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Supportive Care Program



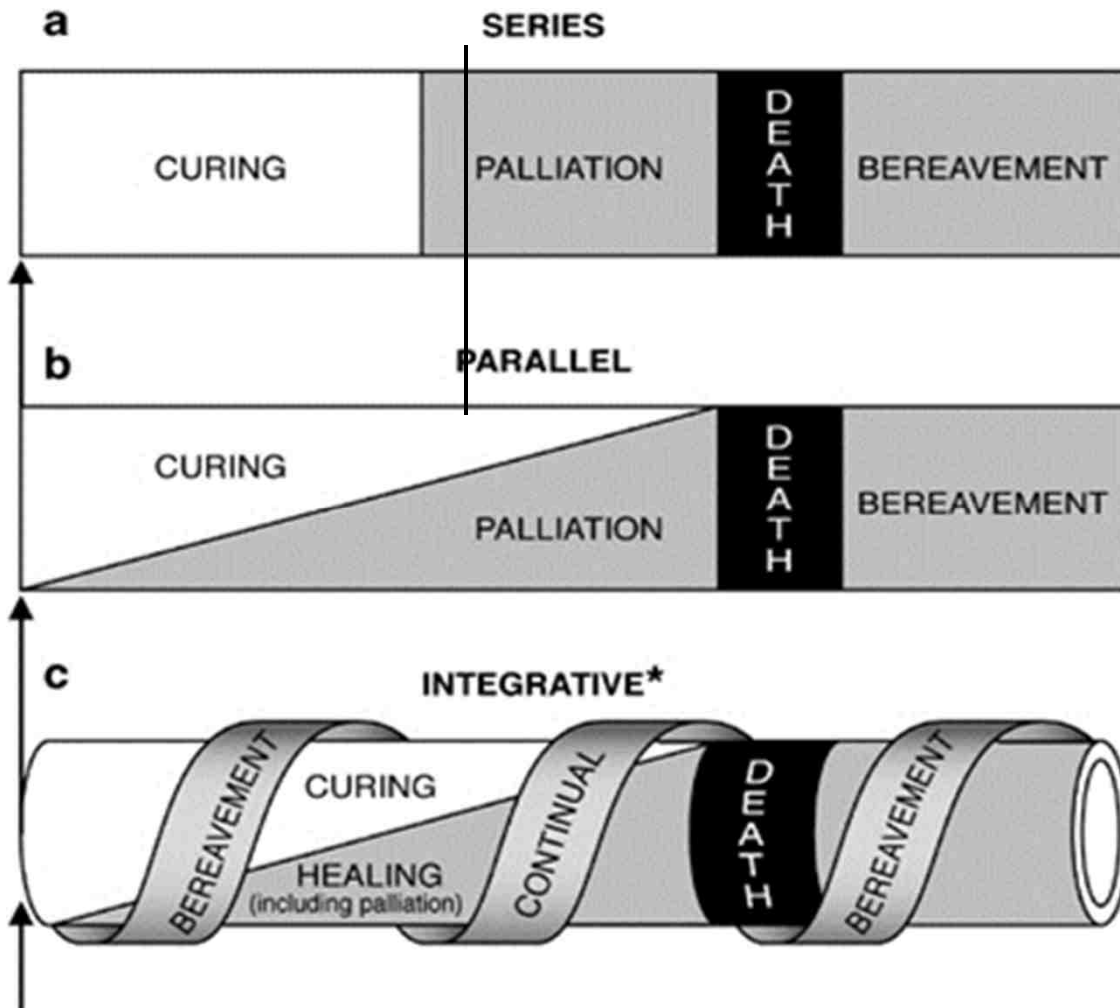
END OF LIFE ISSUES IN THE CARE OF CARDIAC PATIENTS



Objectives

- Describe a team approach in the setting of critical illness
 - Differentiate options for end of life planning
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Evolving Models of Care



Traditional

Parallel

Integrative




What is Supportive (Palliative) Care?

