

INPATIENT CARE ON AN OUTPATIENT BASIS

A novel approach to heart failure management

Authors:

Charlotte Aston
Directorate Manager
Cardiothoracic Medicine

James Rushton
Specialist Nurse
Heart Failure

Dr D Satchithananda
Consultant Cardiologist

The Ambulatory Heart Failure (HF) Unit at the University Hospital of North Staffordshire NHS Trust was set up in April 2011 following a grant from the Health Foundation 2011 Shine Award programme. The unit was set up by the multidisciplinary heart failure team to run as a day case HF clinic providing treatment only previously available to inpatients with the aim of:

- increasing patient choice
- reducing inpatient bed demand
- providing care in line with national quality benchmarks for HF care
- becoming clinically and cost effective.

The clinic aimed to treat 260 patients over a 12 month period with an equal split of admission prevention and reduced length of stay referrals.

The problem

Within the United Kingdom, medical costs for heart failure (HF) are estimated to be over £625 million with the majority of this going on inpatient care. Increased admissions are predicted over the next 20 years due to a combination of an aging population and improved survival from ischaemic heart disease. People with HF suffer with significant morbidity, frequent hospital admissions and carry a prognosis worse than most cancers. Discussions with our patients revealed that a significant proportion would like to avoid hospital admission, yet the level of care required is only available on an inpatient basis. Additionally the hospital serves a catchment population of 500,000 people and is moving into a new building with 300 less in patient beds.

Strategy for change

The HF team set key milestones associated with successful project delivery and then conducted a stakeholder analysis prior to implementation of the project to enhance understanding of key players able to influence successful project implementation. Following this, a steering group

was created in order to map progress against the predicted trajectory, as well as to overcome operational difficulties and review clinical governance issues.

Measuring our success

Identifying progress against a number of key performance areas was vital to ensure the quality and safety of the project. Additionally a research protocol utilising mixed methods has been created in conjunction with Keele University and is awaiting NHS Research Ethics Committee approval.

QIPP savings identified

- nine beds removed from acute trust = cost reduction of approximately £980,000
- financial saving for health economy based on reduction in admissions and payment of a local tariff for the Shine Clinic = cost reduction of approximately £365,000.

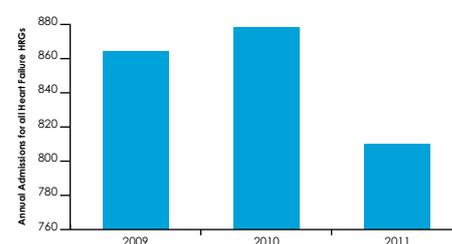
Lessons learnt

- have clear objectives for measurement of service improvement
- don't underestimate how quickly demand can build for a new service, consider varying models dependant on service size
- when looking to replicate an inpatient service on an outpatient basis, make sure consideration is given to weekend working and out of hours support
- consider financial implications of variations to the original proposal and aim to secure approval for a number of scenarios prior to commencing the project.

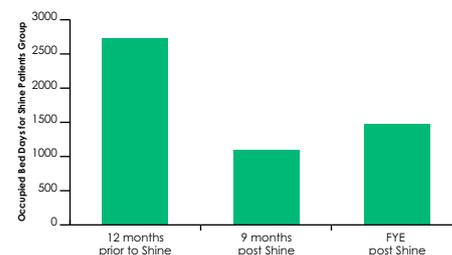
Message for others

- specialist review culminating in a comprehensive management plan benefits both heart failure patients and the health economy alike
- utilise support where available from independent academic institutions
- delivering improved innovative patient care is an extremely rewarding process, don't be afraid to champion care innovation.

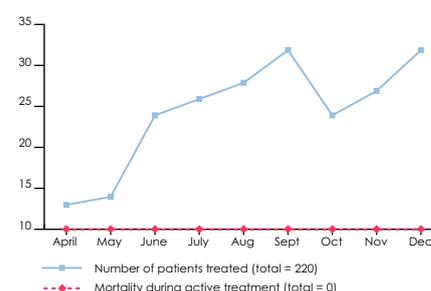
Heart failure admissions
(Shine commenced April 2011)



Hospital bed days occupied by Shine patients pre and post attendance at clinic



Number of patients and mortality during active treatment
(April – December 2011)



Patient feedback on our service

"This is the best programme I have seen and I'm so pleased with the efficiency of it."

"I would stress that for anyone with advanced cardiac conditions that such facilities be readily available as a matter of course."

"This is a brilliant project, providing an opportunity for some cardiac patients to receive the treatment they need, while avoiding a lengthy and expensive stay in hospital."

"It helped me to get home within hours and that was the best possible outcome for me."

"When I was in trouble recently I wanted an alternative to sitting on a ward for days going stir crazy."

"Without the facilities provided by the staff of ward 81 (Shine) and its ambulatory programme I suspect that my condition would have continued to deteriorate."