
Heart Health Hub

Initiative Type

Model of Care

Status

Deliver

Added

05 March 2022

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29 June 2022

URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/heart-health-hub>

Summary

The Heart Failure Service has implemented a new method of service delivery utilising virtual technology and remote patient monitoring. The West Moreton Hospital and Health Service (HHS)/Philips Heart Health Hub is a pilot program, utilising remote patient monitoring and video conferencing to virtually manage heart failure patients specifically focusing on timely medication titration in their own home.

Key dates

Jan 2021

Dec 2021

Implementation sites

West Moreton HHS

Key Contacts

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Aim

The aim of this pilot is to determine the feasibility and acceptability of the West Moreton (WM) Heart Failure Service virtual model for medication titration for heart failure patients. This pilot is facilitated by the heart failure Nurse Practitioner and Cardiology specialist. The clinical team uses virtual technology to improve access to patients for the pharmacological management of heart failure patients. The program is providing positive outcomes for patients, staff and the organisation and WM

is in the process of exploring the possibilities of an external economic evaluation to be conducted to inform if this model should be sustained as part of the long-term service delivery model. The objective of this new virtual service will be to deliver effective and safe management and monitoring of medications by a Nurse Practitioner via remote patient monitoring and video conferencing. The aim of the virtual pilot is to:

1. improve patient outcomes and experiences for patients
2. reduce travel time for staff and patients
3. increase patient accessibility to nurse practitioners
4. meet statewide clinical guidelines regarding six-month titration review periods
5. understand the perspectives and experiences of patients receiving virtual HF care, including key challenges, barriers to completion of the program
6. to describe the challenges to delivering and receiving key components of cardiac disease management by a virtual model of care
7. to make recommendations for the integration of virtual health into existing Cardiac Chronic Disease Management programs to enable future scalability
8. understanding the perspectives and experiences of staff delivering the virtual program including key challenges, barriers to success/completion and key learnings
9. identify areas for service improvement
10. assess the feasibility and acceptance as a model for integration of virtual health into existing Cardiac Chronic Disease Management programs to enable future scalability.

Benefits

- improving access to care for those in West Moreton HHS, that have traditionally had barriers to engaging with clinical teams, i.e. rural, remote or working
- efficiency to deliver care and improved consistency of care (4.4 assessments per month versus 1.1 per month)
- shorter time to titrate: average time to titration around seven weeks, with increased activity in first month post discharge
- average length of time on the system 11 weeks
- patient experience measures: Net Promoter Score of 80 per cent promoter for patient experience in the system.

Background

During the COVID-19 pandemic the need arose to monitor some patients (who traditionally had barriers accessing the service) remotely, specifically on the timely medication titration in their own home.

Solutions Implemented

Utilising a mixed method of delivering the virtual pilot. This means allowing patients to still have face-to-face appointments (i.e. home or clinic visits) if clinically indicated or patient concerns. The patients recruited to the program are already known to the Heart Failure Service and are assessed by our clinicians to determine if they are suitable for the pilot program. Patients selected for the pilot need to have the ability to use technology and adequate health literacy.

Evaluation and Results

Evaluation showed it has enabled us to access patients more readily and keep doing the titration without disruption to patients. We are working with QUT cost effectiveness analysis. So far it already reduces travel time for patients and staff, resulting in a more streamlined service.

Lessons Learnt

Not feasible to commence new patients during inpatient admission. Focus on the person, take time to listen and engage and respect where the person is at on their journey.

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