



A patient's journey through 'HEAL' program

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Pharmacist**

THE PATIENT

- Mr RB
- 74 year old male
- PMHx: IHD and mild COPD
- Previous MI 1990 – underwent bypass surgery
- Referred after in-patient stay Mar 07 GCH
 - Presented with STEMI – referred to cardiology
 - Underwent Angiogram which showed:
 - 2 occluded coronary arteries: 2 stents deployed
 - Echocardiogram results:
 - LV systolic dysfunction EF=40% - appropriate criteria for referral to HEAL program

Referral

- Patient referred from GCH in-patient via CIU
- CIU sent on referral to geographically appropriate Community Health Centre
- Case manager (CM) allocated
- Contact made with patient by CM
 - identification of patient needs regarding who to see at clinic (some dietary issues, limited physical activity, poor medication knowledge)
 - discussion of patient's goals – patient wanted to become 'fitter' and to be able to do more exercise

MULTIDISCIPLINARY HF CLINIC

VISIT 1: 11/04/07

RESULTS

- BP:110/70
- HR=60
- Cr = 107 (70-120)
- est CrCL= 60mL/min
- K+ = 4.5mmol/L (3.5-5)
- Total Chol = 5mmol/L (3.9-5.5)
- LDL = 3.1mmol/L (<2)
- HDL = 1mmol/L (>1)
- TG = 2mmol/L (<1.5)

MULTIDISCIPLINARY HF CLINIC

VISIT 1: 11/04/07

- MDT – 30min consult with each health professional
 - Cardiologist
 - Dietitian
 - HF nurse specialist
 - Pharmacist
 - Physio

HF CLINIC CASE CONFERENCE DISCUSSION VISIT 1

ISSUES

1. Consider adding ACE-I
2. LDL cholesterol elevated
3. Postural hypotension?
4. Check bloods & repeat echo
5. Lack of education re: meds
6. HF nurse – fluid / 3 ‘W’s
7. Dietitian - addressed nutrition
8. Physio – poor exerc tolerance

PLAN

- start Perindopril 2.5mg
- adjust dose of statin
- follow up nurse home visit –
check BP/other concerns/issues
pathology, echo booked for 6/52
- education/side effects/compliance
- scales: daily weight, action plan
- reduce Na+, fluid restriction
- cardiac rehab and educn/ex

Case conference summary sent to GP to keep them apprised of patient’s progress through clinic, with the opportunity to participate in future case conferencing

MULTIDISCIPLINARY HF CLINIC

VISIT 2: 23/05/07

RESULTS – from 18/04/07

04/04/07

■ BP:130/70	110/70
■ HR=65	60
■ Cr = 114 (70-120) [6.4% rise]	107
■ est CrCL= 60mL/min	
■ K+ = 4.4mmol/L (3.5-5)	4.5
■ Total Chol = 3.8mmol/L	5
■ LDL = 2.1mmol/L (<2.5)	3.1
■ HDL = 1.1mmol/L (>1)	1
■ TG = 1.2mmol/L (<1.5)	2

MULTIDISCIPLINARY HF CLINIC

VISIT 2: 23/05/07

- Clinically euvolaemic
- Patient reports feeling better – can do walk further
- No symptoms of breathlessness,
- Attending cardiac rehab – on his way to feeling ‘fitter’
- Compliant with medications
- Restricting fluid (but not Na⁺) – reinforced dietary issues
- Echo result from 21/05/07:
 - Overall normal LV function
 - EF=50% (increased from 40%)
- Overall improvement
- Discharged from clinic – GP informed of progress via clinic correspondence sent by CM

MDT HF CLINIC – KEY MESSAGES

Multidisciplinary Team's 'Holistic' approach to the patient

- addresses both pharmacological and non-pharmacological issues associated with chronic disease
- Encourage and promote patient to 'self manage' their chronic disease by providing
 - education and information
 - opportunity to ask questions
- Overall aims:
 - improve patient QoL by
 - keep patient stable within the community leading to ...
 - reduced hospital readmissions and mortality rates