Ms Miriam Lindsay

Cardiovasular Risk Health Sector Support

Heart Foundation

Heart Health Improvement – Support for Professionals and People - Concurrent Workshop Repeated

Saturday, 17 August 2013	Start 2:00pm	Duration: 55mins	Lounge 1
	Start 3:05pm	Duration: 55mins	Lounge 1



Heart Health Improvement-
Support for professionals and people

Miriam Lindsay
Primary Prevention Health Sector Support
Heart Foundation

Session outline

CVDRA: how far we have come?

What has worked?

- Leadership
- Quality Improvement
- Patient Access
- Patient self management

The Heart Foundation resources and support

- eLearning
- Heart Healthcare Forum
- Taking Control
- E Newsletter

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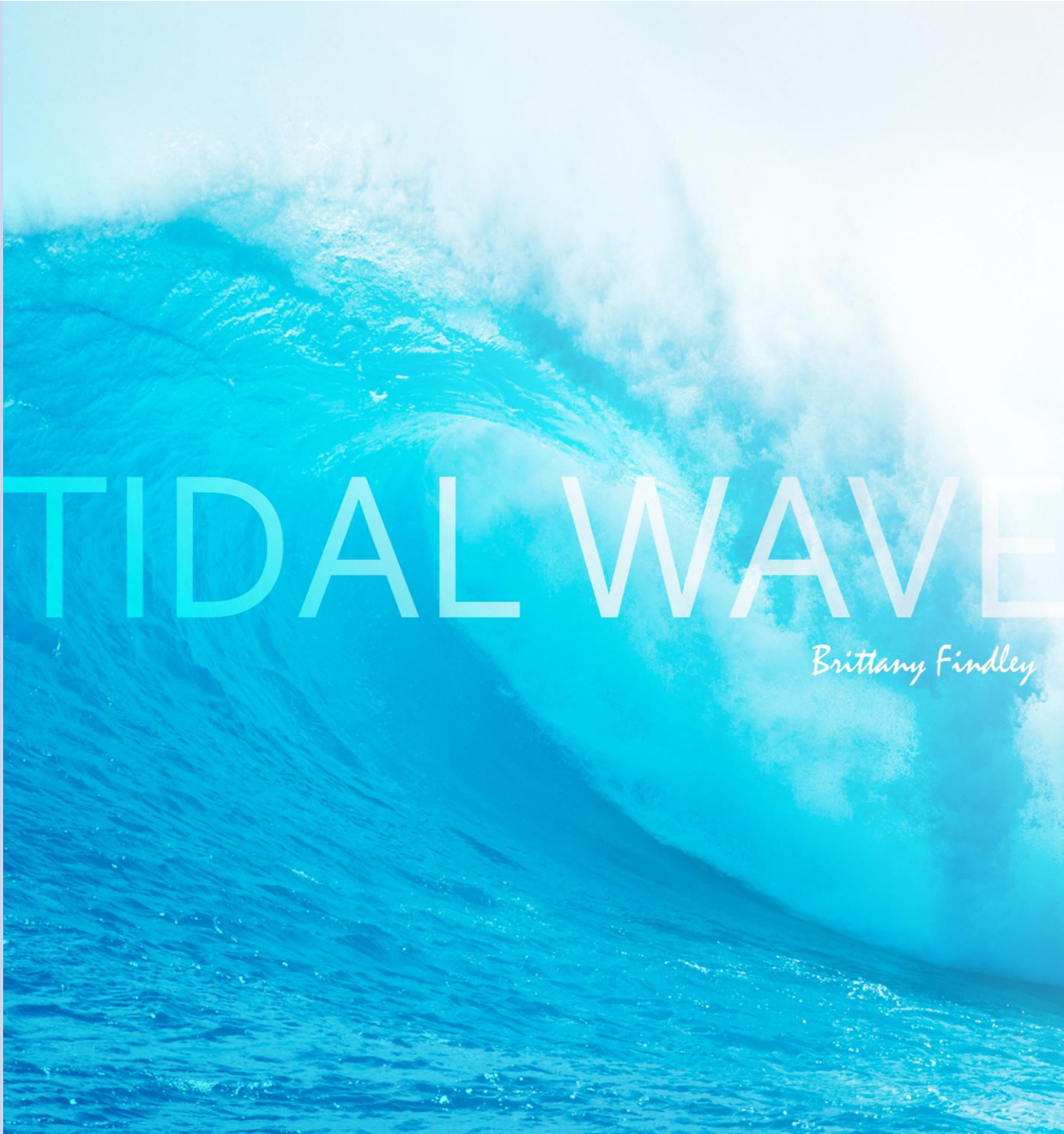
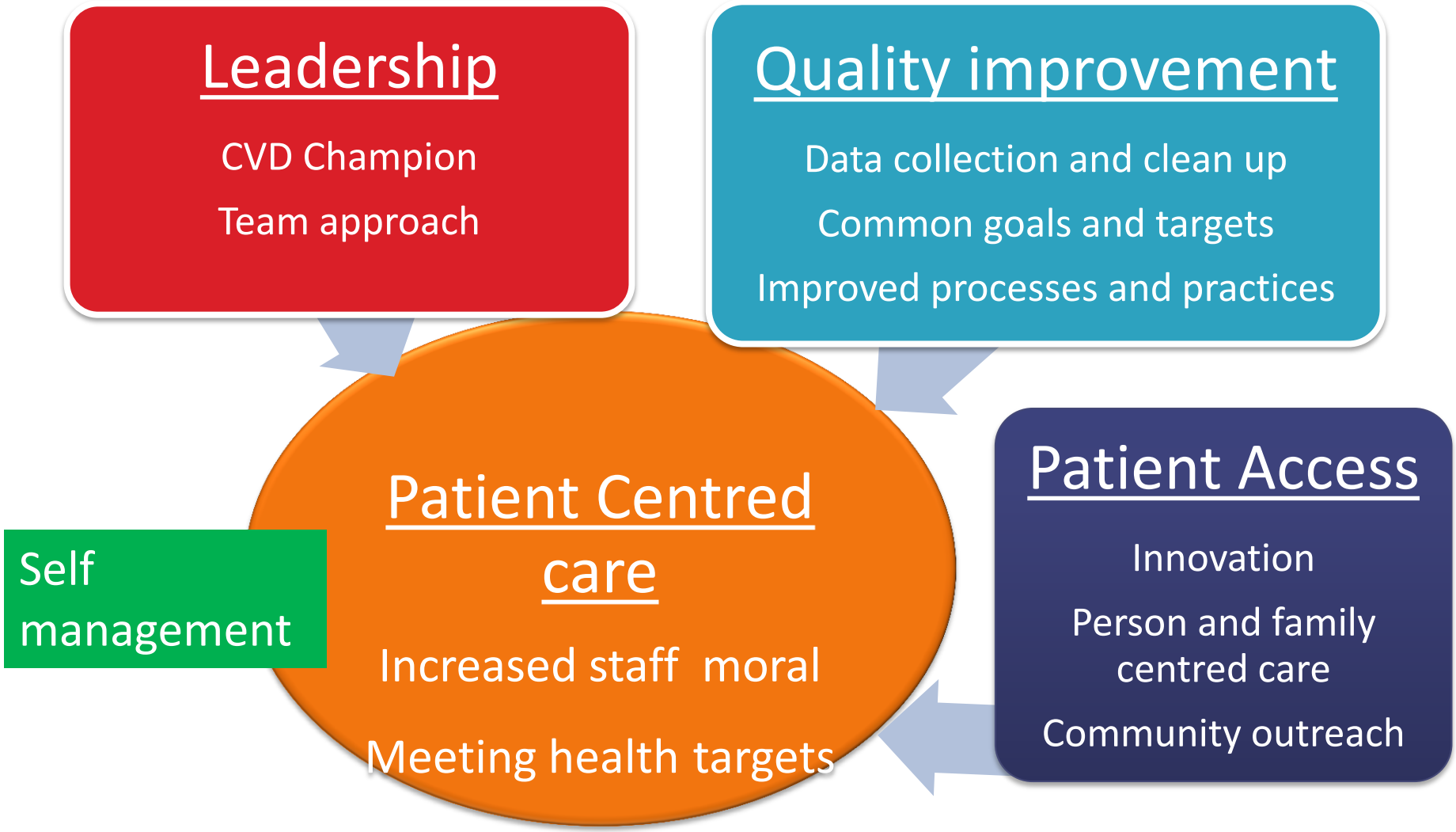
This is the tidal wave of CVD and diabetes coming toward us.....