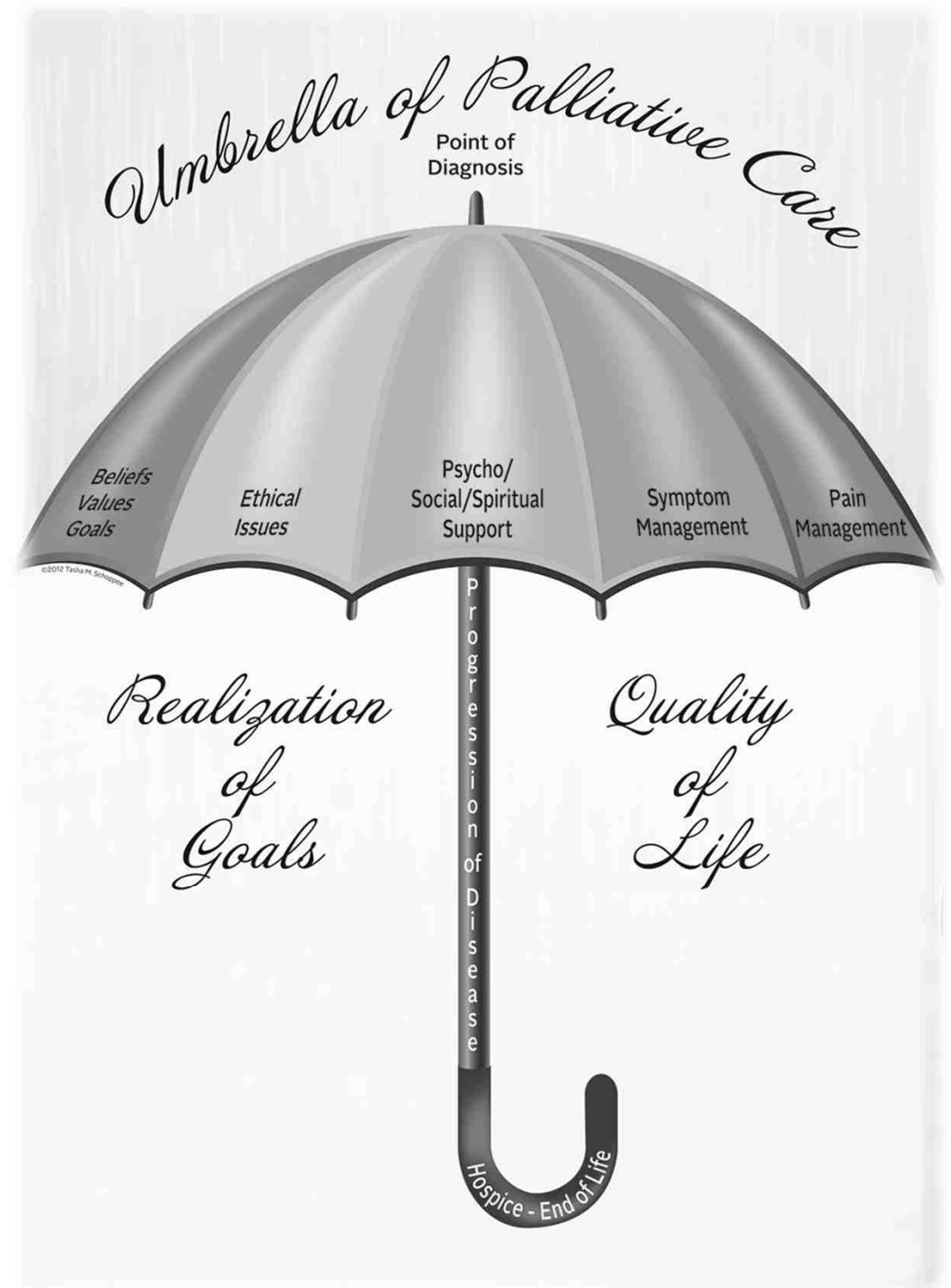
- Centered around providing relief from suffering
- For anyone who has a life limiting disease, whether or not they are on their way to being cured, and no matter how long their lives will be lived
- Assists with pain and symptom management to alleviate suffering related to their life limiting illness
- Not just for patients, but their loved ones as well who may find comfort in knowing that their loved one's suffering is being managed
- Does not replace the patient's primary care provider or other specialists, serves as an additional layer of support

