

# Optimizing Palliative Care In Heart Failure Patients

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## Background

- 26 million people worldwide
- 3000 admissions annually at local healthcare system

High Incidence

- High degree of symptom burden for patients
- High financial burden
- 13% of all Medicare Readmissions

Poor Outcomes

- Poor palliative care engagement rates
- Targeted intervention to reduce symptom burden adopted by clinical guidelines

Underutilization of Palliative Care

## Evidence Based Content

Heart Failure  
Presence of Class III or IV Heart Failure on the Problem List

Increased Utilization  
Score of >80% on the Epic Cognitive Computing Model for "Risk for ED/Hospitalization"

Symptom Burden  
Score of 40 or greater on the Edmonton Symptom Assessment Scale

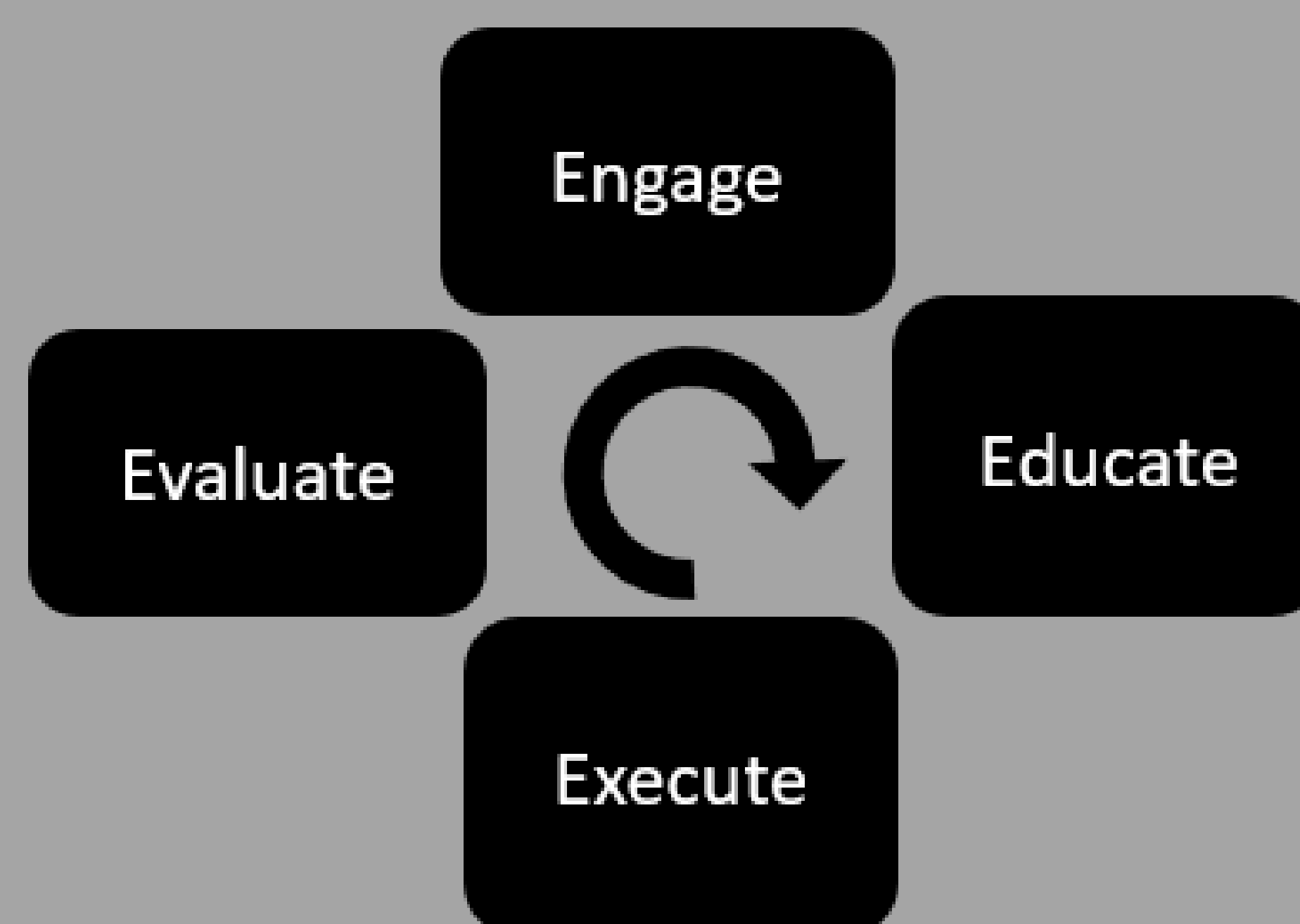
"Best Practice Alert"  
Triggered when all Factors Present

## Translation Framework

### Summarize Evidence

- 3 key indicators for palliative care

Pronovost Translational Framework  
Optimizing Palliative Care in Heart Failure



### Identify Local Barriers

- SWOT analysis
- Stakeholder engagement

### Measure Performance

- Baseline
- Target
- Educational Improvement
- Outcome Change

## Purpose

Improve outcomes of care in heart failure by optimizing palliative care utilization.

## Methods

Pre-Test/Post-Test Administered to 1195 Nurses surrounding an educational offering on appropriateness of palliative care and the use of the clinical decision support tool

**Aim:** Improve Nurses Knowledge

## Results

A statistically significant increase in knowledge by a mean of 6.49 points (standard deviation 16.47) (p=0.000)

## Discussion

Education on the use of a clinical decision support tool to identify potential palliative care patients increased nurses' knowledge.

Re-assessment for knowledge retention over time, and adoption of the clinical decision support tool would be beneficial.

Leveraging change management efforts and continued evaluation of cultural barriers continue throughout sustainability planning. Patient specific outcomes are yet to be realized in this timeframe.

## Conclusion

To improve outcomes in care for heart failure patients, development of a clinical decision support tool, with education, is an initial step. Further study on the long-term translation into practice would identify if the use of the clinical decision support tool results in increased consultation rates.