Are you going to run to the hills or face the challenge?

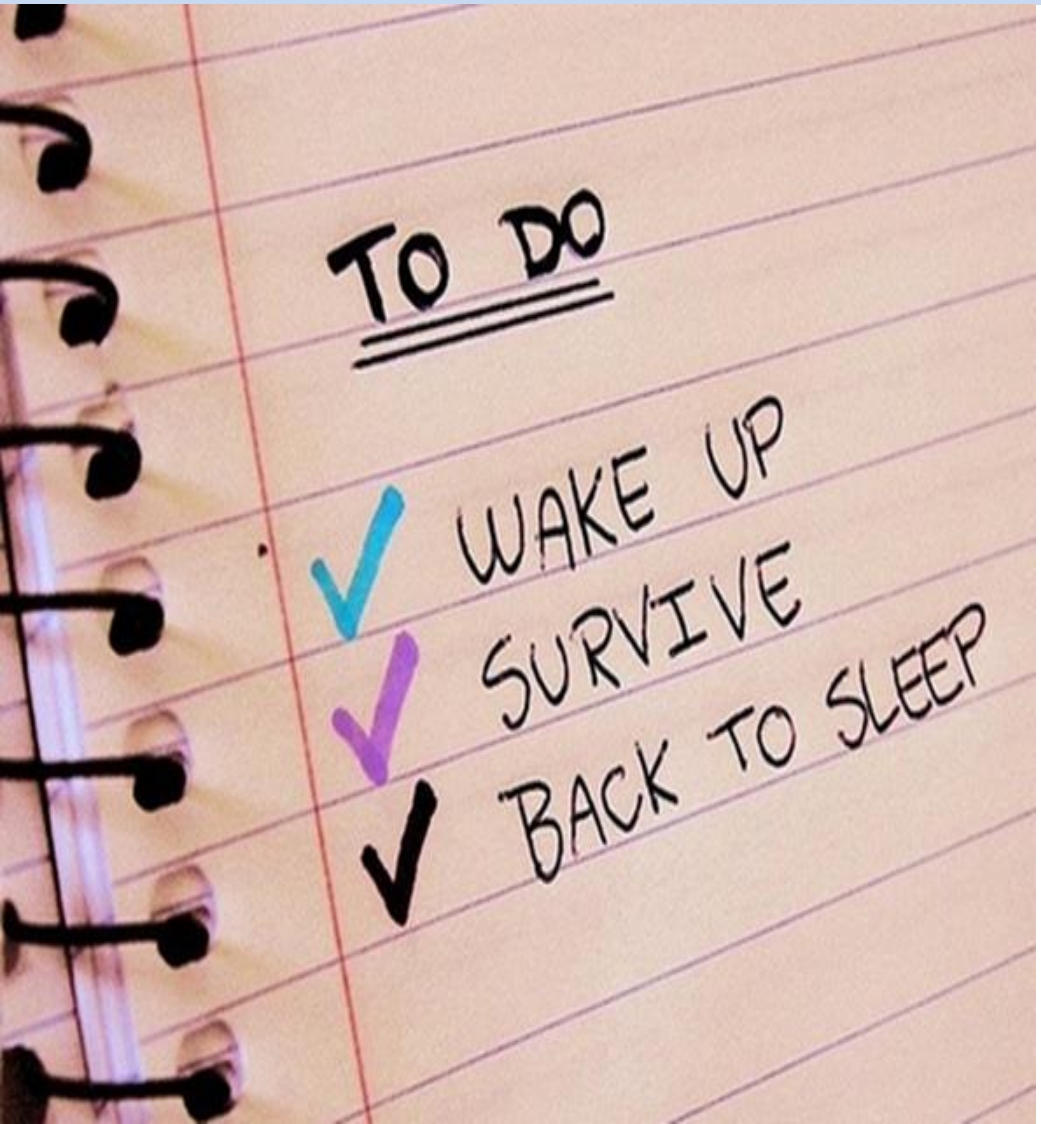


Risk Assessing Anyone??

