



Equity focused discharge planning for heart failure – a qualitative stocktake study

Dr Sandra Hanchard
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Pūtahi Manawa and Heart Foundation NZ
Dines Family Charitable Trust






Stuff

Pacific Research Fellowship winner excited to spread early heart check message

Ripu Bhatia

December 07, 2022, · 02:07pm [Share](#)



Dr Sandra Hanchard is the inaugural winner of the Heart Foundation's Pacific Health Fellowship.

The image is a screenshot of a news article. It features a green header with the word "Stuff" in white. The main headline is "Pacific Research Fellowship winner excited to spread early heart check message" in large, bold black text. Below the headline, the author's name "Ripu Bhatia" is listed. The date and time "December 07, 2022, · 02:07pm" and a "Share" link are also present. The central part of the article is a portrait of a woman, Dr. Sandra Hanchard, smiling. Below the portrait is a short caption: "Dr Sandra Hanchard is the inaugural winner of the Heart Foundation's Pacific Health Fellowship."

Background

- Manawataki Fatu Fatu for Achieving Cardiovascular Care in Equity Studies
- Post-discharge management of heart failure & disparities in outcomes
- National hui: issues with discharge summary/planning
- Whānau voice: desire to be partners in long-term care
- Implementation issues in improving service design



We were never given discharge notes about his conditions and what to do or any follow up



Aims

Gap: despite HF inequities, extent to which discharge planning address these was unclear

a) gain a picture of discharge planning for heart failure at the interface between hospital-level and community care in AoNZ

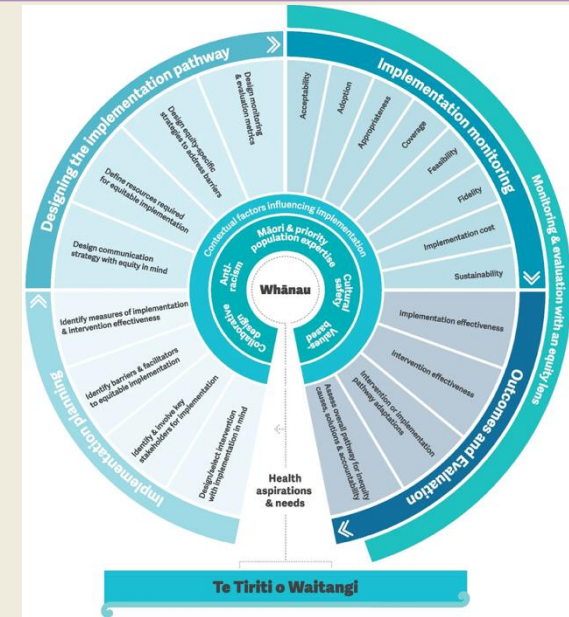
b) understand approaches to discharge planning for Māori and Pacific heart failure patients



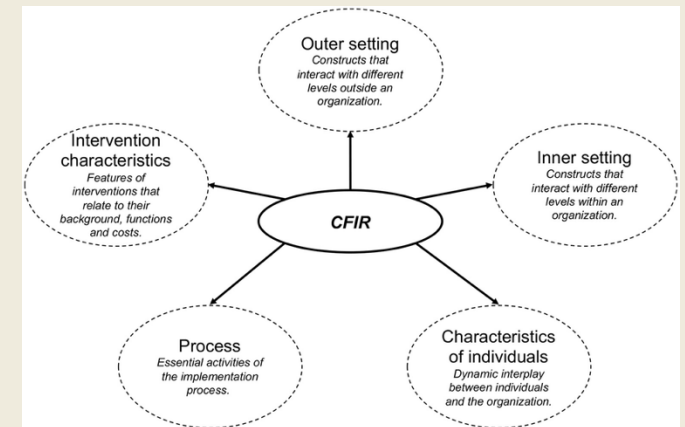
Artwork by Opeta Erika

Methods

- Stocktake: semi-structured interviews with heart failure clinicians and a collection of discharge planning documentation
- Integrated template analysis of interviews and documents – inductive/deductive
- Consultation of AoNZ equity implementation framework and Consolidated Framework for Implementation Research



Gustafson et al 2024



Damschroder et al 2022

Documentation and interview schedule



Documentation collection	Processes	Communication
<p>Documentation that supports discharge planning for heart failure patients in your hospital e.g.</p> <ul style="list-style-type: none">• Discharge summary template• Standard operating protocols• Care pathways and management guidelines• Checklists• Any other relevant documents	<ul style="list-style-type: none">• Please describe your discharge planning procedures for heart failure?• What are the care pathways from admission to discharge?	<ul style="list-style-type: none">• What key information relevant to heart failure management should be included in the discharge summary?• How should this be communicated for successful long-term management by primary care / community providers?• What does the patient/whānau need to understand about their condition?
Equity		
<ul style="list-style-type: none">• Have any of your discharge planning initiatives had an equity focus?• What is the evidence that they improve outcomes for Māori and/or Pacific people?		

