Heart Failure Review Course
Session IV – B
Patient Education
Ethical and Legal Considerations
Professional Practice

Objectives
1. Explore comprehensive patient education strategies
2. Describe the role of transitional and palliative care in the planning for HF disease management
3. Demonstrate understanding of the ethical and legal considerations in the heart failure patient population
4. Identify the need for certification and utilizing EBP to improve outcomes
The Joint Commission

Discharge teaching needs to include the following to reduce 30 day readmission:
1. Activity level
2. Diet
3. Discharge medications
4. Follow up appointment (within 7 days)
5. Weight monitoring
6. What to do if symptoms worsen

Core Measures

Patient Education Strategies

- Factors that influence education
- Evaluation of teaching effectiveness
- Individualized education
Patient Adherence to Treatment

Ability to follow medical advice and take medicines as directed depends on:

- Patient acceptance of information about the health threat itself
- Practitioner's ability to persuade the patient that the treatment is worthwhile
- Patient's perception of the practitioner's credibility, empathy, interest, and concern

Getting to the Bulls eye

Patient Characteristics that Influence Adherence

- Forgetfulness
- Lack of understanding
- Social
- Support system
- Competing demands
- Lack of resources
- Health beliefs
- Cultural
- Attitudes about wellness/illness
Comparison of Prevalence of Symptoms of Depression, Anxiety, and Hostility in Elderly Patients with HF, MI, and CABG

- 1167 participants: healthy elderly vs. heart diseased elderly
- Multiple Affect Adjective Checklist (MAACL)
- Emotional distress is lower in healthy elderly
- Women and patients with lower education levels had higher emotional distress
- HF - depression
- MI - anxiety
- CABG - hostility

Considerations for Age Appropriate Care

- Teens
  - Fierce need to fit in
  - Impulsive
  - Immature executive function
- Elderly
  - Visually impaired
  - Hearing impaired
  - Cognitive deficits
  - Motor skills declining

Health Literacy

- Ability to understand health information
- Use that information to make good decisions about health and medical care
- Low health literacy may have a negative psychological effect
- Sense of shame about their skill level
- Hide reading difficulties to maintain their dignity
Evaluation of Teaching Effectiveness

- Established goals/objectives
- Outcomes/Teach-back
- Providers awareness of patient characteristics that influence adherence
- Know the community around your hospital/clinic
- Know your primary population
- Age appropriate care

Evaluation of Effectiveness of Medications

- Pharmacologic interventions
- Class
  - Class effect: ACEI cough
- Dose
  - Need/indication for up titration
  - Labs that may indicate maximally tolerated dose
- Effectiveness
  - Desired change in vital signs
- Interaction
  - NSAIDS are never a good thing

Evaluation of Non-pharmacologic Intervention

- Outpatient monitoring
- Functional status
- 6 Minute Walk (6MW)
- Home monitoring
- Blood pressure
- Daily weights
- Home log
- Tele-monitoring
  - Kashem et al reported decreased readmission rate in patients who participated in Telemedicine program (Device diagnostic monitoring)
  - Pacemaker/Biv/ICD interrogation
  - Optimal: thoracic impedance decreases with chest fluid accumulation

HF management with transeptal 2008 Journal of Cardiac Failure
Evaluation Continued

- Self care
- Exercise at home
- Diet: Low sodium diet (LSD)
- Signs/symptoms of worsening condition
- When to seek follow up
- Patients differ in self-reporting adherence
- Self reporting is the most convenient, cost effective strategy to assess adherence
- Ability to accurately self monitor medication adherence is easier than LSD

Moser et al 2008 Journal of Cardiac Failure

Individualized Education

- Disease state
- Medication adherence
- Signs and Symptoms
- Dietary adherence
- Fluid restriction
- Sodium restriction
- Weight management
- Exercise recommendation
- Preventative behaviors
- Who do you call
- Get immunized against Flu
- Reduce or eliminate alcohol
- Quit smoking

When Expectations are Met

- Better understanding of their disease process
- Instructions that are easy to understand
- Visual reminders

- HF patients get consistent education including a list of medications
- A checklist of what to and what not to do
- Directions for patients to follow certain symptoms occur

- Reliable diagnoses in which to identify education required
- Great quality, easily understood education materials
- Consistent information (checklist)
- Training programs for nursing staff
Move Care Along the Continuum

Describe the role of transitional and palliative care in the planning for HF disease management

Getting HF Patients Home

Transition of Care

- Impact of interventions/deficiencies on readmissions
- Economic burden
- Patient management factors
- Comprehensive case management
- TCAB
- Effective hand-off
  - SBAR
- H2H
- Practice guidelines
- Self-care promotion
- Outpatient management
Getting and Keeping Patients Home

Impact of Interventions on Readmissions

- Incremental survival benefit with adherence to standardized heart failure core measures
- 2958 patients studied
- Adherence Core measures was correlated with improved 1 year survival
  - Kfoury et al. 2008 Journal of Cardiac Failure