Keys to successful CVD assessment and management



Feeling Overwhelmed Anyone??



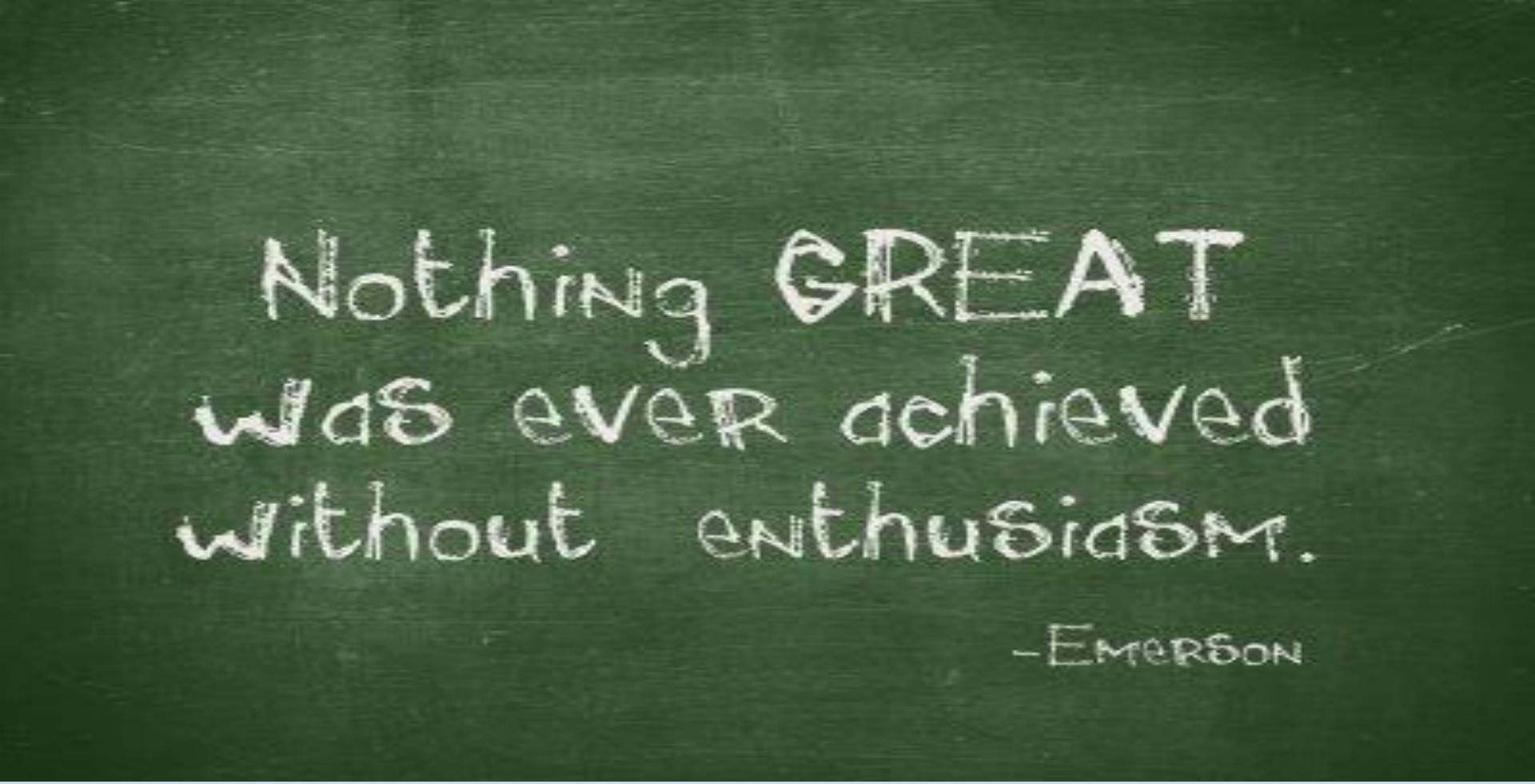
- **Remember it's a team effort**
- **Tackle one goal at a time**
- **Ask for help and offer support**
- **Have a laugh**

Championship

Step up to the mark.... And on board.....

