Minutes — Heart Failure Working Group

MEETING DETAILS	
Meeting title	Heart Failure Working Group
Date and time	04/06/15
Venue	CSANZ NZ Meeting Sky City Auckland
Chairperson	Helen McGrinder, James Pemberton
Minutes	Jane Hannah
Present	Myanna Lund, Raewyn Fisher, Maria Matthews, Jo Scott, Janet Dunbar, Julie Chirnside, June Poole, Brigette Lyndsay, Stephen Jennison, Kathy Ferrier, Wendy Bryson, June Rosingdale, Jill Trower, Tim Sutton, Tammy Pegg, Naila Rahman
Apologies	Rob Doughty, Richard Troughton, John Tich, Debbie Chappell Catherine Callagher

ITEMS DISCUSSED

No.	Item	Discussion/Action	Responsibility
1.	Minutes of last meeting	• Discussed and agreed to be correct by Jane Hannah	
2.	Preventative HF in Primary Care	• Brigette identified that there is a gap in primary prevention of HF in the community and whether targeting patients in primary care would be of value. Currently Midlands run clinics for people at risk of getting HF. Raewyn Fisher commented that Waikato had trialled searches of patients in a couple of rural and group GP practices using the headings “cardiomyopathy” and “heart failure” and checked the pharmacy records to ensure that they were on EB pharmacotherapy. • Helen McGrinder commented that they had targeted a couple of GP practices to audit HF treatment and diagnosis. This had proved useful but time consuming. • Bridget asked whether a message from CSANZ on HF recommendations would be helpful. All agreed that the Predict/ risk assessment should pick up these patients. Bridget recommended that CSANZ should be supporting primary care, not “doing it”.	
3.	Central Network minimum standards	• Tammy Pegg introduced a project that her husband was working on which is to produce a set of minimum standards for HF management. This would only include patients with HFrEF. The guide would follow the NZ Guidelines recommendations and would help guide smaller centres. It could help to get extra staff, equipment etc. • James Pemberton suggested the criteria should include first apt within 2/52 of referral • Wendy Bryson commented that this work was being done within the Cardiac Networks and standards need to endorsed as a National project, not just regional. • Raewyn Fisher commented that the UK based “Map of Medicine” is almost the same as these standards. • Tammy will circulate for comment and possible endorsement by CSANZ	

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4.	Titration	• Stephen Jennings commented on the continuing complacency with GPs not fully titrating ACEi and BB. • Kathy mentioned the need for NS to continue to feedback to GP regarding titration. If this is documented and discussed this is likely to change practice.	
5.	HF Registry	• Mayanna discussed the discontinuation of the consent process in the HF registry. Consent has been identified as one of the constricting processes in collecting data for the registry. She is waiting to hear back from Ethics but can see no barriers in removing it. • There are around 3000pts in the registry • The registry will come linked to the ANZICS/QI registry with NHI and demographic data prepopulated. • The form will be simplified and will align to echo and cath data. • Helen McGrinder commented that self management data will need to be collected separately. • **Please continue to collect data as normal (ie consent pts) until further notice**	
6.	Standing Orders	• June Poole discussed the difficulties that CMDHB were having with standing orders. Currently NS cannot prescribe cardiac drugs frequently used whereas NS in Diabetes can under the designated prescriber recommendations. Brigette confirmed that the designated prescribing for other groups apart from Diabetes was still a couple of years away. She emphasized the only way to prescribe is still through the NP pathway.	
7.	Round robin	• Raewyn Fisher – Waikato. HFS has six CNS (none present at conference due to funding constraints), community based, referrals triaged. They are upskilling GP/PN to uptitrate.	
		• Mayanna – busy with the Registry. CMDHB are using Iron infusions	
		• Tammy – 1 FTE in Heart Failure (150,000 pop). Community based programme, nurses visit once and then recommend plan back to GP.	
		• Kathy – 2 FTE in Cardiology (rather than HF specific). Chris Murphy has been working hard on competencies and standing orders.	
		• June – CMDHB – 3 community Cardiac Nurses plus a Registrar. They cover Cardiology and Gen Med and see all referrals. Pts get a 48hour phone call and are seen in clinic at 2 weeks. Tim sees all patients first to ensure no misdiagnosis.	
		• Stephen – NDHB. No specific HF nurses but are using remote monitoring to manage pts. Stephen will present on remote monitoring next conference.	
		• Dean – Palmerston North. 3 NS, 1 NP. Use Map of Medicine and have a primary health focus	
8.	Resignation	• James Pemberton and Helen McGrinder term of office complete and were thanked. Mayanna Lund and Julie Chirnside were elected and welcomed as Chair and Co chair.	
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		NEXT MEETING: CSANZ National meeting Rotorua 2016	