

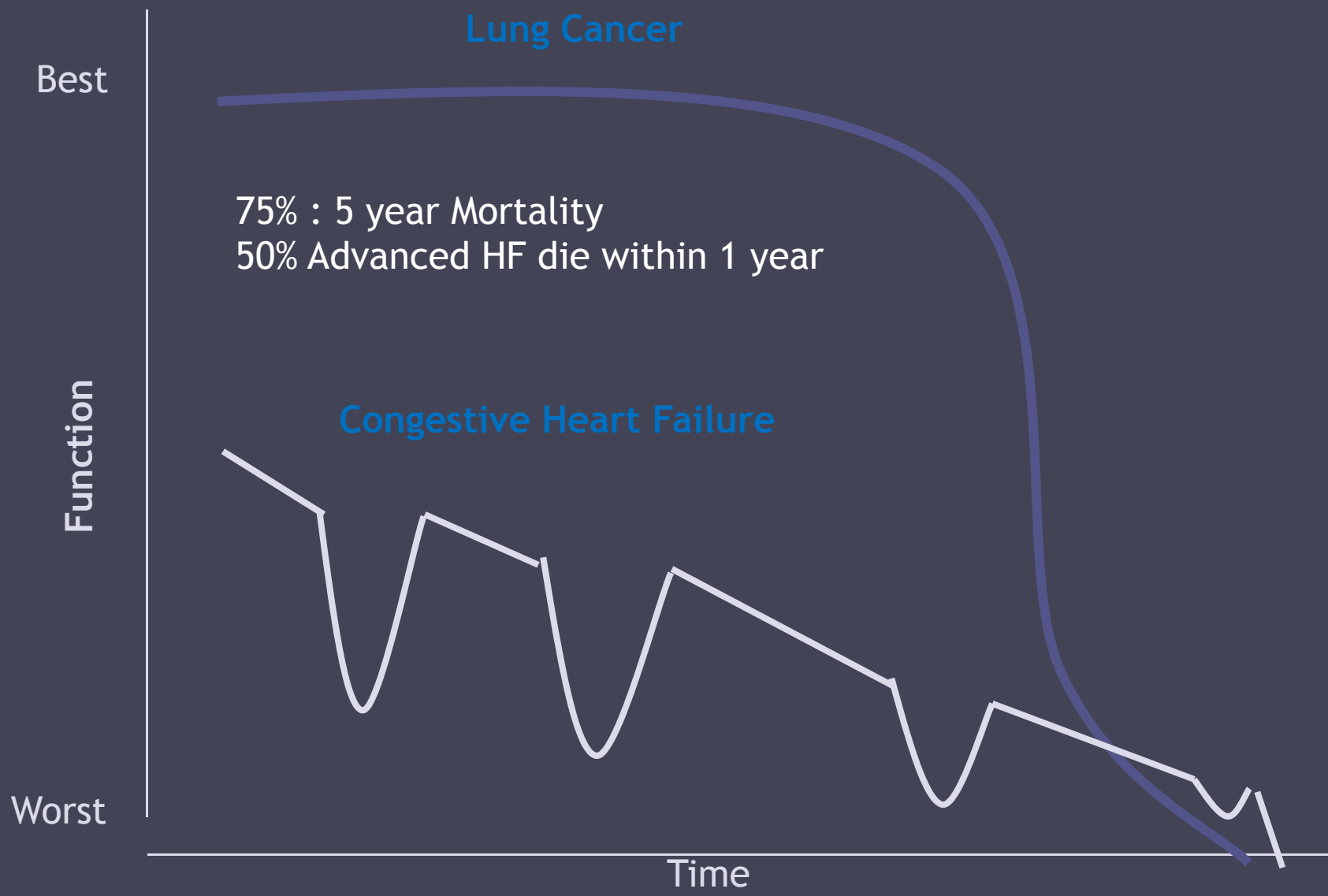


Palliative care Guidelines for heart failure patients in Ireland- Challenges and opportunities

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Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual

WHO 2007

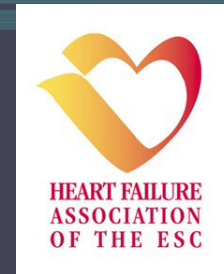


Trajectory of dying from lung cancer or heart failure
Journal Royal Society Medicine 1997;90:128-31



There comes a time when actively pursuing aggressive curative may do more harm than good...The challenge is how to facilitate a sensitive transition from curative to palliative care.

Characteristics of 3 stages of Progressive Heart Failure



- **Stage 1: Chronic Disease Management (NYHA I-III)**
 - Goals of care: active monitoring and self-management. Aim prolong survival.
- **Stage 2: Supportive and palliative care (NYHA III-IV)**
 - Id key professional in community to coordinate care with specialist services. Aim maintain optimal symptom control and QOL
- **Stage 3: Terminal Care**
 - Care according to patients and carers needs



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Patient Features for Palliative Care

- >1 episode of decompensation in 6 months despite optimal therapy
- Need for frequent or continual IV support
- Chronic poor QOL
- Signs of cardiac cachexia
- Clinical judgement: close to end of life

Dickstein et al 2008

Goals and steps in process of providing palliative care in HF patients



1. Confirm Diagnosis
2. Patient Education
3. Establish Advanced Care Plan
4. Services Organised
5. Symptom Management
6. Identify end-stage
7. Breaking bad news to patient and family
8. Establishing new goals of care

Dickstein et al 2008



- ‘Palliative Care for All: Integrating Palliative Care into Disease Management Frameworks’
- Lack of consistency (Urban and Rural) between Hospice Teams accepting referrals of HF patients for Specialist Palliative Care (SPC) intervention
- The majority of palliative care needs can be met within a comprehensive HF service

HSE/ IHF 2008



Meeting patients palliative care needs within HF services

- Physical: High Symptom Burden
- Emotional: Good Support
- Quality of Life: Social Isolation
- Communication: Unmet needs
- Where comprehensive heart failure services are available the majority of patients palliative care needs can be addressed within the HF team
- Many patients needs are being met

O'Leary et al 2009



Concerns

- Inclusion of non-malignant diseases within SPC would increase demand for service by 80%
 - 2004 survey identified
 - General Hospital SPC: 9.2%
 - Community SPC: 6%
 - Inpatient specialist units: 2.7%
- Transfer of care to Specialist Palliative Care
 - Appropriate use of eligibility and discharge criteria for referral would be of benefit
 - Patients needs may decrease or stabilise and no longer require SPC input

HSE / IHF 2008



Challenges Ahead

- Acceptance of non-malignant patients into a overburdened SPC service.
- Need to ensure all patients are referred on a needs rather than diagnosis
- Unpredictability of heart failure disease trajectory
- Establish close links between palliative care teams, General Practitioners and Heart Failure Teams
- Look, listen and learn



Recommendations

- Set up a project group to propose and implement a model of shared care between SPC and Heart Failure services. Action research project.
- Increase access to community for heart failure services for collaborative work with SPC
- Joint education and training both formal and informal for SPC and Cardiology professionals



In Practice to-date

- Patients identified according to ESC guidelines 2008
- Discussions with patients and relatives
 - During hospital admission
- HF team adjust treatment options
 - Turn off ICD
 - Minimise medication
 - Collaborate with SPC
- Home care Palliative care team and Advance Nurse Practitioner and GP collaborate home visits

Opportunities

- 3 specialist groups coming together
- Expanding knowledge and experiences
- New developments
- Improved understanding of palliative care to general population
- Patients and families benefit