Team work

- Regular meetings
- Communication
- Those that learn together work together
- Role division



However.....

Passion Needs Action

“Model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart.”

(Kouzes and Posner, 2007)

Quality Improvement

- Data collection, clean up and feedback
- Common goals and targets (practice commitment)
- Improved processes and practices

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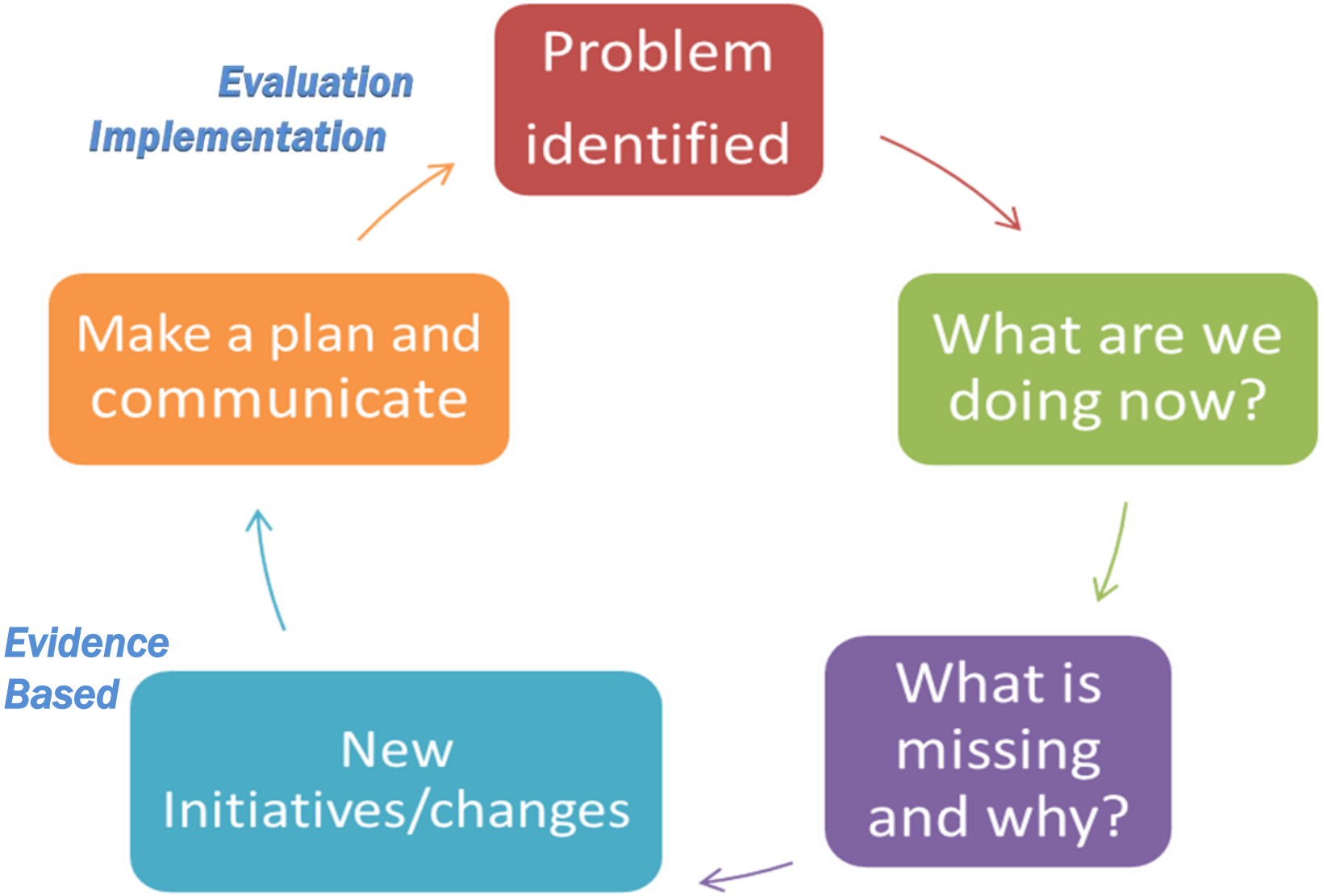
Improved processes and practices



Problem- non responders to recall letters for diabetes annual check and CVDRA

What are we doing-

Sending letter, one reminder letter 3 months later

What is missing- engagement with people

Why?

