

Supplemental materials for:

Glogowska M, Simmonds R, McLachlan S, et al. Managing patients with heart failure: a qualitative study of multidisciplinary teams with specialist heart failure nurses. *Ann Fam Med*. 2015;13(5):466-471.

Supplemental Appendix 1

HoldFAST Professional Interview Topic Guide

Management of HF (with regard to one or more patients or in general)

- Has patient been referred to the HF specialist nurse at any point?
- Is GP open to referring patients to other services where appropriate?
- Has the patient attended a cardiac rehabilitation programme or other healthy heart programmes?
- How are patient co-morbidities being managed in relation to HF and medication?
- Does clinician monitor nutrition, smoking, alcohol consumption and give personalised advice on levels of activity?
- Has patient been immunised against influenza and pneumococcal disease?
- Who/what else does the clinician regularly consult with in relation to particular patients with HF – HF nurses? Cardiologists, pharmacists, key guidelines?
- How confident do clinicians feel about prescribing? Especially with patients with co-morbidities? How do they resolve any concerns or issues? What do they see as risks and benefits, what services do they have access to e.g. echocardiograms?
- Do clinicians feel they are well trained in HF or do they feel they have gaps in their knowledge?
- Where do clinicians see their spheres of responsibilities or roles in relation to HF patients? How do they see the roles of others? E.g. GPs to monitor medications and respond to day-to-day difficulties? Cardiologists to monitor heart function?
- Do clinicians feel certain patient characteristics or attitudes influence how they manage their care? E.g. if patient lives alone and is unsupported are they more likely to do x? If they are not good at medication adherence or seem overly frail or not coping well etc.
- Could the clinician think of a recent case of an unplanned admission for HF and describe the circumstances involved, who were the key agents, and did they feel it could have been avoided and how?

Other issues from literature

- Issues around patients
 - o Familiarity with the service and using what they know
 - o Issue of accessibility – convenience of travel determining what is used
 - o Passive behaviour – waiting for days while condition deteriorates/avoidance
 - o Uncertainty around help-seeking/anxiety/vulnerability
- Wider issues around emergency admissions

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- o Out of hours responsibilities
- o Role of deputising services
- o Overall workload
- o What is meant by avoidable admissions

Perceptions, experiences, suggestions for service improvement

- Explore perceptions about the status and management of HF and what can precipitate unnecessary admissions
- Suggestions for improvements in present care or additional services/care for HF that might help prevent hospital admissions
- Perceptions of the HF specialist nurse service
- Explore clinical pathways documents and other care process/service integration documents with HCPs for their perceptions of where care deviates from the intended plan and subsequent outcomes
- Explore attitudes to having ‘that’ conversation – telling patient and carer that this is a condition that cannot be cured (other than a transplant) and promoting a positive, proactive approach to living with/managing the condition – quality of life and empowerment issues.