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

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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 congestion1

• Affects >600,000 Canadians with a high rate of hospital readmission1,2 Increased burden on the healthcare system and specialized resources

• 1 in 4 HF patients will return to hospital within 30 days of initial discharge1

• Many low-risk, stable patients can be managed by community-based primary care providers3,4

• 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 patients5

• 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 expectations6

• 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

Theme 1. INFORMATION EXCHANGE

Delivery of information

“You’re given so much information in a short period of time, it’s mind-boggling. It’s almost impossible to remember it all.”

Medical terminology

“Why can’t people just listen… It’s very frustrating. No one will listen to me”

Patients not feeling heard

Theme 2. SUPPORT

Organized programs

“I wish there was more groups like that. The RehFit was really, really good. They put the pieces of the puzzle in and [it] made more sense.”

Co-participants

“We all talked about how we felt before we went to the heart failure clinic, why we went, and how we felt. It gave us a different perspective: it’s an amazing support system.”

Family

“I have [support] through my wife and my family. If I hadn’t had those, I would’ve had big time problems.”

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.

• Patient decision-making roles tend to be more passive under specialty care, as compared to primary care.

• Patients are interested in information from reliable healthcare providers as well as other HF patients.

• Social support is subjective7,11 and helps with HF self-care & management11,12, so healthcare providers are encouraged to discuss sources of support and their availability at each follow-up visit.

• Emotional support is important for HF patients, especially those dealing with concurrent depressive and anxious symptoms13

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 in the community

  • Which types of support are most needed by patients and caregivers

References


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