New initiatives

1. Ring 10 non responders and question why
2. Change look and content of letters, added patient testament
3. Change process to 1 letter, followed by phone call, text and or email reminder if unable to reach
4. Increased opportunistic screening and inviting
5. Staff reminders on back of consent forms and added onto keywords
6. Talk to p/m about dash board..

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Plan and communicate

1. Who is doing what, when??
2. Send new letter around for consensus
3. Email plan to GP's
4. Put visual plan on notice board in lunch room
5. Present practice management
6. Present plan at meeting
7. Invite feedback

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“If current practices are uncritically accepted as an inevitable reality, any movement towards improvement is lost”

(Eraut, 2009).

Patient Access

- Support and encourage innovation
- Person and family centred care
- Community engagement

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Innovation

So, how do we reach those that need it most?

- Being flexible
- Concentrated efforts
- Point of care testing/ non fasting lipids /Hba1c
- Where is the care delivered now and can this be elsewhere?
- Who else in the community can we work with?

Self Management?

Recap on what works

- Leadership and teamwork
- Challenging practices and processes
- Innovation around access
- Building relationships
- Patient self management

General Practitioner

Positives

- CVDRA as way to communicating risk and to help motivate patient (Your Heart Forecast)
- Conversation starter around risk factors, medication, lifestyle

Challenges

- Tick the box
- Pressure of the target
- “Being told what to do”
- Time

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Nurses

Positives

- Nurses working to the top of their scope
- Increased knowledge and skills of CVD process, health literacy, communication skills, smoking cessation
- Nurses enjoy partnering with patients and families, walking along side-
- Flow on effect to other LTC such as diabetes

Challenges

- Motivating patients towards change is difficult!!
- Lecturing does not work
- Time

What could improve CVDRA

Discussion

Risk assessing in absentia

The “omission” of Hba1c/weight in

Are you risk assessing those that need it most?

What happens after the assessment?

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Virtual Combined Cardiovascular Risk Assessment Statement

- It is reasonable to apply BP, lipid and HBA1c measurements which have been recorded during the *previous 5 years* if the persons circumstances have not significantly changed. The *higher the risk level* that is established in retrospect, *the more important* it is to establish a current estimate.
- For an estimated *5 year risk less than 5 %* then reassessment can take place *within 5 years*
- However, *all other people are likely to need a reassessment* and for those with a higher risk this should be as soon as practicable.
- *Risk estimates should be communicated* to the patient and *all* should be allowed the opportunity for discussion whatever the risk level as all people can potentially benefit from discussion.

Heart Foundation Resources

Your suite of tools for supporting CV risk assessment and management

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Awareness raising/ engagement ⟷ Information provision ⟷ Self-management support

New HF ‘Tools’ on the Block

- E learning- Improving heart health CV risk assessment and management
- Heart healthcare Forum- online discussion forum
- Taking Control - care plan

Improving Heart Health: CV Risk Assessment and Management eLearning Programme

- *Free interactive, multi-media eLearning programme to support health professionals deliver successful CV risk assessment and management services*