Transforming Care at the Bedside

Institute for Health Care Improvement

- Safe and Reliable Care
- Vitality and Teamwork
- Patient-Centered Care
- Value-Added Care Processes

- Use of these four paradigms has lead to the following ideas:
  - Use of Rapid Response Teams to “rescue” patients before a crisis occurs
  - Specific communication models that support consistent and clear communication among caregivers
  - Professional support programs such as preceptorships and educational opportunities
  - Liberalized diet plans and meal schedules for patients
  - Redesigned workspace that enhances efficiency and reduces waste
Concise Communication

- SBAR for problems
- Situation
- Background
- Assessment
- Recommendation

Hand Off Acronym: ISHAPED

- I = Introduce
- S = Story
- H = History
- A = Assessment
- P = Plan
- E = Error Prevention
- D = Dialogue
Hospital to Home H2H

- Cosponsored by the American College of Cardiology and the Institute for Healthcare Improvement
- Improve the transition from inpatient to outpatient status for individuals hospitalized with cardiovascular disease
- More information and tools on www.h2quality.org

Practice Guidelines

- ACC/AHA: Heart Failure Guidelines 2009
- HFSA: 2010 Comprehensive Heart Failure Practice Guideline
- ISHLT: MCS Guidelines
- ACCF/HRS/AHA/ASE/HFSA/SCAI/SCCT/SCMR 2013 Appropriate Use Criteria for ICD and CRT
Palliative Care

- Specialized medical care for people with serious illnesses that focuses on providing relief from symptoms, pain, and stress.
- Goal is to enhance the quality of life for patients and family
- Includes multiple disciplines
- Develop patient-centered decision making process

Palliative Care/Hospice

- End of Life
- Palliative Care
- Hospice
- Focus of care
  - End of life decisions
  - Treatment goals
  - Advanced directives
  - Decision maker
  - Symptom management

Provisions of Care

- Goals
  - Financial concerns
  - Supportive care
  - Medical management
  - Emotional support
  - Spiritual support
  - EOL preparation
POLST

• A Physician Order for Life Sustaining Treatment or POLST is a standard order set that translates a patient’s wishes concerning end-of-life (EOL) care into an actionable order in a healthcare facility
• www.polst.org

Advanced Directive

• A legal document that allows a patient to express his or her treatment wishes should they become unable to make and express those wishes themselves
• No role when a patient is able to communicate and express his or her wishes

Health Care Agent

• If a patient becomes unable to make and communicate his or her wishes, the health care agent named in an Advance Directive becomes that patient’s surrogate for healthcare decisions
• The Advance Directive will usually list the patient’s treatment preferences
Ethical and Legal Considerations

Demonstrate understanding of the ethical and legal considerations in the heart failure patient population

Legal/Ethical Issues

- Legal considerations
  - HIPAA
  - Consent
  - Negligence
  - Malpractice
- Ethical principles
- Family concepts
- Caregiver competency
- Evidence based management

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Be aware of what defines patient identifiers and how we can protect our patients' privacy
The 5 Elements of Informed Consent

1. Competence = capacity to make a rational choice
2. Understanding = it is the obligation of the care team to attempt to overcome barriers to understanding such as
   - fear or denial
   - illness
   - education level
   - cultural considerations
   - unscientific beliefs, family myths
   - language barriers
3. Amount and accuracy of information = full disclosure of risks benefits and alternatives
4. Voluntary decision= decision made without coercion
5. Authorization= The patient should actively agree to a course of action and that decision should be documented

Ethical Consideration

- Respect
  - Honor one another
- Autonomy
  - Foster patients' self determination
- Justice
  - Care is provided fairly
- Beneficence
  - Care helps patients
- Non-malfeasance
  - Do no harm

Professional Practice

Identify the need for certification and utilizing EBP to improve outcomes
Certification is a Key Factor in Performance Improvement

• Create a significant positive impact on patient care and safety
• Provide cost-effective care
• Gain respect from patients
• Facilitate personal growth and job satisfaction
• Certification ensures that a nurse is knowledgeable and well-qualified to provide specialized care

Why Obtain Certification?

• Demonstrates professionalism
• Provide rationale for the role of certification in HF
• Formal recognition of specialized knowledge in heart failure care
• Patients have better outcomes when care is provided by certified nurses
• Personal pride in accomplishment
• Hospitals want to have a staff with a high rate of certification.
• Many institutions or practices reward certified nurses by increased pay, reimbursement of test expenses, and/or advancement on the clinical ladder

How Do EBG Help the Certified Nurse?

• Know how to interpret content
• Identify gaps in implementation of guidelines or error prevention programs
• Identify disparities in care
• Anticipate issues in HF patient population
**Case Study**

**HISTORY**
- 63 year old white male, under the care of cardiologist and primary care physician.
- Frequent readmissions for decompensated HF/ER visits.
- Recently underwent a cardiac catheterization - found to have no evidence of obstructive CAD.
- Admits to occasional high dietary sodium intake, several instances within the last week.
- Has been drinking more than the recommended 2 liters of fluid a day.
- Has not been adherent to medication regimen as determined by his daughter who picks up his prescriptions.

