# Building on patient experience to develop an approach to transitional care in heart failure management

**Katrina Leong[1], BSc., Dr. Gayle Halas[2], PhD, Dr. Shelley Zieroth[3], MD**

[1]Max Rady College of Medicine, University of Manitoba, [2]Department of Family Medicine, University of Manitoba; [3]Department of Cardiology, St. Boniface General Hospital

## Introduction

- Heart failure (HF) is a complex and chronic condition in which the heart is unable to provide adequate cardiac output to the body, resulting in pulmonary and systemic congestion[1]
- Affects >600,000 Canadians with a high rate of hospital readmission[2,3] → Increased burden on the healthcare system and specialized resources
- 1 in 4 HF patients will return to hospital within 30 days of initial discharge[1]
- Many low-risk, stable patients can be managed by community-based primary care providers[4,5]
- To date, there is a lack of a clear pathway that addresses the needs of HF patients as they transition from the hospital to the community ("transitional care")
  - Gaps in transitional care can increase risk of readmission and adverse events among HF patients[6]
- The pathway should align with current patient-centred approach which is central to primary care
  - Patient-centred care is the provision of services that reflect patients' feelings, preferences, and expectations[7]
  - Particularly important for HF patients who often have co-existing medical conditions and functional restrictions
- Objectives of this study:
  - To capture the experiences, preferences, and needs of HF patients
  - To explore elements of patient readiness for community-based care

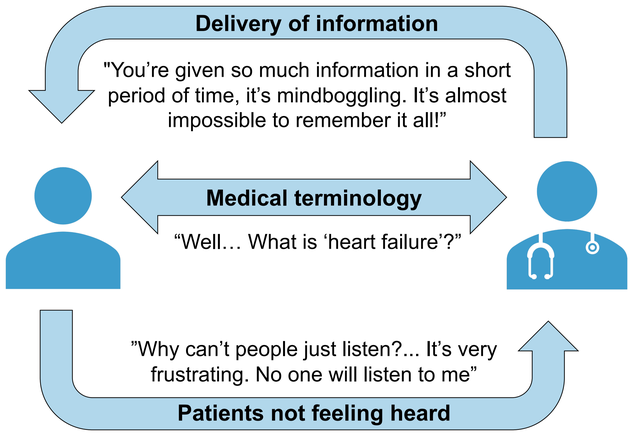
## Methods

- Participants recruited from St. Boniface General Hospital Heart Failure Clinic
- Inclusion criteria: Patients and/or caregivers living in Winnipeg or rural Manitoba who were recently transferred from HF Clinic to community-based primary care
- Semi-structured interviews conducted in-person or via telephone
- Qualitative phenomenological study
- Study approved by the University of Manitoba's Health Research Ethics Board (HREB)

## Results

- 12 interviews – 11 patients, 3 caregivers
- Age, median (range): 68.5 (42-89)

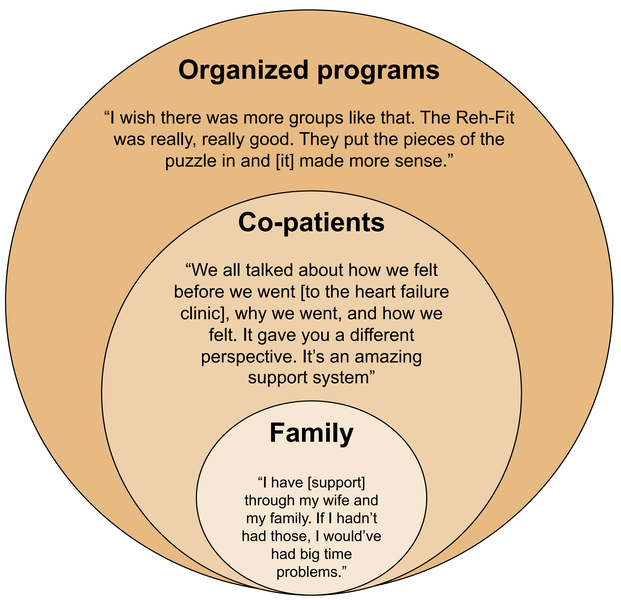
### Theme 1. INFORMATION EXCHANGE




- 3 subthemes:
  - Delivery of information
  - Medical terminology
  - Patients not feeling heard
- Upon discharge, the information desired and received by patients was incongruent
- Patients expressed confusion and uncertainty about their diagnosis due to medical jargon
- Patients felt frustrated and unheard in the decision-making of their HF care

### Theme 2. SUPPORT

- 3 subthemes:
  - Family support
  - Support from co-patients
  - Organized programs
- Emotional, instrumental, and informational support from family impacted patient readiness for hospital discharge
- Patients valued a sense of shared experience within the HF community
- Formal groups and programs were a good source of social support for patients
- Organized recreational programs are beneficial for improving functional status and increasing patient education related to HF




## Discussion

- When discussing chronic conditions –particularly HF – some physicians choose not to use medical jargon, including the term "heart failure" as they do not find that it is helpful in discussing treatment and prognosis with patients.[8]
- Patient decision-making roles tend to be more passive under specialty care, as compared to primary care.[9]
- Patients are interested in information from reliable healthcare providers as well as other HF patients.[10]
- Social support is subjective[11,12] and helps with HF self-care & management[10,13], so healthcare providers are encouraged to discuss sources of support and their availability at each follow-up visit.[13]
- Emotional support is important for HF patients, especially those dealing with concurrent depressive and anxious symptoms[14]
  - Positive impact on physical health and quality of life in HF patients[15,16]

## Conclusions

- HF patients face similar, but also unique, challenges
- Good communication and the presence of support are particularly important to patients throughout their medical care, and particularly in their transitional care
- Healthcare teams, both in hospital and the community, may consider tailored care plans that allow for shared decision-making with patients
- Further research areas:
  - How to best deliver information and education upon discharge and in the community
  - Which types of support are most needed by patients and caregivers

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