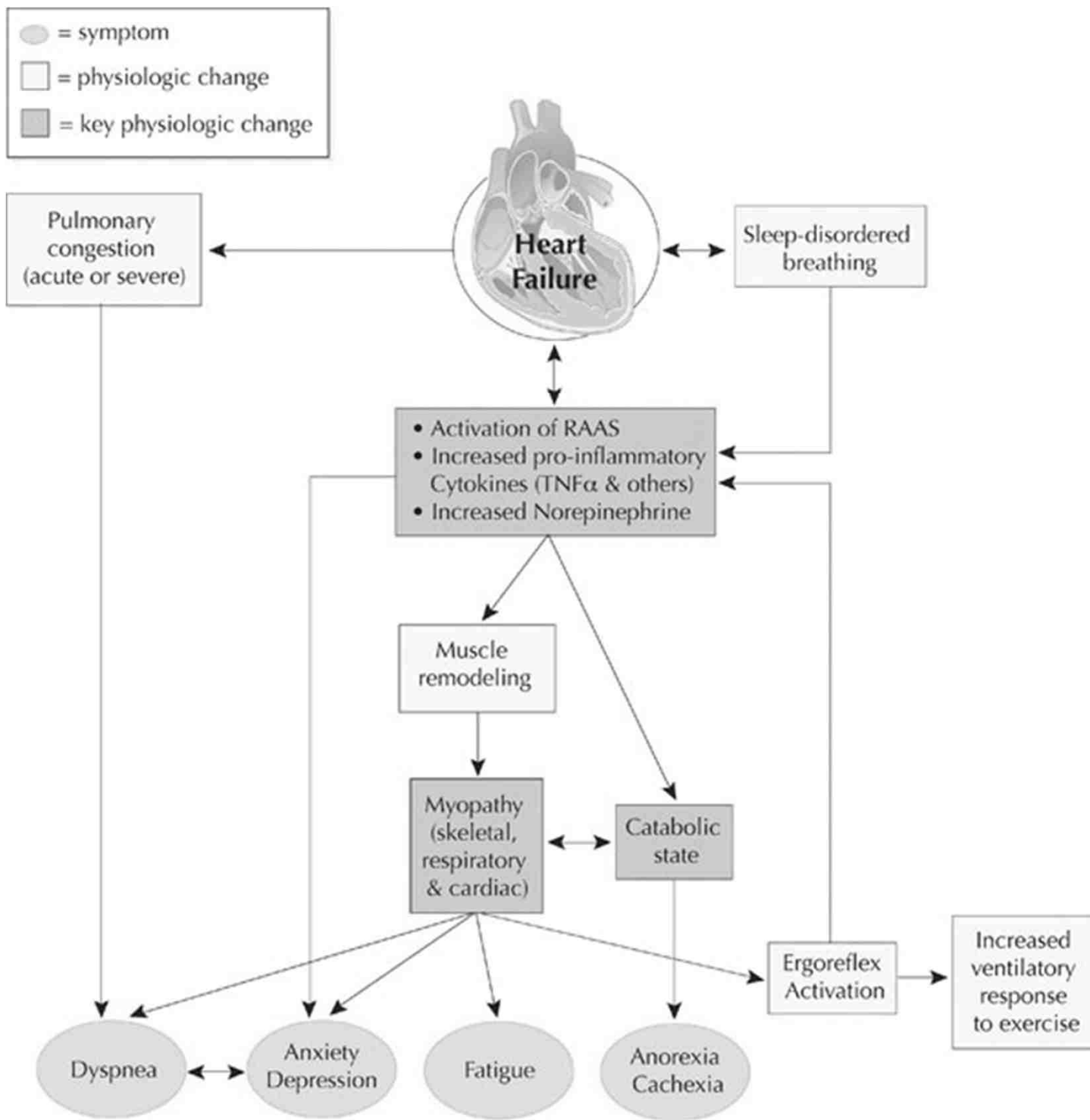


ACCF/AHA Heart Failure Guidelines 2013

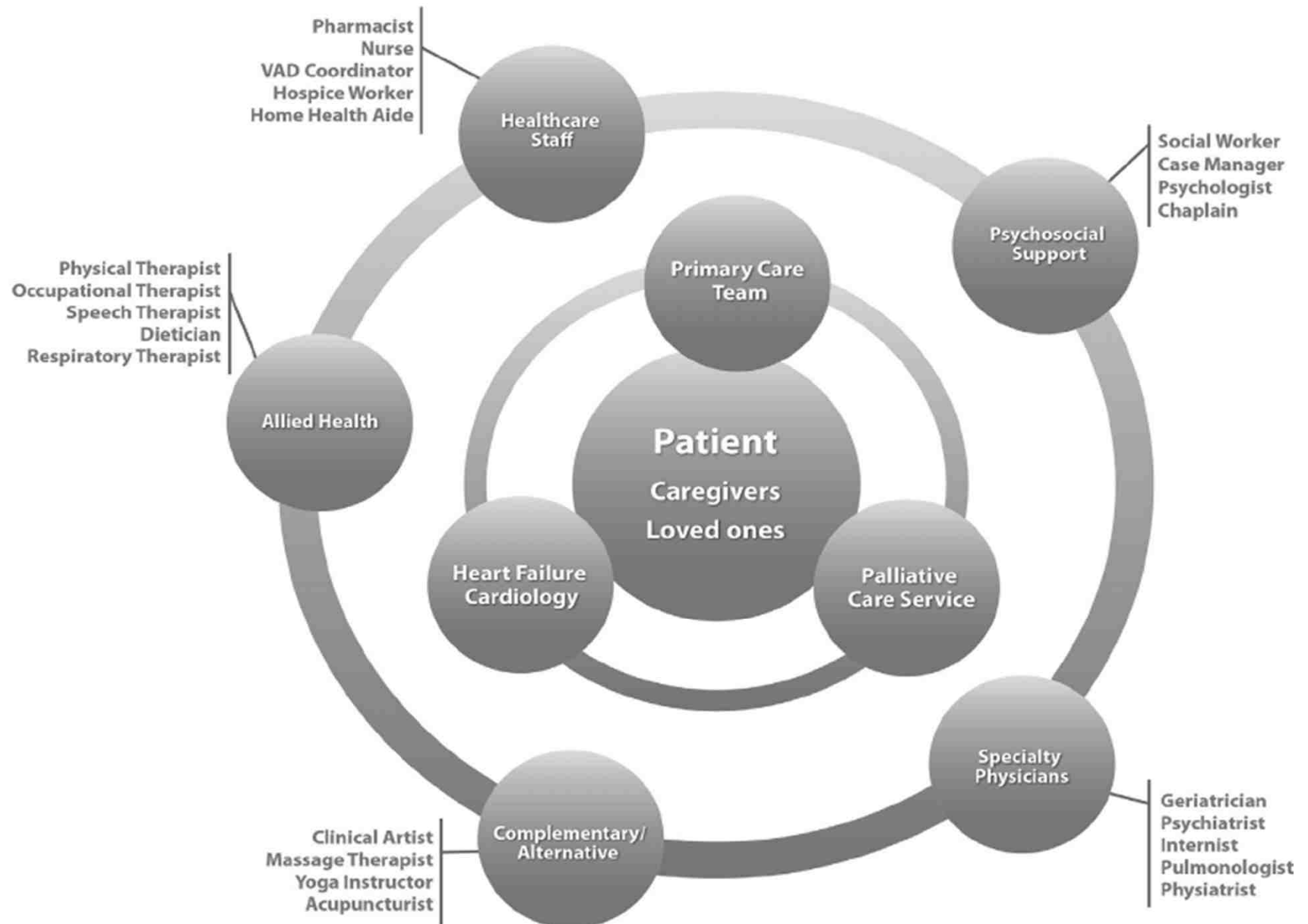
- II. Coordination Care for Patients with Chronic HF
 - II.1 Recommendations
 - 3. Palliative and supportive care is effective for patients with symptomatic advanced HF to improve quality of life
- 

What
does
that
look
like?





*When 'i' is replaced by 'we'...
even 'illness' becomes 'wellness'*





Advance Care Planning


- Living will
- Medical Power of Attorney
- POLST

Advance directives specifying limitations in end of life care are associated with lower spending, lower in-hospital deaths, and higher utilization of hospice care

**Only 42% of patients with HF
have an advance directive**




The Conversation

- American Heart Association
 - Annual Heart Failure Review
 - Hospitalizations are not the time
 - Clinician's discomfort and perceptions of unreadiness
 - Usually delayed until health deteriorates
- 




