NICE National Institute for Health and Care Excellence

Implementing a heart failure remote monitoring service for people with a cardiac device

Case studies

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Overview

Organisation: Northern Care Alliance

Organisation type: NHS Trust

Remote monitoring systems for complex implantable devices have been able to identify unstable parameters in patients with heart failure for several years. However, until now there has been no structured evidence-based pathway to manage the alerts. The heart failure team at Northern Care Alliance were highly interested in supporting the development of a structured evidence-based pathway to ensure heart failure patients receive the best care and benefit from early intervention.

Since the study began in October 2019, a full cross-hospital and community team approach was adopted to develop the skills and knowledge to record and action the alerts appropriately. Engagement from physiologists was key in identifying the caseload for enrolment. The enrolment process was dynamic at the beginning as there was a pool of patients who had historic devices implanted. Current enrolment keeps up with the implants, at the 6-week check with the physiologist, the remote platform access is established, alerts on the device are activated and the details are forwarded to the heart failure team to onboard. This has become business as usual and established care for our cardiac electronic implanted device (CEID) population. The heart failure team uses a monthly rota to nominate responsibility for the transmission reviews, and the reviewer will mail the details to the named nurse for action and recording.

Outcomes and learning

Outcomes

The established team are confident using the co-management platform and cascade learning to new heart failure nurses who join the team.

The team approach ensures that there is cover for the alerts during sickness, leave and vacancies.

The benefits realised by the study, highlighting a 58% reduction in all-cause hospitalisation, has featured in local establishment reviews and "cases for change" as it is compelling evidence of reduced hospitalisation.

Patient satisfaction is recorded and impressive. Even after discharge from regular reviews, patients value that their parameters are still being monitored and they are still on the heart failure team radar.

Learning

At the beginning of the project, there was an adjustment period for the teams to become accustomed to a slightly different way of working, specifically using the remote monitoring platforms and reviewing transmission data. The heart failure nurses and cardiac physiology teams both adapted to working more closely together, with occasional overlap in the management of device alerts. Reviewing remote monitoring data was a new skill for the heart failure nurses to learn, but navigating the platform was straightforward and the data was easy to find. Having the physiological data to hand positively complements the telephone assessments and at times assisted in identifying symptoms that the patients may have otherwise dismissed. The prompts within the assessment are also useful to guide clinical management plans. Assessing and managing a patient over the phone is a routine part of practice, so implementing the pathway was within the team's competency.

Supporting information

Quotes

"We have received highly positive feedback from patients and no patients have reported feeling inconvenienced by our post-transmission telephone calls. Many patients express reassurances knowing that the team continue to monitor their condition remotely, even after they have been discharged from in-person clinic reviews. We occasionally call patients based upon their transmission data who have not yet contacted the heart failure service, despite experiencing new symptoms, which allows us to promptly manage their condition and aim to help to prevent hospital admissions."

Abigale Irvine, Heart Failure Specialist Nurse, Northern Care Alliance NHS Foundation Trust.

"Clinical assessments for the TriageHF Plus pathway are similar to the telephone-based reviews that we already conduct within the heart failure specialist nurse team. As a result, we didn't need much extra training in this area, it was already within our clinical scope of practice. Having access to the transmission data during assessments enhances patient engagement, and prompts them to think about any signs or symptoms they may have already dismissed so that we are able to appropriately manage these in a timely manner."

Sabah Riaz, Heart Failure Specialist Nurse, Northern Care Alliance NHS Foundation Trust.

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