**SYMPTOMS**
- Weight today was up 9 pounds over the last 2 months.
- Increasing dyspnea with exertion over the last 2 days as well as abdominal distention and early satiety, easy at rest, mild orthopnea.
- No PND, lightheadedness, or coughing.
- Has noticed mild lower extremity edema.

**DIAGNOSTICS**
- BMP included a sodium of 141, potassium of 3.7, BUN of 15, and creatinine of 1.0.
- Chest x-ray showed mildly increased pulmonary vasculature.
- LVEF of 28% documented via myocardial perfusion within last year.
- Echo within last year shows global hypokinesis with elevated left ventricular filling pressures.
CURRENT MEDICAL DIAGNOSES
• Hypertension
• Cardiomyopathy Idiopathic
• Atrial Fibrillation
• COPD
• Hyperlipidemia

ALLERGIES
• NKA

MEDICATIONS
• Coumadin 5 mg tablet, Takes 1 tab daily, or as directed
• Digoxin 250 mcg tablet, 1 by mouth daily
• Furosemide 20 mg tablet, 1 by mouth daily
• Lisinopril 10 mg tablet, 1 by mouth daily
• Metoprolol tartrate 100 mg tablet, 1 by mouth twice daily
• Mirtazapine 30 mg tablet, 1/2 tab
• Pravachol 20 mg tablet, 1 by mouth daily

PAST HISTORY
• Past Medical Illnesses: Arthritis (osteo), hypertension, hyperlipidemia
• Past Cardiac Illnesses: Atrial fibrillation, cardiomyopathy(dilated)
• Surgical Procedures: No previous surgical procedures
SOCIAL HISTORY
- Alcohol Use: Does not use alcohol
- Smoking: Non-smoker
- Diet: Low sodium diet and caffeine use-2-3 per day
- Lifestyle: Divorced
- Exercise: No regular exercise, minimal basic ADL's
- Occupation: Unemployed and on disability
- Resources: Unemployed, limited financial resources
- Social support: Limited, one daughter living in area who checks on him weekly. Has a weekly Home Health nurse monitoring failure and has a telemonitoring system installed. No close friends
- Education: Completed up to 6th grade, diagnosed as functionally illiterate
- Illicit Drug Use: Denies substance abuse
- Residence: Lives alone

HEART FAILURE CLINIC DATA
- HF Clinic Enrollment Date: 6/25/12
- Etiology: Dilated Cardiomyopathy
- Comorbidities: Atrial Fibrillation, Hypertension, Hyperlipidemia
- Education with Successful Teach back: Needs Reinforcement
- Medication Reconciliation Accurate: Yes

PHYSICAL EXAMINATION
- Blood Pressure: 130/80 sitting, left arm, regular cuff; Pulse: 72/min;
- Respiration: 16/min.
- Weight: 206.00 lbs.
- Height: 61".
- BMI: 39
- Constitutional: Well developed, well nourished, in no acute distress, 63 year old male arriving ambulatory
- Skin: Warm and dry to touch
- Head: Normocephalic, normal male hair pattern
- ENT: Ears, nose and throat unremarkable
- Neck: No JVD, no bruits, non-tender
- Chest: Diminished breath sounds, fine rales in bases
- Cardiac: Irregularly irregular rhythm with variable 1st heart sound, normal 2nd heart sound, no murmurs, positive S3, no S4
- Abdomen: Abdomen slightly firm, non-tender, moderately obese
- Peripheral Pulse: Pulses full and equal in all extremities
- Extremities & Back: 1+ bilateral calf edema, 1+ bilateral ankle edema
- Psychiatric: Mood appropriate, no difficulties with speech or language
- Neurological: Oriented to time, person and place
1. Describe an appropriate initial plan of care for Mr. Jones today, including referrals
   a. Treat symptoms, refer for education
   b. Treat symptoms, refer for home health monitoring of HF, med set up
   c. Treat symptoms, refer to Palliative Care
   d. Refer to Advanced Heart Failure clinic for management
   e. All of the above are appropriate

2. Which of the below statements are correct?
   a. Heart Failure patient education should be performed utilizing a standardized approach
   b. Heart Failure patient education should include discussing signs and symptoms, sodium and fluid restriction, all medications
   c. Non-compliant patients should not be referred to an advanced Heart Failure Clinic to save resources
   d. Teach back is a method to assist in evaluation teaching effectiveness
   e. Only 2 and 4 are correct
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3. Mr. Jones was recently discharged from the hospital with an INR of 8.0. No follow up labs were ordered. You were his discharge nurse but did not contact the doctor. This is an example of:
   a. Negligence
   b. Anticipation
   c. Non-malfeasance
   d. All of the above
4. Which factors will influence patient’s outcome to education:
   a. Poor social support
   b. Illiteracy
   c. Limited income
   d. All of the above