BHFLHN Inner North -Gawler and Barossa



WHERE ARE WE:

Gawler based at the Gawler Hospital Barossa based at Angaston Hospital

OUR ADDRESS:

Gawler 21 Hutchison Street Gawler Barossa 29 North Street Angaston

OUR CR NURSES:

Simone Atkinson 0.8 FTE Gawler Caroline Wilksch 0.8 FTE Barossa Jessica Mitchell 0.2 FTE (backfill) Rosemary Nathan (backfill)









BHFLHN Inner North -Gawler and Barossa WHO WE ARE



TYPE OF HEALTH PROFESSIONALS

AT OUR SITE:

Gawler - Physiotherapy support for exercise and education

Barossa - PT only for exercise (Physiotherapy still in negotiation)

Both sites utilise Dietician, Mental Health Worker, BLS Instructor and Pharmacist for education and referral for 1:1 as needed

SERVICES WE PROVIDE ON SITE:

Group based or 1:1 CR exercise and education, maintenance programs

Community Heart Failure Support Program

Wirrkarta Yarta Aboriginal and Torres Strait Islander Wellbeing Program

Virtual Clinical Care (in collaboration with RSS)



Winner SA Regional Awards BCIC 2014



Jessica Michell Young Achievers Award 2014



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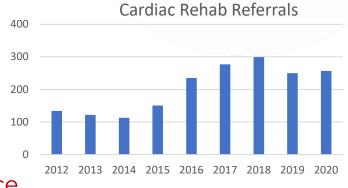


OUR PROGRAM FORMATS:

Group based face to face

1:1 face to face, virtual or phone

Centred based or home based service



CHARACTERISTICS OF OUR PATIENTS:

- Wide range of cardiac conditions
- Definitely more complex
- Many clients stay with the service longer than the standard program of 7 - 8 weeks



Better Care in the Community **BAROSSA**

MARCH 2021 - monthly report



- 20 Hospital admissions saved
- 13 ED presentations saved
- 1 Supported early discharge
- 5 Bed days saved



- 2 cardiac inpatient referrals and reviews
- 2 respiratory inpatient referral and review



2 Aboriginal or Torres Strait Islander clients engaging







17

Complex Heart Failure (HF) 1:1 clients



Client success stories:

- Aboriginal client has been continuing to exercise in the Barossa pulmonary rehab program. He completed another 9 exercise sessions to continue to maintain his fitness. 6 minute walk tests have significantly improved: 25/2/2020 - 100m continuous walk for 4 minutes. SpO2 dropped to 93% max pulse 100BPM. Stopped due to stiff legs, knee and back pain some breathlessness, 24/9/2020 - 250m, improved 150% walked continuous for 5 minutes, SpO2 dropped to 92% but recovered quickly, stopped due to breathlessness and leg weakness 2/3/2021 400m, improved 37% walked continuously for 6 minutes SpO2 ranging from 91-95%. Heart rate started at 76 up to 105 beats.
- Extensive education and support given to a respiratory client on self-management of COPD. Client previous multiple hospital admissions with exacerbation of COPD. Client was able to initiate her COPD action plan. Client has been on regular antibiotics for about 3 weeks and now finally feels better and managed to keep out of hospital. Client very grateful for all the support.
- 8 clients successfully completed the 8-week pulmonary rehab program on 25/3/2021 with all booking in to attend the Village Gym on a continuous basis in the future.
- Heart failure inpatient at Angaston Hospital living in a remote location supported early discharge with Virtual Clinical Care. Client was retrieved from Angaston in Feb 2021 with septic shock, lengthy hospital admission at Lyell McEwin including ICU care. Transferred back to Angaston for rehab prior to discharge due to deconditioning. Client previously known to sign herself out of hospital against medical advice and threatening to do the same. Client previously reluctant to engage in ongoing medical care to manage her chronic conditions. Client willing to engage in VCC and open to learning how to self-manage her chronic conditions to avoid hospital admissions.

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Client centred service - flexible and responsive to clients needs

Direct connections with acute sector focused on hospital avoidance and supported early discharge

Strong connections with the Aboriginal Health Service and local Aboriginal and Torres Strait Islander Community

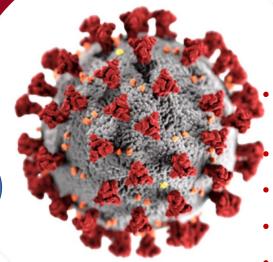
'Think outside the square'



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COVID19

"Just what I needed when I needed it most"



SILVER LININGS

- More confidence to offer different modes of delivery for CR
- Greater flexibility around times CR can be offered
- Clients able to work at their own pace
- Able to individualise and target education
- 1:1 client contacts have more structure and purpose

HOW DID YOUR SERVICE SURVIVE THROUGH THE COVID LOCKDOWNS?

