Cardiology Medicines Stewardship Program

Purpose: to ensure the safe and Quality Use of Medicines (QUM) that meet an individual's needs, while minimising harm to the individual and society, to improve overall health outcomes for the whole population.

PREPARATION

Understand the local PROBLEM

- Review existing local data for patients with ACS, HF and/or AF including multimorbidity and mortality reports, cardiac rehabilitation KPIs, previous audits, readmission data.
- Review local organisational culture, policy and procedures: use protocol driven treatment pathways, knowledge and compliance of local policy

Understand the CONTEXT

- Consider stakeholders – cardiologists, cardiac surgeons, junior medical staff, cardiac nurses and nurse practitioners, cardiac rehabilitation staff, GPs, cardiology pharmacists, consumers.
- Consider recent relevant literature of likely high priority areas e.g. any Australian data, recent international reports.
- Review national or international cardiology standards and guidelines.

Establish program LEADERSHIP

- Establish executive sponsorship and a multidisciplinary team of relevant expertise.
- Consider core representation: Medical and nursing representatives from cardiology and cardiac rehabilitation, pharmacist, consumer, Quality and Safety Unit representative.

See National Quality Use of Medicines Indicators for Australian Hospitals: User Guide

Obtain CONSENSUS for priority areas for cardiology stewardship program

Develop and document STEWARDSHIP PLAN

Stewardship plan includes:

- program rationale and aim.
- terms of reference for the Cardiology stewardship committee.
- engagement of stakeholders.
- nominated tasks and deadlines for the stewardship team.
- method including multifaceted interventions.
- communication strategy.
- evaluation method and chosen metrics.
- sustainability plan.

IMPLEMENTATION

Multifaceted INTERVENTION STRATEGY

- Review literature for evidence-based strategies of effectiveness in cardiac populations including consideration of local gaps identified, hierarchy of effectiveness for various interventions, and their relevance in local context.

  For example:
  - Audit and feedback
  - Bookmarks
  - Academic detailing.

Develop and implement COMMUNICATION PLAN

- Identify communication channels (both formal and informal) for stakeholders.

  For example with:
  - District and/or regional teams
  - Cardiology clinical networks
  - Showcase work in other medicines stewardship forums

  Include:
  - why the program is important.
  - what the interests of the audience are.
  - how the program will impact and benefit the audience.
  - how to motivate the audience to spread the word.

- Schedule communication throughout.
- Identify and plan for risks.

READY THE WORKFORCE

- Create a positive culture of improvement by leading by example and visibly driving change.
- Build trust to facilitate change by eliciting feedback.
- Address any barriers and reduce resistance.

  For example:
  - Newsletters
  - Posters
  - Add the program to agendas

EVALUATE, monitor and report

- Identify existing indicators:
  - QUM indicators
  - Acute coronary syndromes clinical care standard indicators
- Identify any adverse effect indicators.
- Measure KPIs at baseline, then cyclical (at predetermined time) and ongoing.
- Evaluate effectiveness of interventions through feedback from consumers, GPs, clinical staff.
- Identify what system changes have occurred.
- Report outcomes at least annually to Drug and Therapeutics Committee (or equivalent), Clinical Governance, Executive.
- Identify forums for presentation (eg CSANZ Annual Scientific Meeting).
- Develop feedback resources for consumers and community.

ONGOING SUSTAINABILITY

SUSTAINABILITY

- Ensure new practices are reflected into policy/guidelines and protocols.
- Continue training of rotational and new staff.
- Develop dashboards to help with monitoring and reporting.
- Schedule periodic measurement and feedback.
- Celebrate achievements.
- Replicate processes for next priority area.

Abbreviations:
ACS: **A**cute **C**oronary **S**yndrome,
HF: **H**eart **f**ailure,
AF: **a**trial **f**ibrillation,
KPI: **k**ey **p**erformance **i**ndicator

JUNE, 2023

CATAG
Council of Australian
Therapeutic Advisory Groups