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The safety and continuity of medicines at transitions of care for people with heart failure

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On behalf of the ISCOMAT team

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Background

UK cardiology patients carry a significant burden of disease. ^[1]

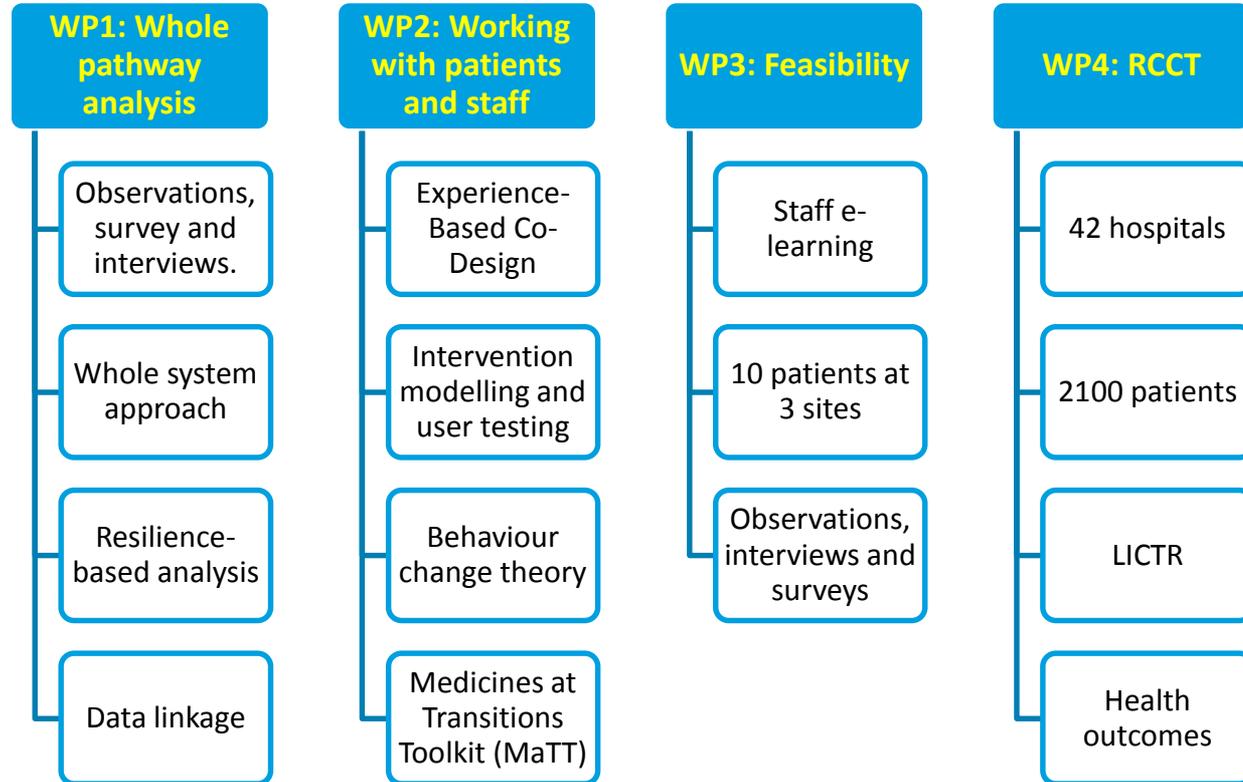
Heart failure is responsible for approximately 5% of medical admissions and the readmission rate within 3 months of discharge may be as high as 50%. ^[2]

Half of patients discharged from cardiology wards not taking the correct medicines 2-3 days after discharge. ^[3]





Work programme



Design – WP1

Whole pathway analysis – resilience perspective

Observations
in 5
cardiology
wards

Patient
interviews at
three time
points (n=17)

Hospital and
primary care
staff
interviews
(n=44)

