

Chronic Heart Failure & Arrhythmias

Supporting patients to self manage

Session 4

Cardiac Rehabilitation and Secondary Prevention Telehealth PD Program:

WACHS Chronic Condition Strategy Team

ACRA (Australian Cardiovascular Rehabilitation Association)

Heart Foundation WA

TRACS WA (Training in Subacute Care)

Special Thanks

Ted Dowling : Clinical Nurse, Cardiology
Royal Perth hospital
Cardiac Rehab Nurse Specialist
Derbarl Yerrigan Health service INC

Andrew Maiorana : Head of Dep't, Exercise Physiology,
Fiona Stanley Hospital &
Research Academic, School of Physiotherapy &
Exercise Science, Curtin University

Helen McLean : ACRA-WA President &
TRACS WA Development Facilitator

Resources for further education

Heart On Line : Heart Education Assessment Rehabilitation Toolkit. Online resource for health professionals to plan, implement and evaluate Cardiac Rehab and Secondary Prevention

<http://www.heartonline.org.au/>

My heart, my e-learning: Online e-learning resource for health professionals. Follows 6 steps to Cardiac Recovery, includes an additional Heart Failure Module.

<http://myheartmylife-elearning.com.au/moodle/>

The Heart Failure Toolkit – A targeted approach to reducing heart failure admissions

<https://www.heartfoundation.org.au/programs/the-heart-failure-toolkit>

Cardiopulmonary Rehabilitation Guidelines. For WACHS physiotherapy to plan and implement cardiopulmonary rehabilitation.

http://www.subacutecare.org.au/j/images/CpR_Guidelines.pdf


Why is better CHF & Arrhythmia management important

- HF is the most common cause of hospitalisation in >65years
- In WA
 - 30% of HF patients will have a readmission within 30 days
 - Within 1 year, an average HF patient will have 3 admissions
 - 30% of HF admissions are preventable
- In country WA HF >> 4400 admissions = 29000 bed days /yr.

▪ Snapshot of Heart Failure in Australia 2017

- AF : 2014 estimated 5.35% of >55 years, predicted to double in 20 years

Cardiovascular Disease Progression



Hypertension
Coronary heart disease
Valvular Disease
Cardiomyopathies
Arrhythmias
Rheumatic Heart Disease
Drugs & Alcohol
Chemotherapy
Viral infections
Peripartum
Idiopathic

Heart Failure

Increase in Heart Failure prevalence

Models of Care & Guidelines

- Heart Failure Model of Care 2008 (WA CVHN)
https://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Health%20Networks/Cardiovascular/Heart-Failure-Model-of-Care.pdf
- HF Clinical Guidelines 2018
<https://www.heartfoundation.org.au/for-professionals/clinical-information/heart-failure>
- AF Clinical Guidelines 2018
<https://www.heartfoundation.org.au/for-professionals/clinical-information/atrial-fibrillation>

Live Heart Foundation webcasts to review guidelines

- HF Thurs 15 Nov <https://www.heartfoundation.org.au/events/P6>
- AF Wed 21 Nov <https://www.heartfoundation.org.au/events/P6>

Heart Failure Management Overview

What is heart failure:

- complex clinical syndrome, S&S generally occur at exertion, or rest (recumbent)
- Secondary to changes in heart structure / function
- Effects how heart fills with blood and or pumps blood