- *Available at http://learnonline.health.nz/index.php*

KO AWATEA
APPLIED HEALTHCARE INNOVATION

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CVD eLearning modules

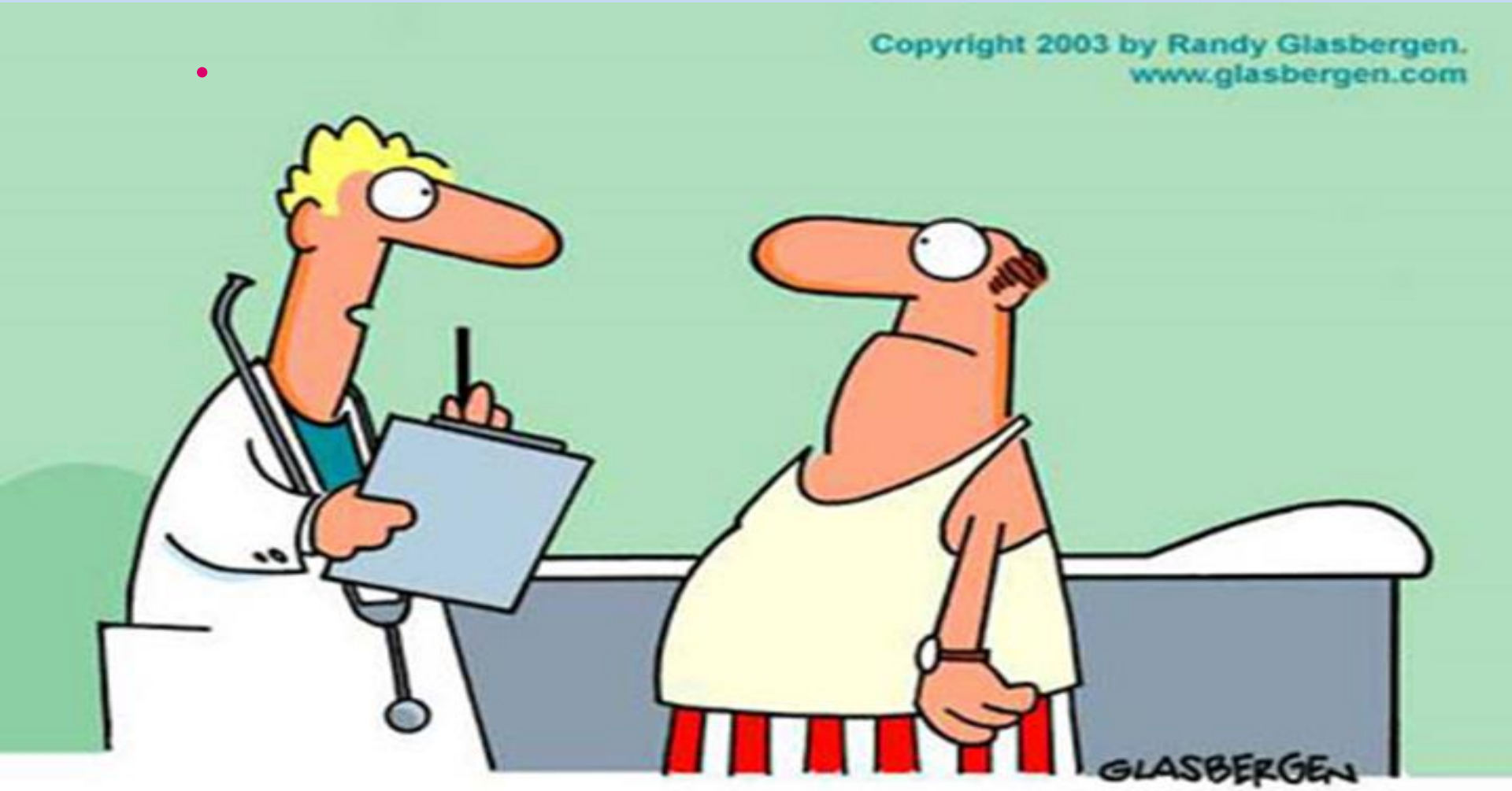
1. About CVD
2. Guideline recommendations for CV risk assessment and management
3. Getting ready to deliver a CV risk assessment and management service
4. Supporting people to become effective self-managers of CV risk
5. Pulling it altogether - CV risk assessment, communication and management

Heart Healthcare Forum

- Resource postings
- Share
- Ask questions
- Discuss and query

http://www.heartfoundation.org.nz/programmes-resources/health-professionals/cardiovascular-risk-management/primary-heart-health

Taking Control??



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Introducing *Taking Control*

- Aims to support individuals with elevated CV risk to develop self-management skills

- Guides practitioners and patients through a collaborative, structured care planning process to support CV risk self-management

Thinking behind Taking Control

- No quick fix or magic cure
- For effective CV risk management individuals need to become self-managers
- Health professionals' role is to support individuals to become effective self-managers
- Evidence informed

http://vimeo.com/70828951

Recap Taking Control

- Information- Navigate Don't Teach!
- Health professional shift from educator to facilitator/coach
- Flow of information provides a structure to follow
- Linking with community resources

The Future?