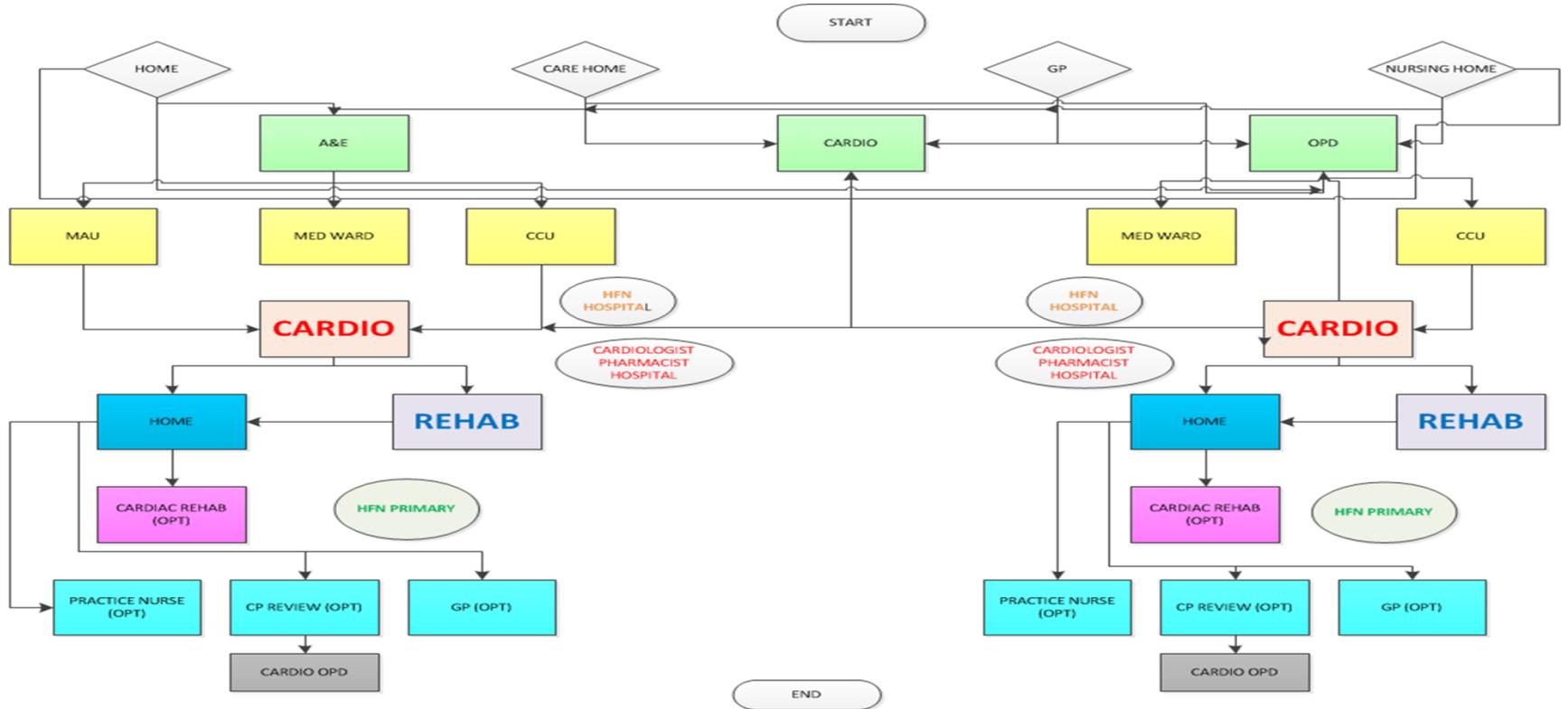
Documentary
analysis –
national and
local policies
and
documents

Parallel
'mixed'
analysis

Map the
patient
pathway



Whole pathway





Results

Foresight, coping, recovery ^[4-5]

Cognisance, competence, commitment ^[6]