Dx: GP +/- Cardiologist

reduced left ventricle ejection fractions (LVEF) <50%

preserved LVEF ≥50%

delayed and or misdiagnosed

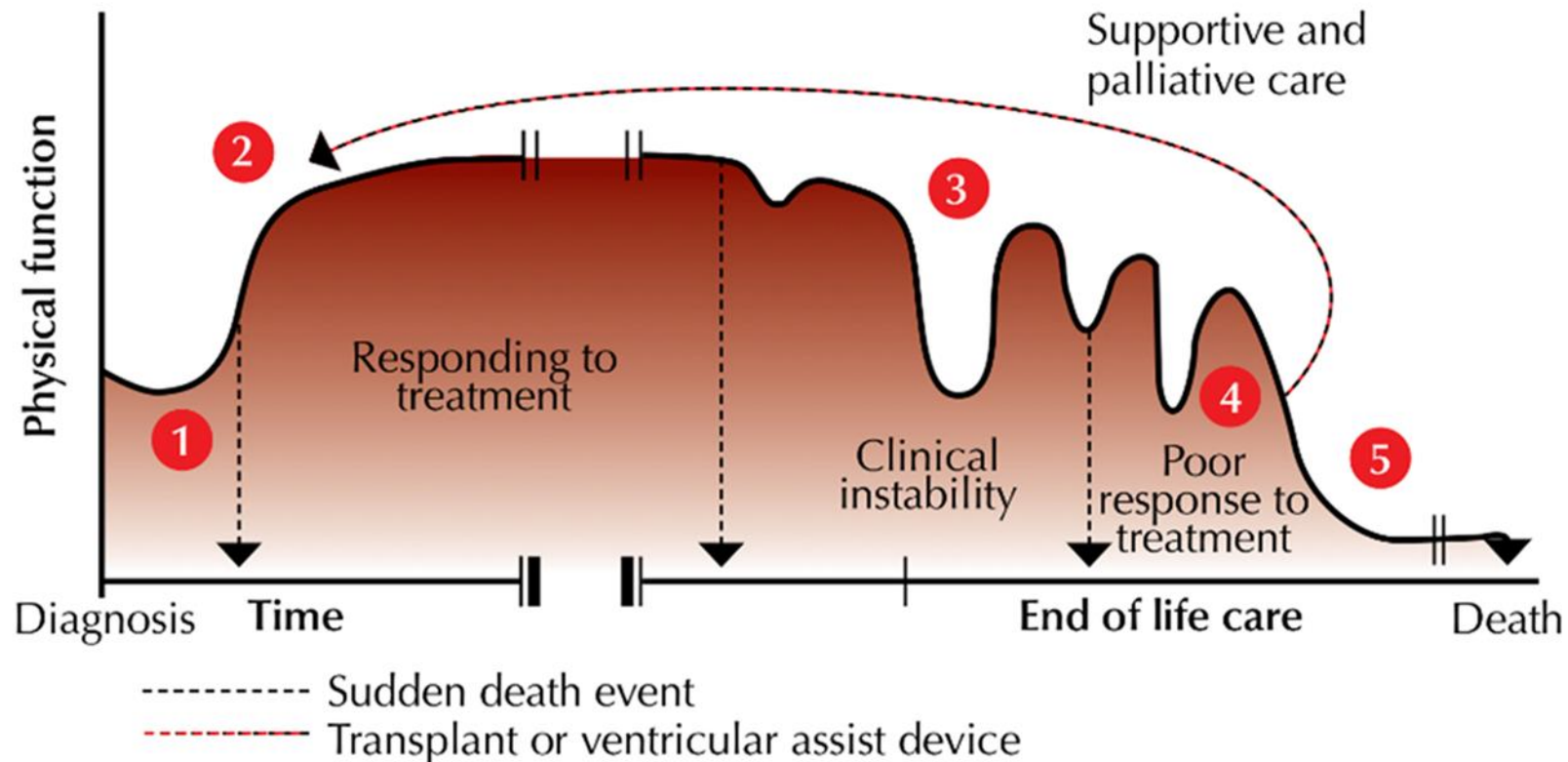
Medications

Fluid Balance: Fluid restriction, Salt restriction, Daily weighing

Cardiac Education

Heart Failure Management Overview

Figure 1 The typical trajectory of chronic heart failure



Arrhythmia Management Overview

What are Arrhythmias:

Abnormal heart rhythm

Dx:

ID type of arrhythmia ? Cause ? Reversible?

ID associated cardiac and extra cardiac disease

Ax thromboembolic risk

Rate vs rhythm control strategy

Medications

Procedures & Devices:

Pacemakers (for slow heart beat bradycardia)

Implantable Cardiac Defibrillators (ICDs) for pts more at risk

Cardiac Education

The current CHF patient journey: reactive



Patient Unwell
Delayed / misDx,
Unaware of key
s&s, reluctant to
seek help & difficult
to access GP



ED Presentation
Acutely unwell >>
ED or GP directed
admission



Admission
Frequent & Lengthy
No education: s&s and
self management,
Poor DC instructions

Primary Health
Pt may /not rv
with GP, who has
inadequate DC
instructions



Cardiac Education in Country WA

- Country WA near nil expert cardiac education health professionals
- All health professionals have a role to play
- Opportunistic conversations to planned education sessions
- Across all health settings – inpatients, outpatient and primary health

Importance of consistent simple messages

Cardiac Education Heart Failure & Arrhythmias

6 Steps to Cardiac Recovery

https://www.heartfoundation.org.au/images/uploads/publications/HF_PhaseOne_six_steps_to_cardiac_recovery3.pdf

What?

Why?

How?

When?

