

HOME IS WHERE THE HEART IS

*Managing patients with uncomplicated
acute myocardial infarctions
in the home*

A pilot project
Heart and Chest and Hospital in the Home Programs
Southern Health Care Network

Funded by
AMBULATORY SERVICES, 1999
DEPARTMENT OF HUMAN SERVICES, VICTORIA

Authors: Lisa Jenkins, Lisa Keighran, Sandra LeVasseur, Heather Jarman
Southern Health Care Network in collaboration with Centre for Graduate Studies in
Clinical Nursing Monash University for Ambulatory Services, 1999 Department of
Human Services, Victoria Melbourne.

Background: The management of uncomplicated acute myocardial infarctions (AMI) in the home was a 12 month pilot study, funded by the Department of Human Services, Victoria, Australia and was carried out in collaboration with the Heart & Chest & Hospital in the Home (HITH) programs. The program assessed whether selected uncomplicated AMI patients could be safely transferred home on Day 3 and managed at home on Day 4 and 5 by nurse practitioners.

Methods: The pilot project commenced in February 1998 and completed recruitment in January 1999. During this time a total of 308 patients were admitted to Cardiac Care Unit with AMI's. All AMI's were then assessed for entrance to the HITH program by 3 forms of criteria.

General Criteria: < 75 years of age, live within 25 kms, a carer to stay with, not diabetic, telephone available and be able to speak and read English (important due to the research component).

Medical Criteria: no post AMI angina, Left Ventricular Failure or uncontrolled arrhythmia's.

Home Transfer Criteria: ie, approval by treating cardiologist; able to ambulate 200 metres and consented to both HITH and Research component.

Results: Of 308 patients, 57% (176) were excluded by General Criteria, a further 29% (90) were excluded by the Medical Criteria and a further 4% (13) went onto be excluded by the Home Transfer Criteria or other factors such as co-morbidities. Leaving 10% (29) that fulfilled the criteria and were successfully transferred to the AMI HITH program. There were no readmissions, reinfarctions or deaths in HITH. However, 2 patients experienced angina, their cardiologist was notified and investigations were brought forward. A total of 5 telephone calls were made by the 29 patients and related to medication or anxiety related symptoms.

Conclusion: The results of this pilot study show that approximately 10% of AMI patients may be safely managed and suitable for early transfer to HITH thus increasing the availability of critical care beds and therefore permitting a reduction in costs to the Heart and Chest Program.