

A collaborative approach to heart failure  
management

# Dr John Siemienowicz

Executive Director, Mornington Peninsula Division  
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**takingaction** Divisions of General Practice Network Forum 2004



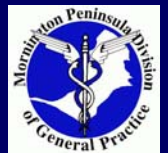
# Heart Failure

## A Collaborative Approach

**Dr John Siemienowicz**

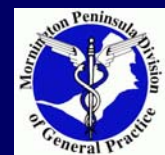
**Executive Director**

**Mornington Peninsula Division of General  
Practice**



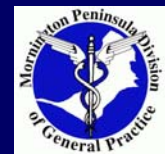
# Mornington Peninsula DGP

- SE fringe of Melbourne
- 220 paid members – possible 240 GP
- 78 practices
  - 25% female doctors – 74 FTE PN
- One hospital network – Peninsula Health
- Close working relationship with hospital
  - GP Inpatient Unit
  - GP obstetrics – intra-partum & shared care
  - GPs in A&E
  - After hours clinic - Medicentre



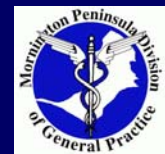
# Planning

- ❑ Victoria – HARP funding announced 1999
- ❑ Local burden of disease data identified heart failure as a significant problem
- ❑ MPDGP Board approved OBF for Division Heart Failure program
- ❑ Peninsula Health applied for HARP funding
- ❑ Successful HARP funding was dependant on the integration of both services
- ❑ MPDGP program staff – Cardiac Nurse



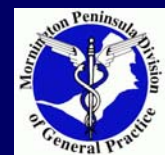
# MPDGP Program (1)

- Cardiac nurse – links with hospital – part time
- Develop best practice guidelines for heart failure management - NHF and the Cardiac Society of Australia and New Zealand 2002.
  - Seminars
    - GPs
    - Practice Nurses
  - Small group meetings
    - 8 Cardiologists



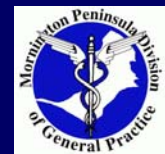
## MPDGP Program (2)

- Referral to HARP multi-disciplinary Heart Failure program by phone, fax or email
- Developing care plans with GP's
  - Invitation by fax
  - Participation by phone
- Blood pressure monitoring
  - Pharmaceutical company sponsorship



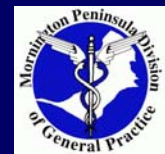
# HARP Heart Failure Program

- Cardiac nurse – close ties with MPDGP
- Multi-disciplinary clinic
  - Cardiologist      Case Manager      Pharmacist
  - Dietician          Physiotherapist      Psychologist
  - Occupational Therapist/Social Worker
- Home visits
- Follow up Phone Calls
- Referral and assessment for Exercise Program
- Care plans



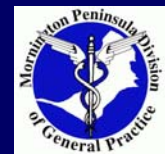
# Cardiac Enhancement Program

- 10 week program
- One hour aerobic and strength building
- Exercise patients are closely monitored
- One hour educational sessions by multi-disciplinary team.
- Patient Resource Book
- Provides peer support
- Maintenance program



# Patient Outcomes

- Self-management strategies supported by GP
  - Compliance with treatment and medications
  - Individual action plan
  - Self Monitoring –Daily Weight
  - Risk Screening and Reduction
- Effective lifestyle modifications
  - Exercise
  - Regular visits to healthcare providers
  - Managing emotional aspects in relationship to illness
  - Problem solving techniques
  - Behaviour change if necessary



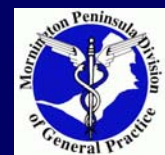
# Benefits of Collaboration

- Dissemination of information to GP's through the Division is more effective
- Division able to know what GP's are available for patients who do not have a regular GP
- Up skill those GP's that have an interest in heart failure.
- Shared cardiac nurse improves liaison between GPs and Peninsula Health
- Improved liaison between cardiologists & GPs



# Achievements

- Comparison of data 2001 to 2003
- Admission rate decreased by 16%.
- Re- admission rate decreased by 45%
- LOS decreased by average of 35% compared with a 2% state LOS.
- ED presentations who were discharged home decreased by 61%
- Place in Top DRG down from 24th to 16th



# Contacts

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Mornington Peninsula Division of  
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