Six steps to cardiac recovery: Information all cardiac patients should know prior to leaving hospital -



Managing my heart health (MMHH), a resource for nurses to facilitate the conversation

1. Explain diagnosis / procedure

All patients should understand their diagnosis and procedure.

- Explain the diagnosis and provide care instructions – do not assume the patient understands what has just happened to them.
- Ask the patient if they have any questions about their diagnosis or procedure.
- Ensure the patient understands that a heart procedure is a treatment and not a cure for heart disease. Often patients do not understand they have a key role to play in managing their heart condition (see steps 2 to 6 below).

2. Highlight risk factors relevant to the patient

All patients should be familiar with their most relevant risk factors and the ongoing importance of managing these to reduce their risk of another heart event.

- Review the patient's history and discuss the risk factors that are relevant to them.
- Patients are generally not aware that they are at greater risk of another heart event. Discuss the clinical risk (BP, cholesterol) and lifestyle risk (diet, smoking) factors and the importance of managing these to prevent a future attack.
- Explain the value of attending a cardiac rehabilitation program to support management of risk factors.

3. Emphasise importance of cardiac rehabilitation

All patients should be encouraged to attend a cardiac rehabilitation program.

- Explain the benefits of attending a cardiac rehabilitation program as a key part of recovery.
- Refer the patient to a cardiac rehabilitation program and provide program information.
- Advise they call the Heart Foundation Health Information Service for heart health information – 1300 36 27 87 (see overleaf).

4. Promote medication adherence

All patients should understand why it is important to take their medications.

- Check the patient understands the medications they need to take for their heart.
- Emphasise that they must not stop taking their medication without speaking to their doctor.
- Encourage them to discuss any concerns with their doctor.

5. Educate on warning signs of heart attack

All patients should know the symptoms of heart attack and chest pain management.

- Discuss how to manage their chest pain and instructions for GTN medication.
- Advise that not all heart attacks are the same and that symptoms can vary.
- Encourage patients to learn the warning signs and refer them to the Heart Foundation's warning signs resources (warning signs fridge magnet included in MMHH resource) view warning signs DVD / TV Channel if available, the HeartFoundation YouTube channel or www.heartattackfacts.org.au

6. Encourage follow-up with doctor

All patients should understand the importance of GP and cardiologist follow up.

- Advise that regular visits with their doctor are essential to help monitor their heart health and medications.
- Encourage patients to discuss any questions relating to their medication, psychological health or recovery with their doctor or practice nurse.
- Inform the patient about resources available to help them with their recovery. Refer the patient to the Heart Foundation Health Information Service - 1300 36 27 87 and My heart, my life resource and app (see overleaf).

Explain Diagnosis / Procedure

Why

To help patients self manage they must understand what their heart is, does and their heart problem, and their options of what they can do to help

How

What do you know about your heart

Your heart is a muscle, as big as your fist, in your chest

Acts like a pump

Every time your heart beats, it squeezes blood through the arteries (tubes) throughout the body

The blood carries oxygen, nutrients and waste products

Explain Diagnosis / Procedure

What do you know about your heart problems

Heart Failure

Your heart becomes weaker and it does not pump as strongly

Arrhythmias

Your heart has an electrical system which controls the heart beat and rhythm, when this has trouble your heart beat and rhythm can change

Medical Follow Up / Engagement

Why

Regular medical follow-up for proactive review of symptoms and medications, rather than waiting to become unwell. Facilitating better engagement between patients and GP / cardiologist

How

Who do you normally go to when you are unwell

How often do you catch up with your doctor

How does your doctor help you with your heart problems

Do you have any other support to talk about issues that you may not want to with your GP about

Medication Adherence

Why

Medications are central to HF and arrhythmia management, prevention of disease progression and managing patient symptoms. *Keep on using your medications to keep on feeling well*

How

Which medicines do you use for your heart

How does that medicine help your heart

Where do you get your medicines from

What do you do to help you remember to take your medicines

How do you feel when you do not take your medicines

Action Plan (HF, Arr. & Chest Pain)

Why

Action Plan – helps pts identify signs that they are becoming unwell and gives them a plan of what to do – medication management and seeking help sooner - to reduce complications and likelihood of admission / length of admission

How

How do you know when you are becoming unwell with your heart problems

Have you been told what your target weight (usual weight) is?