- March 2020 client's started 'voting with their feet'
- Rapid shut down of group programs by mid March
- Within a week CR alternative program delivery was implemented - 1:1 phone or 1:1 virtual
- Barossa COVID outbreak added another layer of anxiety for clients and personally. Visiting Cardiology services stopped, Barossa clients not allowed to access face to face services, several Barossa clients had a delay to accessing emergency Cardiology care
- Heart failure clients assisted to develop self isolation and symptom monitoring plans
- Uptake of VCC increased especially for Aboriginal clients

"I'm a very busy person like most people but I would highly recommend participating in the cardiac rehab program to give you a better understanding of heart health and your future risks"

Best thing has been access to 'Healthdirect' virtual platform

Amazing education opportunities via **ZOOM**

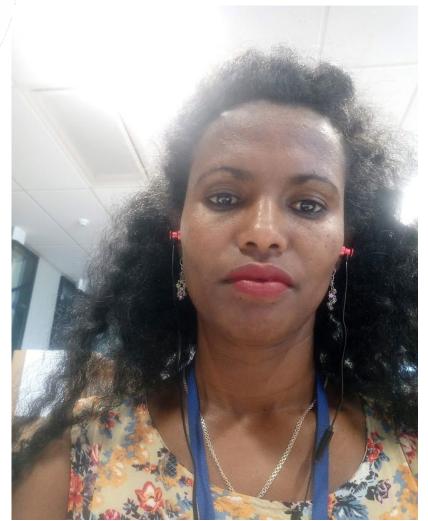
The CHAP Project Pharmacy Corner with Lemlem



TODAY'S TOPIC: Introducing myself and coming CPD topics

Questions or ideas for topics?

Email me at: Lemlem.gebremichael@flinders.edu.au



Introduction

- Bachelor of Pharmacy (Bpharm) degree- Addis Ababa University, Ethiopia (2006)
- Master of Science in clinical pharmacology- Addis Ababa University, Ethiopia (2011)
- PhD- University of South Australia, School of Pharmacy and medical Sciences (2020)
 - Assessing pattern and appropriate medication prescriptions in older Australians admitted to hospitals



The CHAP Project Pharmacy Corner



- Medication education and review segment is about topics relevant to you; cardiac nurses and health professionals engaging with patients in cardiac rehabilitation programs
- Effective pharmacotherapies for smoking cessation
 - Nicotine Replacement Therapy (NRT)
 - Patches, gums, inhaler, spray, lozenges
 - Bupropion
 - Varenicline

| | Medication education and review topics |
|-----------|--|
| July | How important is duration when prescribing beta-blockers after acute MI |
| August | What is NEW about the new SGLT2 inhibitor, Sotagliflozin? |
| September | What does the evidence say about the role of Myotrope therapy in HF patients with reduced ejection fraction? |
| October | Adverse effects of the new primary CVD prevention polypill could limit its clinical use |
| November | Can Type 2 diabetes medications help people lose weight? |
| December | Can oral anticoagulants be used to treat patients with bioprosthetic valve and AF |

Medication education and review topics

The MAGICAL "triple pill" effectively controls high blood pressure

does Morphine, Oxygen, Nitrates and Aspirin 'MONA' treatment has clinical applicability to treat acute coronary syndrome at present?

What is Takotsubo cardiomyopathy and how to treat?

Important tips to safe prescription of novel oral anticoagulants

Pros and cons of weight loss medications on the cardiovascular system

All about the two new non-statin drugs for cholesterol lowering

Is dual therapy, ticagrelor and aspirin, more effective for patients undergoing CABG than single aspirin therapy

Re-thinking the old beliefs of estrogen benefits the cardiovascular system

Depression treatment and cardiovascular diseases

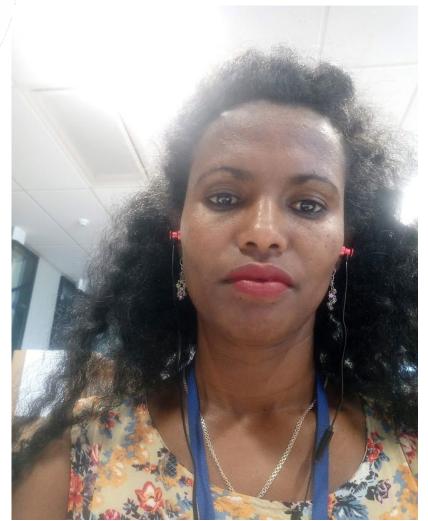
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