Results – participants and documents

Interview participants (13)

Cardiac Nurse Manager: 9

SMO - General physician: 2

Cardiologist: 1 House officer: 1

Hospitals (12)

Localities represented: 9

Urban interventional, cardiac surgery: 4

Urban interventional: 4

Urban non interventional: 3

Rural: 1

Departments

Cardiology outpatient: 8

Cardiology inpatient: 4

General medicine: 1

Document ID	Document Type
D1-3	Checklist
D4	Directory to outpatient services
D5-D12	Discharge summary template
D13-D21	Management guidelines
D22-D23	Patient management template
D24-D33	Pathway policy / algorithm
D34-D38	Patient education resource
D39	Registry template

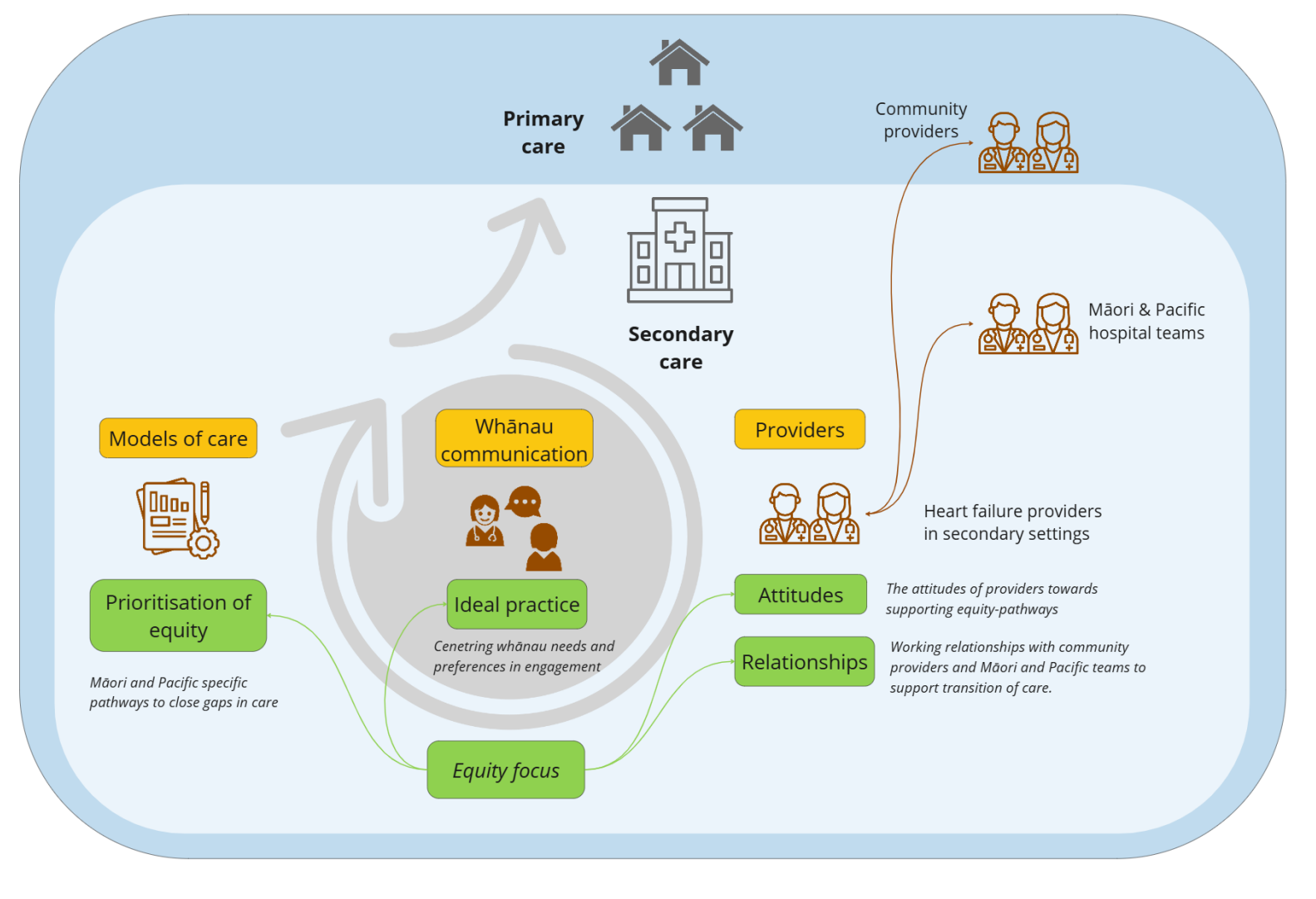
Results - overview



- Several opportunities to improve equitable discharge planning
- Some consideration of Māori and Pacific needs, but not consistently implemented
- Interview analysis: importance of patient-provider relationships in transition of care
- Document analysis: models of care appropriate to service setting

Main theme	IS references	Sub-theme	Description
Whānau communication Centering the needs and preferences of Māori and Pacific patients and whānau during discharge.	EquIR-AoNZ: the focus of implementation is whānau needs CFIR: Individuals domain – Innovation Recipients	Ideal practice	Communication is ideally a relational process of building trust over time across the discharge phase.
		Gaps & challenges	Areas to improve patient and whānau communication at discharge.
Providers The cultural and clinical expertise of people delivering heart failure care.	EquIR-AoNZ: Anti-racism and Māori and priority population expertise CFIR: Individuals domain – Innovation Deliverers	Attitudes to equity	Providers’ attitudes to culturally appropriate care.
		Relationships	Working relationships with community providers and Māori and Pacific teams.
		Knowledge & Collaboration	The range of heart failure management expertise by providers and collaboration required for excellence in discharge planning.
Models of care The service design of delivery of heart failure management, pathways and processes for discharge planning.	CFIR: Innovation domain – the “thing” being implemented and Implementation Process domain	Prioritisation of equity	Specific pathways to meet the cultural needs and social determinants faced by Māori and Pacific patients.
		Pathways – Doing what works for us	Localised configuration of services to manage care from secondary settings into the community.
