



FoNS Improvement Insights

Developing a Supportive Care Service for Patients following Percutaneous Cardiac Intervention

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Duration of project: December 2011 – February 2013

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Project background

Coronary heart disease is a leading cause of death in the United Kingdom, and death rates in Wales are greater than in the majority of countries in Western Europe (Welsh Assembly Government, 2009). Percutaneous coronary intervention (PCI) describes a range of interventions used to treat people with blocked or narrowed coronary arteries (The Cardiologist, 2012). Currently, due to limited resources in the majority of cardiac rehabilitation centres across Wales, aftercare is only provided for patients following an acute myocardial infarction and open cardiac surgery. The Aneurin Bevan Health Board cardiac rehabilitation teams found that following PCI, patients were often discharged from hospital without information, support or an opportunity to discuss their concerns.

Aim and objectives of the project

The aim of the project was to understand the patient experience of PCI and use this to develop a post PCI service that is responsive, timely and patient centred. To achieve this the objectives were to:

- Invite patients to share their experience at focus groups
- Engage key nursing and medical staff and share the patient experience of PCI
- Work as a stakeholder group to develop practice and implement a rehabilitation service for patients undergoing PCI

Key activities and outcomes from the project

The project involved patient focus groups, stakeholder group meetings and an audit of patients undergoing PCI.

Two patient focus groups were held, the first at the start of the project and the second at the end of the project. The main aim of the focus groups was to ask patients to provide feedback on their experience following PCI. Patients in the first focus group felt that post discharge care was inequitable, the information given was not clear or consistent and that care was disjointed.

A stakeholder group, involving professionals representing areas across the patient's journey, was developed after the first patient focus group. Four stakeholder meetings were held spread over the course of the project. At the first meeting, a values clarification exercise was undertaken to enable the development of a mission

statement about the purpose of supporting patients following PCI. Following this, the feedback from the first patient focus group was shared and then a Claims, Concerns and Issues exercise (Guba and Lincoln, 1989) was undertaken to inform the development of an action plan. At subsequent meetings, the action plan was used as a structure for discussions about how to address the issues raised. This approach proved invaluable because it enabled the stakeholders to reflect on and discuss their ideas and concerns about the project and to identify ways to improve practice along the patient care pathway.

A second patient focus group was held towards the end of the project to identify if patient experience had improved. Patients reported that they had a good experience during and following PCI and that they felt supported post discharge. One patient said: *'Attending cardiac rehabilitation gave me confidence'*.

An audit was also carried out to compare how many patients undergoing PCI were referred to the cardiac rehabilitation team at the beginning and at the end of the project. There was an increase of 64% in the number of patients being referred by the end of the project.

A number of key outcomes were achieved that will contribute to an improved patient experience including:

- The development of a robust referral process to ensure that all patients post PCI are offered timely post discharge support
- Adapting the cardiac rehabilitation programme to increase capacity to include patients post PCI by offering patients a place in a different geographical area, reducing the programme length and offering alternative programmes of support such as the Heart Manual, Home Programmes or fast tracking patients to the National Exercise Referral Schemes
- A review of post discharge information which has been taken forward at a network level across South Wales

Implications for practice:

- The patient focus groups provided valuable information for the key stakeholders, enabling them to understand the experience of patients undergoing PCI
- Working with key stakeholders from across the whole of the patient's journey in a creative and innovative way, enabled different perspectives to be shared and solutions to be found
- Involving all key stakeholders made it possible to develop new referral systems and adapt existing services to provide a new service for patients post PCI at no extra cost

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstdid=42814>

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