
Cardiovascular ambassador project

Information pack for health services

Safer Care Victoria (SCV) is excited to offer health services an opportunity to participate in the statewide Cardiovascular ambassador project. The project will support health services to recruit a cardiac liaison nurse to introduce a model of care that improves the quality of inpatient, outpatient and community cardiac care, as well as reduce unplanned readmissions.

Background

Access to high-quality, evidence-based cardiovascular care across Victoria varies significantly and patients recently discharged from hospital often require readmission. Readmissions to hospital are a burden on patients and carers with implications for quality of life and prognosis. Additionally, unplanned readmissions incur significant costs and demand challenges for health services. Targeted activity to improve inpatient cardiac care, discharge processes, follow up, and communicating across care settings have been successful in reducing readmissions.

The Cardiovascular ambassador project will work with 30 Victorian public hospitals to improve the quality of cardiac care delivered by hospitals in numerous care settings. Its goals is to increase time spent in the community for those living with heart disease and reduce avoidable hospital admissions by 20 per cent.

What does the Cardiovascular ambassador project involve?

Part of our **Reducing avoidable acute care admissions package**, this project will see public health services across Victoria offered opportunity to apply for funding to recruit one of 30 cardiac liaison nurse positions. Hospitals will identify model of care initiatives that will be the focus of this dedicated cardiac nurse resource and will work with SCV to ensure interventions are evidence based and a robust measurement strategy is established.

The Cardiovascular ambassador project offers hospitals:

- Funding of up to \$100,000 per hospital to recruit a dedicated cardiac liaison nurse at 0.6 FTE for 18 months to design and implement a model of care to support cardiac patients.
- Four statewide professional development sessions for nominated cardiovascular liaison nurses.
- Regular project meetings where cardiac liaison nurses will be encouraged to share their lessons and ideas, creating networks across metropolitan and regional areas.

Reducing Avoidable Acute Admissions package

It is intended that hospitals commit to two streams of activity within the **Reducing avoidable admissions package**: the Heart Failure Collaborative and the Cardiovascular ambassador project.

Both projects support improved quality of care and patient experience under the overarching aim of reducing unplanned cardiovascular readmissions. **Hospitals who sign up for Heart Failure Collaborative will be assessed as first priority for Cardiovascular ambassador project allocations.**

The Heart Failure Collaborative will provide foundational skills in quality improvement and change management that will support the implementation of the nurse-led models of care in the Cardiovascular ambassador project. The cardiac liaison nurse will be crucial as a team participant in the collaborative, but their primary focus will be to develop and apply a locally relevant model of cardiac care. While the Heart Failure Collaborative focuses on quality improvement in heart failure, the scope of the Cardiovascular ambassador project may include other cardiac conditions that a hospital identifies as an area for improvement.

What are the activities required to participate in the Cardiovascular ambassador program?

Hospitals will **nominate/recruit a senior registered nurse at three days a week** for 18 months to take on the cardiac liaison nurse role.

A **local project team will be established** to scope, plan, implement, adapt and evaluate the proposed model of care.

Involving consumers and multidisciplinary clinicians in planning models of care and interventions is essential. The Cardiovascular ambassador project team will **submit their proposed model of care and draft measurement strategy** to SCV for review.

Over an 18-month period, the project team will work with the cardiac liaison nurse to:

- scope, identify and develop their model for care based on understanding the patient journey and gaps in care within their health service (3 months)
- test, adapt and implement their model of care with the leadership and support of their cardiac liaison nurse (12 months)
- focus energies on **integrating the cardiac liaison role** and new model of care into usual care (3 months).

Project plans with a measurement strategy, quarterly report, final report and sustainability plan are required.

Cardiac liaison nurses will participate in four professional development forums with statewide counterparts and bimonthly cardiac nurse network meetings, facilitated by SCV.

Frequent measurement and tracking of the impact of model of care interventions during the implementation period will be essential.

Hospitals may be asked to present their model of care, results, and learnings **at a statewide showcase**.

What is the scope of the cardiac liaison nurse?

The cardiac liaison nurse will be a registered nurse Division 1 with several years of experience in the care of cardiovascular patients employed by the participating hospital, ideally from staff with pre-existing local experience and networks. The cardiac liaison nurse will work with a local health service project team to focus on the introduction (or expansion) of models of care that improve the provision of evidence-based cardiac care and contribute to the primary aim of reducing acute hospital admissions.

