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Integrating Palliative Care Services With Heart Failure Management

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Numerous end stage heart failure patients go without experiencing the full affect and benefits of receiving palliative care. There is unfortunately a lack of palliative care initiative and utilization within the HF provider and patient population (Jorgenson et al., 2016). Currently, there are gaps in the literature evolving palliative care management with HF specific criteria. Healthcare provider knowledge of disease specific palliative care other than oncology is inadequate (Uppal & Rushton, 2014). There is a clear need for guidance regarding best practice care for heart failure patients.

Heart failure is a multifaceted clinical condition originating from an impairment of the function and structure of the ventricular filling or ejection of blood throughout the body (Yancy et al., 2016). Approximately 5.7 million Americans have congestive heart failure (Mozaffarian, et al., 2016). The Heart Failure Fact Sheet (2015) emphasized the annual cost of treating HF is \$32 billion. Symptom burdens of end stage heart failure include shortness of breath, chest pain, claudication, fatigue, skin breakdown due to swelling and impaired perfusion, depression, anxiety, activity intolerance, cachexia, and sleep breathing disorders (Johnson, 2007). Quality of life for patients with heart failure becomes reduced with the progression of the disease (George & Leasure, 2016). Advanced HF is the measurable indication of extensive heart disease with severe limitations of heart failure symptoms (Advanced Heart Failure, 2015). The complexity of heart failure makes trajectory and prognosis very difficult to determine (Uppal & Rushton, 2014). The unknown trajectory for heart failure makes timing for palliative care referrals unpredictable for providers (Ziehm et al., 2016).

The purpose of palliative care is to improve quality of life for patients as well as caregivers and family members who deal with difficulties surrounding chronic illnesses by providing preventative measures and liberation from suffering (WHO, 2012). The goal of palliative care is to assist with improving the quality of life for patients with chronic complex illnesses (Fasoline & Phillips, 2016). Palliative care targets symptom management and easing chronic disease burdens (Hemani & Letizia, 2008). The standards of palliative care symptom management include: (a) the implementation of a holistic assessment; to identify the cause, (b) the utilization of optimizing pharmacologic elements, (c) reversal of what is reversible, and (c) the incorporation of palliative care within any other symptoms (Johnson, 2007). Palliative care services are also available to the patient and family any time of the day (Seow et al., 2014). The rationale for implementing these services with Advanced HF patients is to improve satisfaction and quality of life.

There are many issues inhibiting the initiation of HF specific palliative care services for end stage heart failure patients (Kavalieratos et al., 2014). Healthcare providers lack the proper education and training for understanding and handling palliative care appropriately (Namasivayam & Barnett, 2016). This creates misperception as well as miscommunication between the healthcare provider, the patient, and the family (Ziehm et al., 2016). Palliative care is oftentimes mistakenly associated with a terminal prognosis (Ziehm et al., 2016). Healthcare providers own the responsibility of acknowledging knowledge gaps and overcoming these barriers in order to allow for heart failure therapies to work congruently together with palliative care management for better care (George & Leasure, 2016).

The purpose of this project is to increase heart failure specific palliative care referrals in the outpatient setting. Furthering provider education with heart failure specific palliative care models and palliative care integration methods will also be covered in order to support the delivery of palliative care to advanced HF patients for a more comprehensive patient centered care service. Building trust while boosting the support of healthcare providers is necessary in order to integrate palliative care services with heart failure management (George & Leasure, 2016).

Oftentimes, providers are faced with the difficult decision of introducing palliative care to the patients with reduced ejection fractions who constantly experience worsening shortness of breath, end stage renal functioning, unresponsiveness to diuretic therapy, activity intolerance, increased fatigue, and repeat readmissions to the hospital (Muhandiramge et al., 2015). Support from the palliative team could optimize heart failure care, chronic symptom burdens, communication between provider and patient, readmission rates, cost of care, accessibility to care, and improve overall quality of life and satisfaction for heart failure patients.

Correlational research will be used to discover the relationship between pre- and post-educational intervention and palliative care referral initiation. In order to measure the advanced practice nurses knowledge and awareness with initiating palliative care referrals, the amount of palliative care referrals initiated before and after the educational intervention will be recorded.

