

Guide to developing a local model of care to improve cardiovascular care at your health service

OFFICIAL

Background

In 2022 Safer Care Victoria (SCV) partnered with 20 health services to improve the quality of cardiac care delivered and reduce unplanned hospital readmissions. The aim of the project was to improve care transitions and reducing hospital readmissions for those living with a cardiovascular disease (CVD) by having a dedicated cardiac liaison nurse (CLN) designing and testing new models of care.

The project also resulted in various improvements in quality of care and transitions of care for patients, was successful in reducing 30 and 90 day readmissions for those living with a CVD. More information on the project and results can be found on the Cardiovascular Ambassador summary report.

SCV is now encouraging other Victorian health services to build on these efforts to improve the quality of cardiovascular care within their local settings.

This document provides a starting point for sites looking to implement similar improvement efforts with their teams. We have created a project plan template based on the Ambassador project which you can use to get started in mapping out your CVD quality improvement work (see resources section below). Note that the template offers suggestions only and should be customised to suit your health service's unique circumstances and the needs of your local cohort. The template includes various resources and tips.

Confirm cohort of focus Confirm model of care and staffing structure Confirm documentation and measurements

Start local and spread

Cohort of focus

Cardiac conditions that were the priority focus areas for the Ambassadors project included Heart Failure (HF), Atrial Fibrillation (AF), and Acute Myocardial Infarction (AMI).

The decision of which condition/s to focus on will be at the discretion of each health service. This decision should be based on readmission rates, current practice and pre-existing models of care, gaps in patient care and the volume of patients cared for with each condition. Hospital sites with low numbers of patients admitted with a particular cardiac condition are encouraged to consider broadening their focus to more than one cardiac diagnosis (e.g. heart failure and atrial fibrillation).



Designing your model of care

Design a model of care that achieves clinical goals and facilitates easy integration with your health service's existing environment. Multifaceted interventions are most likely to be successful and project teams should compile a series of interventions into a model of care to improve quality of care and transitions. Consider the continuum of care and what areas need most improvements. Examples of interventions to include as part of you models of care can be found in the project plan template (see resource section below).

Measurements

With any improvement work, data Is key to understanding whether the changes you are implementing are having an impact. A measurement strategy outlines key performance indicators of success and is essential in tracking progress of your model of care. Further information and resources on measurement including those used in the Ambassador project can be found in the project plan template.

Remember the equity lens, the segmentation of data by social groupings can help target improvement efforts to those who may be most disadvantaged.

Staffing structure

Effective improvement in our complex healthcare system requires a team approach to share the work and to provide diverse knowledge and experience. Support from your health service executive leadership is also critical to enabling protected time to dedicate to the improvement work, access to resources, removal of barriers to progress and organisational commitment, championing your work within your health service and helping you sustain will and engagement throughout the work

As a guiding principle, the Ambassador project was staffed a dedicated CLN at 0.8FTE, however this accounted for project specific activities that had to be completed in addition to the improvement work being done. Resourcing for the CLN role at your health service should be guided by the clinical demand and the types of interventions your team intends to test.

Start small and spread

Introduce changes slowly starting with one intervention under various conditions, then build your model of care from there. Running too many interventions at the same time can make it difficult to keep track and know what's the most effective intervention.

Testing change using the Plan Do Study Act "PDSA" cycle enables teams to learn what works and what does not in their efforts to improve processes. Initially, cycles are carried out on a small scale to see if they result in improvement, e.g. one patient on one day. Teams then expand tests and gradually incorporate larger and larger samples until they are confident that changes will result in sustained improvement.



Best practice recommendations

Here are some learnings from the Ambassadors project:

A robust baseline measure will help determine whether the changes you've made have resulted in an improvement. For instances where baseline data is not available e.g. novel interventions, a run-in period is recommended.

Teamwork is fundamental for project success. Consider what aspects of your model of care can be delegated to other team members to allow the CLN to lead more innovative and technical interventions such as telehealth clinics/nurse led clinics etc.

Measure and monitor your interventions to keep track of whether improvements are made. Don't be afraid to let go of what's not working and focusing your efforts into scaling up more effective interventions and addressing the needs of priority populations.

Collaborate with other health services to share knowledge and resources, don't reinvent the wheel. Refer to our project page to see the list of health services that participated in the Ambassador project.

Workforce shortage and high staff turnover was a common barrier across multiple health services. Involve junior medical, nursing, and allied health staff to establish a deployable workforce and promote sustainability of your model of care.

Resources and templates

- <u>Cardiovascular Ambassador summary report</u>
- Cardiovascular Ambassador project plan template.