COLLABORATIVE EFFORT WITHIN A MULTIDISCIPLINARY HEART FAILURE TEAM

C01-CARDIAC THERAPY PS-093

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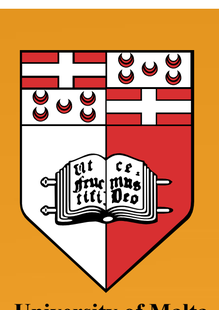

INTRODUCTION

Pharmacists work directly with other healthcare professionals and with patients to assess, monitor, and modify pharmacotherapy. Pharmaceutical care is not just about expanding the pharmacists' role but about a system that pharmacists help to establish and maintain.

OBJECTIVES

- To evolve a pharmaceutical contribution within multidisciplinary patient-centred models of care
- To develop and implement a medication assessment structured tool for heart failure
- To improve the standard of care provided to patients with chronic heart failure

METHODS

- The Medication Assessment Tool for heart failure (MAT-HF) was developed using indicators intended to support monitoring of adherence within processes of care related to medication, and disease management.
- Each criterion in the MAT-HF follows a basic algorithmic scoring structure with a qualifying statement and a standard, with 6 different answer categories.
- The MAT-HF was psychometrically evaluated and implemented in the initial part of the ward round and again after the relevant discussion of the pharmacist with the multidisciplinary team and patient.
- The targeted patient population was selected as per inclusion criteria.
- The approach taken was to note down anything in relation to the MAT-HF standard during the primary assessment.
- Care issues were identified and the relevant changes in treatment and/or patient's ailments were discussed with the other healthcare professionals directly during the ward round.
- The MAT was used for re-assessment after the multidisciplinary team discussion.

RESULTS & DISCUSSION

- The tool was deemed to be appropriate for its purpose with good face and content validity, good reliability ($p<0.05$) and applicability (10 minutes).
- Three hundred and twelve patients were reviewed; only 50 patients (44-93 years; 58% females) were according to the inclusion criteria.
- The average score of the MAT-HF adherence rate within the initial part of the ward round was 69% (confidence interval (CI): 65%, 74%) and the MAT-HF adherence rate average score implemented subsequent to the pharmacist consultations with the team was 90% (CI: 89%, 92%).
- There were justified non-adherences to the tool mainly due to co-morbidities' treatment.

Table 1: Comparing Mean Scores of the Initial and Final MAT-HF

	Sections (MAT-HF)	Initial MAT-HF Mean Score %	Designation of Adherence score	Final MAT-HF Mean Score %	Designation of Adherence score	Wilcoxon Signed Ranktest (p value)
A	General status	59	Intermediate	76	High	**<0.05 (S)**
B	ACEIs use	82	High	85	High	>0.05 (NS)
C	ARBs use	22	Low	30	Low	**<0.05 (S)**
D	Beta-blockers use	29	Low	49	Low	**<0.05 (S)**
E	Diuretics use	75	High	99	High	**<0.05 (S)**
F	Digoxin use	14	Low	20	Low	>0.05 (NS)
G	Long acting nitrates use	21	Low	28	Low	>0.05 (NS)
H	Anticoagulants use	62	Intermediate	77	High	**<0.05 (S)**
I	Calcium channel blockers use	27	Low	26	Low	>0.05 (NS)
J	Amiodarone use	6	Low	10	Low	>0.05 (NS)
K	Ivabradine use	/	/	/	/	/
	Total	69	Intermediate	90	High	**<0.05 (S)**

Both initial and final MAT-HF scores were analysed and there was a significant difference with respect to sections A, C, D, E, H–the multidisciplinary team's collaborative effort affected mostly the above sections and treatment. There were 126 justified non-adherences.

CONCLUSION

The pharmacist has a crucial role to either deliver the actual tool or monitor the improvement of quality of care for both the ambulatory and hospitalized patients. As a care model the collaborative therapeutic management had a positive outcome on the treatment of the patient. Inappropriate prescribing, dispensing and omissions would be avoided by the use of such explicit assessments.