Conclusion

1. Cardiovascular risk assessment (CVDRA) including clinical judgement and shared decision making is a powerful tool for heart health improvement

2. It can and will make a difference in your practice (some of it unexpected)

3. Heart Foundation resources support your practice and support the patient journey

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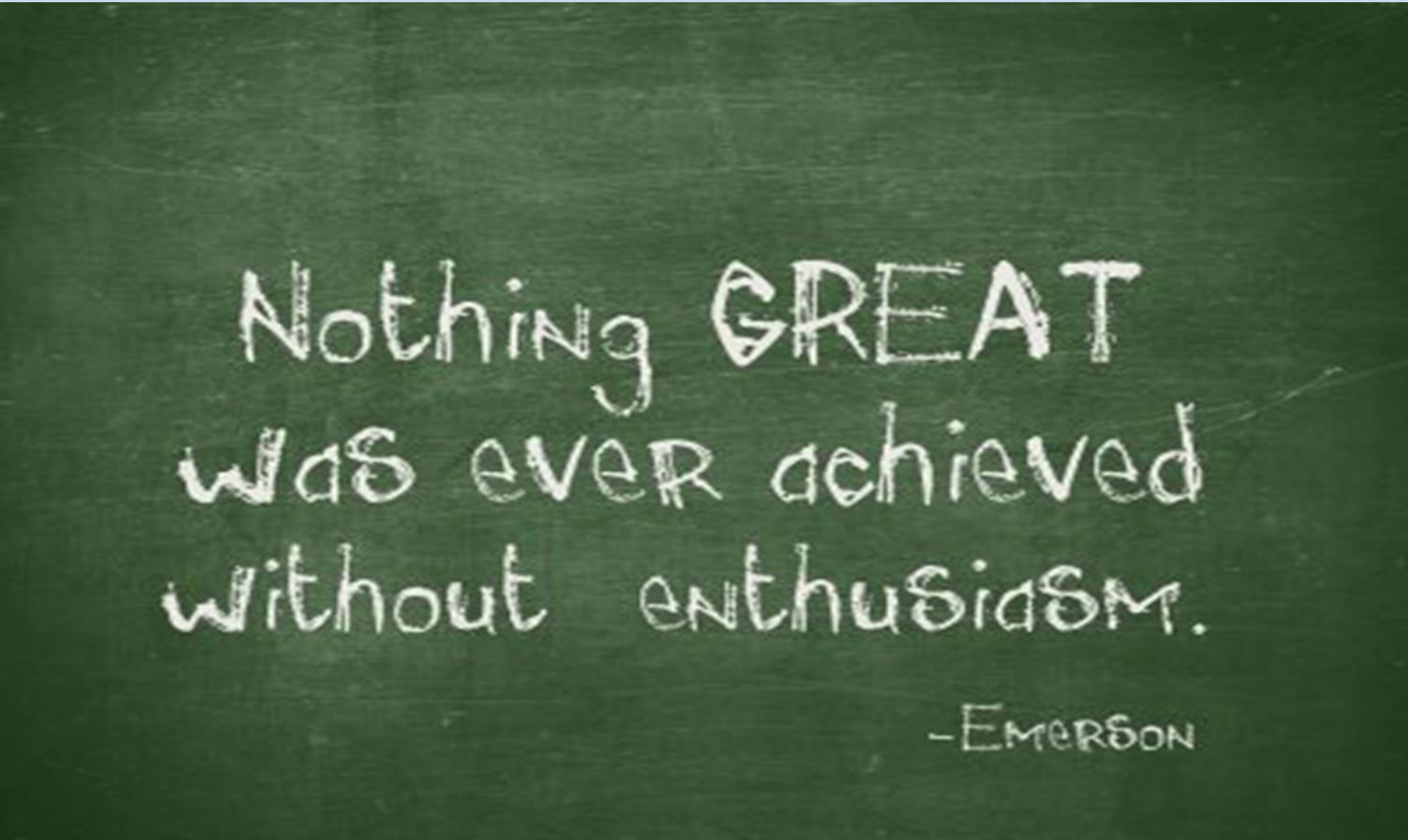
Question and discussion time



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The Health Foundation: Helping people help themselves ISBN 978-1-906461-26-3

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