Stage D-Advanced HF

- 2009 ACCF/AHA HF Guideline definition
 - “patients with truly refractory HF who might be eligible for specialized, advanced treatment strategies, such as MCS, procedures to facilitate fluid removal, continuous inotropic infusions, or cardiac transplantation or other innovative or experimental surgical procedures, or for end-of-life care, such as hospice”
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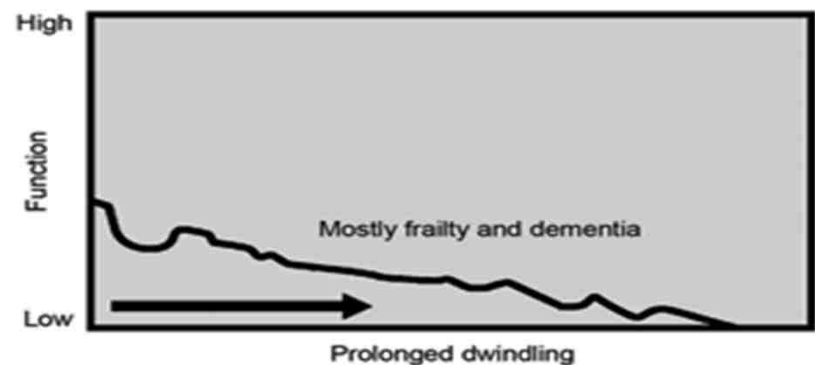
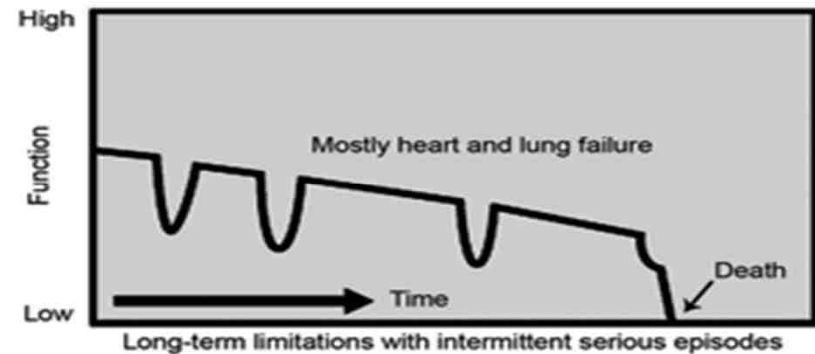
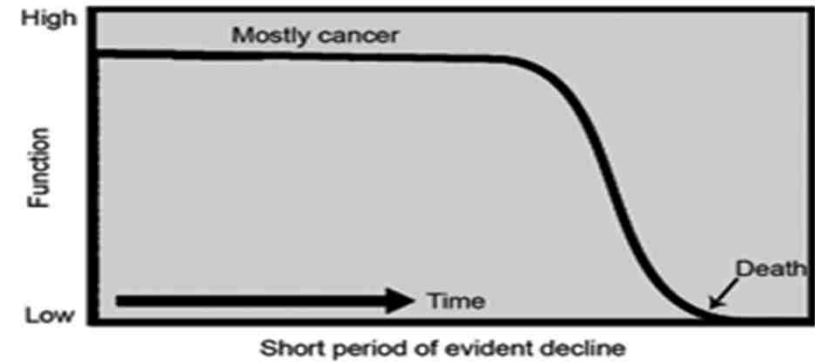


Identifying Patients with Advanced HF

- Repeated (>2) hospitalizations or ED visits
 - Deterioration in renal function
 - Weight loss
 - Intolerance to beta blockers
 - Frequent systolic BP < 90 mm Hg
 - Persistent dyspnea with dressing or bathing
 - Inability to walk 1 block on level ground
 - Recent need to escalate diuretics
 - Progressive decline in serum sodium
 - Frequent ICD shocks
- 

Prognostication in Advanced HF

- Difficult due to unpredictable trajectory
- Combined with time constraints can defer EOL conversations





Recommendations for Stage D

- Cardiac transplantation is considered the gold standard treatment
- Inotropic support
- Mechanical circulatory support
 - Palliative medicine involvement




Palliative Care & Hospice

- Unlike hospice care, palliative care has no time frame, it may be a short-term need or a long term need
- Palliative care may be used before hospice care and may assist with the transition into hospice care
- Hospice care is a tool that the Supportive Care Team can use and offer for their patients
- Patients who receive palliative care may never receive hospice care, and patients who use hospice care may not been seen by a palliative care team



Palliative Care Referral Criteria

- Patient is aware of diagnosis
 - Patient presents with advanced heart failure
 - Patient is not a candidate for cardiac resynchronization therapy or heart transplantation
 - Life expectancy is anticipated to be less than 12 months
 - Patient has had three hospital admissions within the last twelve months
- 




Palliative Care in HF

- Reduce and or manage symptoms
- Support quality care process
- Help to improve disease outcomes
- Integrate psychological and spiritual aspects of patient care
- Offer a support system for the patient and family
- Help patients manage their expectations and prepare as they progress through their illness

Less than 10% of persons with HF receive palliative care services



Considerations for Palliative Care Planning

- Goals of care
 - Site of care
 - Care delivery requirements
 - Symptom management
 - Family and caregiver needs and capabilities
 - Education regarding likely disease course and management of anticipated and potential events
 - Physical, psychosocial and spiritual needs
 - Preferences for end of life care
- 



Hospice Care

- Can be difficult to calculate distinct time for transition
- Hospice criteria include:
 - NYHA Class IV symptoms and both
 - Significant symptoms at rest
 - Inability to carry out even minimal physical activity without dyspnea or angina
 - Patient is optimally treated
 - Patient has angina pectoris at rest, resistant to standard nitrate therapy and is either not a candidate for/or has declined invasive procedures



Proactive not Reactive

- Early ...
 - integration of palliative care
 - introduction of crucial conversations
 - preparedness planning

*Be brave enough to start
a conversation that matters*