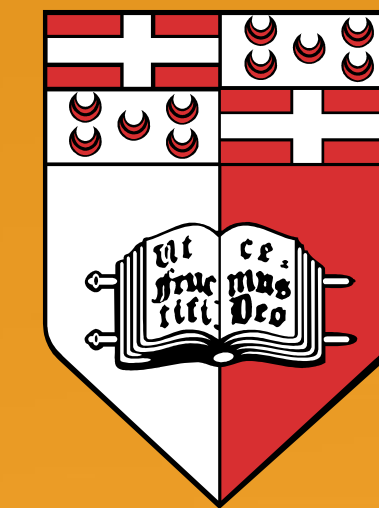


# MEDICATION ASSESSMENT TOOL FOR HEART FAILURE: STANDARDISATION TO SERVICE OPTIMISATION



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## INTRODUCTION

Rational drug therapy and reassurance that care provided is uniform and in line with latest scientific guidelines can improve the service to patients with heart failure. Treatment must be individualised or better still 'personalised' and patients helped to be actively involved in their own management and monitoring leading to effectiveness and safety.<sup>1</sup>

## AIMS

- To standardise medication assessment by implementing a structured tool for heart failure
- To use specific qualifying and standard criteria with reference to international heart failure guidelines and local scenarios

## METHOD

- The Medication Assessment Tool for heart failure (MAT-HF) was developed, psychometrically evaluated and implemented to support local monitoring of compliance with various processes of care related to medication management shown to improve health outcomes.
- The qualifying and standard indicators were based on established international guidelines<sup>2</sup> and on the medicines available on the formulary list.
- The criteria included indicators of the patient's general

status and pharmacotherapy with 6 possible answers [Yes; No; unjustified and justified adherence; Insufficient data; Qualifier and Standard; Not applicable].

## Implementation

- The tool was applied at the initial part of the ward round (MAT-HFi) to the heart failure patients that met the inclusion criteria.
- Assessment with the same tool (MAT-HFp) was undertaken after consultation with the multidisciplinary team.
- The adherence scores obtained for MAT-HFi and MAT-HFp criteria were statistically analysed.

## RESULTS

- On undertaking the initial assessment (MAT-HFi; n=50; 44-93 years), a high adherence score was obtained for the use of angiotensin converting enzyme inhibitors (ACEIs) and diuretics.
- On carrying out the subsequent post-consultation assessment (MAT-HFp) adherence was improved for general patient status and anticoagulation treatment.
- Although beta-blockers are indicated as first line with ACEIs, low adherence scores were observed. After the consultation process the score increased considerably but it still was denoted as a low adherence score (score <50; p<0.05).

MAT-HF Sections	MAT-HFi Mean Score %	Designation of Adherence score	MAT-HFp Mean Score %	Designation of Adherence score	Wilcoxon Signed Ranktest (p value)
General status	59	Intermediate	76	High	<0.05 (S)
ACEIs use & monitoring	82	High	85	High	>0.05 (NS)
ARBs use & monitoring	22	Low	30	Low	<0.05 (S)
Beta-blockers use & monitoring	29	Low	49	Low	<0.05 (S)
Diuretics use & monitoring	75	High	99	High	<0.05 (S)
Anticoagulants use & monitoring	62	Intermediate	77	High	<0.05 (S)

## Comparing Mean Scores of the initial and final MAT-HF

The multidisciplinary teams managing heart failure patients (n=50) were mainly prescribing ACEIs as first line treatment, and only a few considered the use of beta-blockers.

## CONCLUSION

The standardised multidisciplinary team's collaborative effort was shown to optimise the care provided to patients with heart failure.

### Reference

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