		Gaps and silos	Gaps in the continuity of care and communication silos between providers and services.
		Formalisation	Barriers to sustainability of processes to achieve consistency of care.
Settings The demand and resourcing context of each service.	CFIR: Inner and Outer setting domains	Local conditions	The populations and geography for each service setting.
		Resourcing	Adequate resourcing for staff to meet population needs.
		Information systems	Digital systems to support continuity of care.

Equity sub-themes for discharge planning for heart failure in hospital settings



“they [patients] want to go home and think about it; they are given time for that”-

“I don’t think they [providers] have the [cultural] skills to be blunt around how to deal with the different needs of patients

“we do have whānau care and Pacific care teams but they’re not involved unless some fabulous nurse or healthcare member actually triggers them”

“Our hauora Māori [team] is very proactive.”

“I don’t think there’s been much consideration at all [to equity].we will try and get people that are younger, Māori and Pacific, in as soon as possible in front of other people, because we know the need is greater. But, that process isn’t formalised and I would love to see actually those processes more formal across cardiology”

Discussion



- Strengthening discharge planning and whānau-centred processes for long-term care
- Guidance from equity implementation frameworks for sustainable change management
- Service models to meet local needs, regional and national coordination
- Building an anti-racist workforce to champion equity pathways



Artwork by Opeta Erika

Strengths/Limitations and Future research



- First exploration of discharge planning for heart failure through an equity-lens in AoNZ – rich context into processes.
- Not all hospitals in AoNZ were represented – greater focus on general medicine
- Follow-up codesign study with whānau to strengthen post-discharge engagement



Artwork by Opeta Erika

Conclusions



- Despite long-standing, known inequities, lack of systematic approaches in health system to equitable discharge planning
- Call for a cohesive national programme for equitable implementation



Artwork by Opeta Erika

Navigating heart failure care

Uike Ha'amo – Preparation

Kavenga mafasia – spiritual vaka

O'e hala fononga – long journey



Artwork by Filipe Tohi



Mālō 'aupito

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