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Primary angioplasty and health information provision



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Background

Recent policy has emphasised the need for health professionals to provide high quality health information for patients and their families (1, 2, and 3). This is because there is evidence to link effective health information provision with improved patient outcomes; such as reduced levels of psychological distress (4) and feelings of increased control (5). Furthermore effective communication is associated with improved adherence to prescribed medications (6).

All members of the multidisciplinary team have a role to play in making high quality health information available to patients and carers. There is room for improvement as evidence suggests that patients and carers have unmet health information needs (7-12). We often assume that if an individual can read and write in English that they will be able to understand the information that we provide. Simply being literate is not enough. Ideally patients and carers need to be 'health literate' (13). In other words, we need to ensure that they have access to clear health information along with support from us to process, understand and act on this as they choose.

This document aims to provide guidance for staff working in acute care and cardiac networks about health information provision for both patients treated with primary Percutaneous Coronary Intervention (PPCI) and their families who care for them. The guidance may also be useful for cardiac rehabilitation teams.

Coronary heart disease and health information provision

Acute myocardial infarction (AMI) is a sudden acute event which characterises the long term condition known as coronary heart disease (CHD). Patients treated with primary PCI for heart attack have a short hospital stay often characterised by transfers across clinical settings. An unintended consequence of this is the reduction in time available for health professionals to provide the patient and family with health education and psychological support. The rapid treatment and short hospital stay may also contribute towards patients and their families developing misconceptions about heart attack. They may believe that their treatment 'fixed' their problem (14-17). If the long term nature of the problem is not appreciated by the patients and their families then the impact of advice about behaviour modification may be reduced (18).

When producing information for primary PCI patients you should access your local trust policies and guidelines for producing information leaflets and involve patients and carers in the production. National guidance is also available to help you (19-21). The Toolkit for Producing Patient Information is especially useful as it outlines the different stages involved in the production of written information, gives guidance on presentation, and includes templates as well as a checklist of factors to consider when producing health information resources e.g. the needs of those with sensory impairments or those from non-English speaking backgrounds. Patients and carers are our audience and should be involved in the development of health information. A network approach to producing information would be useful in giving consistency of message across a patient pathway.

Health information provision for patients and families pre primary PCI

The provision of health information should begin as soon as a patient enters the health care system. In practice, a patient who calls 999 will be given information from ambulance personnel. The paramedics have an important role to play as they are frequently the first point of contact for the patient and their family.

When a patient calls 999 and paramedics respond, the patient has a diagnostic ECG to indicate eligibility for primary PCI. If the patient is then taken to a primary PCI centre, the carer requires information that will enable them to travel to the correct hospital to be with the patient. When they arrive at the hospital the carers need information regarding the procedure and the wellbeing of their loved one.

A patient who self-presents to a local emergency department will get information from the staff in the department. The information may be slightly different in this context but should still give a consistent message, to the patients and their carers.

Health information provision for patients and families post primary PCI

Each individual is different and health information should be tailored accordingly. Our aim should be to create a common platform of understanding between health professionals, patients and families about their health condition. Every good teacher considers their student's prior learning. In other words it is helpful to establish what an individual already knows to facilitate the provision of tailored information rather than using a 'tick box' approach. A two way discussion with patients will also help you to uncover any misunderstandings that they have about their health condition.

The information needs of patients and their families post AMI have been explored both in reviews (7, 22, 23) and individual studies (15, 24-25). Findings are not always consistent but priority topics include the following topic areas.

- Heart function, how it works, what damage has been sustained and the future implications of this e.g. will I have another heart attack?
- Symptoms, will they come back and what do I do if they recur?
- What caused the heart attack and can I do anything to stop myself having another? What are the do's and don'ts of lifestyle management?
- What are my physical limits? How far can I push myself? (Includes sexual activity).
- What are my medications for, should I expect any side effects and must I take them for life?
- How can family and friends help my recovery?
- Who is responsible for my care once I leave hospital and where can I get advice and support from?

The timing of health information provision

How do we know what patients want to know in an emergency situation? Again the answer is that every individual is different. Patients and families learning needs tend to vary according to their stage of recovery (24-26). In general patients and their families focus upon issues pertinent to their survival during the early stages of a potentially life threatening event such as AMI (23). The multidisciplinary team should be briefed with details of the information that should be relayed to patients following primary PCI. Documentation of such key information will support effective and consistent communication.

Many patients have reported emotional shock following primary PCI making it difficult to retain any of the health information given to them during the first 48 hours of their recovery (14). As with all stages of information provision we must actively listen, give patients and families the opportunity to ask questions and be led by their needs. In general, the optimum time for learning after a cardiac event is during convalescence (27).

Patients in some heart attack centres have a short stay before transfer back to their local hospital for another short stay before discharge. Discharge is usually around day three, however, this can be as short as 48 hours in some centres and the speed to discharge is a barrier to the success of information giving.

Because patients may move across a number of different clinical settings it is important that there is accurate documentation about what information has been covered. This is one approach to avoiding the possible difficulties that a short hospital stay can cause.

Different ways of giving health information

The patient requires face to face information at all stages during their procedure and subsequent care. Verbal information should be followed up with further information delivered in a flexible way using the most appropriate media for the individuals concerned.

This may involve the use of multiple resources with face-to-face communication and then back up resources in the form of written communication or pictures, use of websites, DVDs and at a later stage support groups or buddy systems with fellow patients.

What is important is that all information givers deliver a consistent message and that patients do not leave hospital believing that primary PCI is curative. What is required is that patients leave hospital with a positive message and hope for the future but are aware that they need to continue taking prescribed medication and be responsible for making lifestyle changes to reduce future coronary risk.

Because patients typically experience a rapid change in their condition from feeling very ill to almost completely recovered, memories of the pain and anguish may be short lived. Before and after pictures of the procedure may be a useful tool to remind patients and carers of what has happened. Some heart attack centres routinely provide a copy to take home. Whilst there is no evidence to support the benefit of this approach it has been well received by patients and their carers.

Patient's journey

Traditionally the cardiac rehabilitation teams provided education about lifestyle changes, use of medications and what to expect at discharge. The short hospital stay and the possible transfer between hospitals makes it increasingly difficult for patients to be seen by the cardiac rehabilitation teams prior to discharge. Because of this it is important that all staff who come into contact with patients, during and following primary PCI, give patients the information that they require prior to discharge to assist them during early recovery.

The early days between hospital discharge and the first visit from a member of the community cardiac rehabilitation team is a time of great anxiety for many patients and their families (14, 25-26). Ideally the 'gap' should be no longer than 24-48 hours.

The importance of cardiac rehabilitation as an integral part of recovery and of secondary prevention should be stressed by the multidisciplinary team with a consistent message from all involved. Team members can play a key role in allaying the concerns of patients and their families with the provision of clear and appropriate health information.

Patients should be discharged knowing the date and time of their follow up appointment and with details of the first contact they will have with the cardiac rehabilitation teams.

Conclusion

All members of the multidisciplinary team caring for patients treated with primary PCI have a role to play in supporting the effective delivery of health information. An important first step is to establish what the individual understands about their treatment and diagnosis. During the first 24 hours the most important information for patients typically concerns their own survival. Additional information about medications, lifestyle change and cardiac rehabilitation is required before discharge. Leaving hospital not only marks the end of an acute care episode but also the start of an adjustment period in which patients and families have to manage their own care. Accessible and comprehensive health information supports patients and their families in making this transition.

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To the post primary PCI patients at Charing Cross Hospital, London

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