress outcomes.
Focus For Going Forwards:

• Although most patients want to know they are about to die, a few do not.

‘Less than 1% of patients in the 2015 audit had asked not to be told that they were nearing the end of life. While this is a small percentage, it still equates to about 60 patients in a single month who decided that they didn’t want to be told they were dying.’
Royal College of Physicians and Marie Curie.

• Stay patient focused to fulfil the needs of all.
Impact of Collaborative Working:

Local Referrals to Palliative Care with Primary Cardiac Diagnosis:

Start of POCF collaborative Project