Title:

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Abstract Summary:

The purpose of this project is to improve the integration of palliative care services with heart failure patient care management by utilizing an educational intervention for heart failure providers. Educational knowledge will be measured by the amount of palliative care referrals made before and after the intervention.

Content Outline:

I. Introduction: Numerous heart failure patients go without experiencing the full affect and benefits of

receiving palliative care

A. Lack of palliative care initiative and utilization for heart failure patients

B. Gaps in provider knowledge with integrating palliative care with heart failure management II. Body:

A. Value: There is an insufficient amount of literature on HF specific palliative care.

1. Providers are unaware of the value of palliative care

a. Improves clinical services involved in the care of chronic
an advanced
illnesses

b. Palliative care specialists coordinate care between primary
care providers
and specialty providers to enhance and expand care delivery.

2.Provider unfamiliarity with palliative care makes the advanced disease
patient
vulnerable to substandard, indecisive care

a. Palliative care specialists strive to meet the emotional, social,
spiritual,
cultural, and physical needs

b. Palliative care services provide direction to make care more
accessible and
feasible for the advanced disease patients.

B. Barriers: It is important to recognize the reasons why providers do not make
referrals to

palliative care for advanced heart failure patients.

1. Minimal knowledge and experience with palliative care

- a. Uncultivated palliative care backgrounds
- b. Undefined responsibilities among providers

2. Adjusting the focus of care towards palliative can be challenging for providers.

a. Unknown trajectory of heart failure patient

b. Conception that palliative care initiation suspends all life preserving measures

c. Initiating the talk of palliative care with patient and family members

C. Education: Healthcare provider ongoing professional education specific to heart failure and

palliative care management is essential

1. Must be directed towards increasing provider confidence, skills, and palliative care

buy-in for heart failure specific management

a. Identify health care provider learning needs and distinguish knowledge deficits

b. Make education based on learning needs regarding palliative care

dimensions, interpretation of transitioning care, competency in care

delivery, and ideas for improving care with palliation

- palliation
2. An interdisciplinary palliative care course is beneficial for improving knowledge, skills, and confidence
- team
- a. Palliative care tutorials should incorporate multidisciplinary collaboration
- b. Pain, suffering and other symptom management, spiritual, ethical, and cultural challenges, bereavement, grieving, and family aspects

D. Integration: Methodology

1. Correlational research

- post-educational intervention
- a. Used to discover the relationship between pre- and after the educational intervention and palliative care referral initiation.
- b. Amount of palliative care referrals initiated before and after the educational intervention will be recorded to measure provider knowledge and awareness

2. Analysis

- a. Data collection and interpretation of results
- b. Dissimulation

III. Conclusion: There is an art to optimizing the health of heart failure patients and improving overall

quality of life. Management takes an interdisciplinary team approach in order to fully achieve

optimization and improvement. When all measures of the various heart failure advanced therapies

have been exhausted, endorsing palliative care consultations for heart failure patients with the

guidance of an appropriate clinical practice guideline is crucial for maintaining quality of life.

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Professional Experience: HEART FAILURE SERVICES CLINICAL NURSE SPECIALIST 11/2016-Present Mount Carmel Health System • Provides a comprehensive approach to heart failure disease management by providing assessment, consultation, education, and management of heart failure patients. Demonstrates clinical leadership by promoting utilization of research into clinical practice and associate education. STRUCTURAL HEART TEAM COORDINATOR 10/2015-11/2016 Mount Carmel Health System • Perform comprehensive assessments on structural heart patients, receive patient referrals and conduct clinic visits, diagnostic order pre-testing for selected surgical candidates, perform diagnosis on patients and prescribe medications under physician's supervision, gather pre-testing data for perioperative workup, organize surgical team meetings with physicians to determine patients who are fit for surgery, collaboration with quality improvement to maintain program of excellence status
Author Summary: Clinical Nurse Specialist dedicated to the highest standard of excellence, best practices, and superior customer service with every patient. Strong team leader and patient advocate. Excellent communication skills with physicians and patients, ensuring optimal patient care.