Gaps, traps, bridges, props

Individual, micro, macro, ^[4] super-macro

Resilience-based analysis

Level	Foresight	Coping	Recovery
Individual	Ward pharmacist predicts patient may face problems and advises CP visit	Patient taking action to arrange supplies of missing medicines	Patient and wife take action to correct information about co-morbidities. Records are reviewed and the mistake is rectified.
Pathway	At discharge	In primary care	During hospital stay
G-T-B-P*	Prop	Prop	Bridge
Three Cs**	Cognisance	Competence	Competence

*Gap, Trap, Bridge, Prop

**Commitment, competence, cognisance

Level	Lack of foresight	Lack of coping	Lack of Recovery
Individual	Nurse aware of policy to discuss medicines with patients at discharge but discharges patient without a discussion	Nurse suspects patients she counsels do not understand medicines and are readmitted but no action is taken.	Medicines error noted by patient, who copes but does not reported formally to the hospital
Pathway	At discharge	In primary care	In primary care
G-T-B-P*	Gap	Trap	Gap
Three Cs**	Lack of cognisance	Lack of competence	Lack of cognisance



Level	Foresight	Coping	Recovery
Micro	HF team minimise admissions through the provision of ambulatory IV services.	HF team can identify discrepancies during home visits and take action to correct them.	The ward uses patient feedback to explore where practices need to be modified.
Pathway	In primary care	In primary care	At discharge
G-T-B-P*	Bridge	Prop	Bridge
Three Cs**	Cognisance, Commitment	Competence	Competence

Level	Lack of foresight	Lack of coping	Lack of recovery
Micro	Patient-facing information about medicines is not always available on the ward, precluding opportunities for patients to benefit from existing resources.	HF team cannot see all patients due to lack of cover for illness and holidays.	Ward manager unaware of how audit information translates into changing ward practices
Pathway	During hospital stay	During hospital stay	During hospital stay
G-T-B-P*	Gap	Gap	Gap
Three Cs**	Lack of commitment	Lack of commitment	Lack of competence

Level	Foresight	Coping	Recovery
Macro	Formal referral to community pharmacy (one site)	Telephone line for patients to report medicines problems / errors (However, reliant on patients identifying these errors)	GP practice formal process to review potential errors - triggering discussions about system improvements
Pathway	At discharge	In primary care	In primary care
G-T-B-P*	Bridge	Prop	Bridge
Three Cs**	Cognisance, Commitment	Competence Commitment	Competence

Level	Foresight	Coping	Recovery
Super-Macro	Community HFSNs titrate medicines and communicate about medicines with GPs and hospital team	Limited access to care record for some teams who then use temporary workarounds e.g. attempting to phone different teams to gather necessary information	Practice pharmacists receiving and processing discharge summaries, resolving queries and liaising with other care providers. E.g. community pharmacy
Pathway	Primary care	In primary care	In primary care
G-T-B-P*	Bridge	Prop	Bridge
Three Cs**	Cognisance Commitment Competence	Cognisance	Competence Commitment



Level	Lack of foresight	Lack of coping	Lack of recovery
Super-Macro	Different HCPs titrating medicines upwards and downwards.	Patient leaves hospital unknowledgeable about medicines and remains so after discharge.	Ward staff unable to assess the impact of the discharge on the patient and primary care team.
Pathway	Hospital clinic – GP practice	Hospital – Primary care	Hospital – primary care
G-T-B-P*	Trap	Gap	Gap
Three Cs**	Lack of cognisance Lack of competence	Lack of commitment Lack of cognisance	Lack of cognisance



Summary

Areas of good practice but also ineffective processes, poor communication and lack of co-ordination at different levels of care.

Variation in practice for managing discharges at individual and organisational levels.

Safety is inbuilt but there are temporary fixes and safety gaps.

Super-macro level is a new concept in healthcare organisational resilience allowing analysis across the pathway.

Policy should explore training for staff across the pathway and involving patients in improving the system.

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