What is a model of care? A model of care, in the context of the Cardiovascular ambassador project, refers to multiple interventions across a patient's care journey with the purpose of improving service delivery, quality of care and patient outcomes.

[View the model of care explainer](#)

Essential project information

The models of care designed by hospitals should be feasible and responsive to the needs of patients, carers and their health service. We will review models of care and measurement strategies before the project starts.

The cardiac liaison nurse role is an advanced scope of practice position and would be suitable for a registered nurse Division 1 with experience in cardiovascular care. The role may not be assigned to a division 2 nurse or other discipline (e.g. medical, pharmacy, allied health). However, the model of care interventions should include collaboration and involvement of the multidisciplinary care team.

Collaborative models of care that involve the multidisciplinary care team and multiple clinical settings are essential. Hospitals will design a model of care that consists of a number of interventions that are to be introduced in more than one health setting (inpatient services, outpatient clinics, sub-acute and home visit care services, and primary care settings).

Models of care that provide outreach support across smaller satellite campuses or regional collaborations using telehealth are encouraged when appropriate.

This project endeavours to build new nurse-led models of care that will establish a sustainable role for a dedicated cardiac liaison nurse to support transitions of care. In light of this, it is important and expected that the nominated cardiac liaison role will not take on additional clinical, research or project roles in the hospital during their three days a week as cardiac liaison nurse.

The funded cardiac liaison RN, during their three days working on this project, should not be used to offset or resource usual care or pre-existing activity but rather allow for new initiatives to be introduced in nurse-led models of care relevant to the local health service need.

Funding is for a nurse-led model of care and cannot be used for additional formal studies for the cardiac liaison nurse (e.g. nurse practitioner or cardiac post graduate studies).

The focus of cardiac liaison nurse activity is improving inpatient, discharge, and transitional care not the booking and liaison for procedures or invasive interventions (e.g. surgical or catheterisation/EP nurse liaison).

Which cardiac diagnoses are the focus of CV Ambassador?

Cardiac conditions that are the priority focus areas for this project are:

- Heart failure
- Atrial fibrillation/atrial arrhythmias
- Ischaemic heart disease – acute coronary syndrome.

The decision of which condition/s to focus on will be at the discretion of each participating hospital. This decision will be based on current practice and pre-existing models of care, gaps in patient care, and the volume of patients cared for with each condition. Hospital sites with low numbers of patients admitted with a particular cardiac condition (less than seven a week) will be encouraged to broaden their focus to more than one cardiac diagnosis (e.g. heart failure and atrial fibrillation model of care).

Who is eligible to apply?

All Victorian public hospitals who provide adult acute care to Victorians experiencing a cardiac related health complication are eligible to apply. Only one application per hospital will be accepted.

How to apply

It is highly recommended hospitals sign up to the [Heart Failure Collaborative](#).

- Complete the Cardiovascular ambassador application form, including a model of care proposal which describes the focus and activity of your model of care based on identified gaps and needs in your hospital.
- Obtain Executive and Director of Cardiology/Medicine endorsement.
- Nominate a key contact to coordinate and advance the set-up of cardiovascular ambassadors within your hospital.
- Submit application to cardiac.clinicalnetwork@safercare.vic.gov.au

Applications close **25 August 2021**.

Incomplete applications will not be considered.

Selection criteria

30 Victorian public hospitals will be selected based on:

- Participation in the Heart Failure Collaborative is highly desirable.
- Adequate volume of heart failure, atrial fibrillation and ischaemic heart disease patients to justify resource at three days a week (greater than seven admissions a week for targeted cardiac conditions).
- Executive and Head of Department (e.g. cardiology, general medicine) endorsement.
- Proposed focus of model of care:
 - Model of care draft proposal responds to an identified gap in quality cardiac care within applying hospital service. Adequate background thinking and scoping conducted with data to support area of focus.
 - Model of care proposes a number of evidence-based interventions to support the new cardiac liaison nurse-led model of care.
 - Model of care draft proposal demonstrates collaborative initiatives across more than one health setting.
- Hospital sites that have previously received funding for model of care initiatives focusing on reducing acute care admissions will be considered (Model of care project 2015, Better Care Victoria funded projects with a cardiac focus). However, new or expanded models of care must be proposed, and sites with less developed models of care may be prioritised.
- Sites with mature models of cardiac care that incorporate initiatives to improve access to high-quality cardiovascular disease care for regional and rural patients will be assessed favourably.

More information

Please email cardiac.clinicalnetwork@safercare.vic.gov.au