What can you do when you are becoming unwell

Have you discussed with your GP a plan in case you become unwell

Risk Factors HF

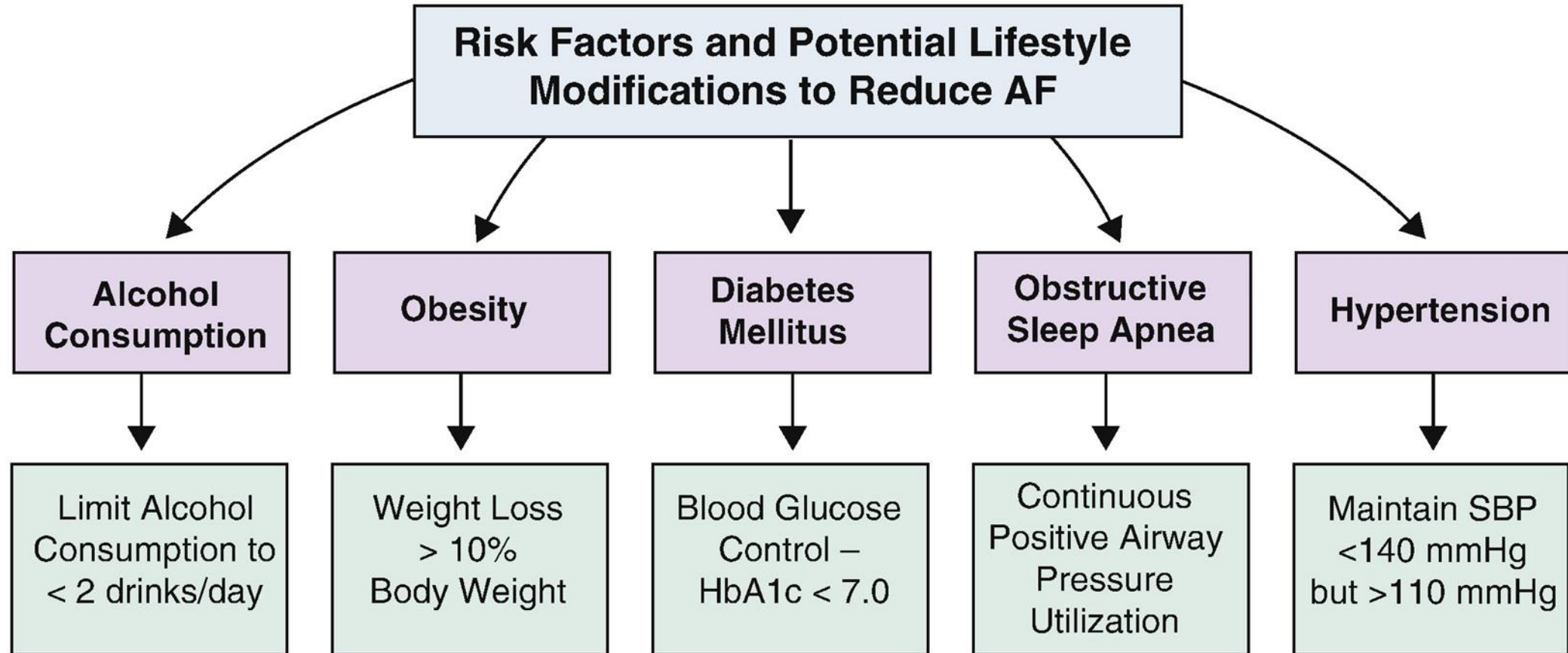
Why

Patients need an understanding of the things (risk factors) that may contribute to disease progression. This enables them to choose what / how they want to manage.

What:

HF: alcohol & drugs, smoking, salt intake, overweight – sleep apnoea, COPD, diabetes, hypertension

Risk Factors Arrhythmias



Risk Factors

How

What things could you do to stop your heart problems from getting worse?

“Dr responsibility to get the fluid out & patient responsibility is what they put in”

What things have other people told you that you can do to feel better

What do you understand that has caused your heart failure

Importance of Physical Activity / CR

Why

Evidence based practice for arrhythmias and stable HF indicates physical activity to improve exercise tolerance and functional ability

Focus on being physically active if cardiac rehab is not be available

How

Have you had much support to look after your heart problems

Would you like to have ongoing help and support for your heart problems

What do you want to work towards with your heart problems

What would you like to do that you can't do now

What things are going to be hard once you get home

Ideal CHF patient journey: proactive



Pt has understanding of their health condition
Better adherence to management & medications
Pt has Action Plan: monitoring & aware of s&s
Seeks help earlier

Admission: less frequent, less complicated > shorter LOS
Planned / opportunistic reinforcing of cardiac education
DC Summaries (for pt & GP)
critical content

GP = Partners In Care
GPMP with 3/12 reviews
GP & practice nurses planned /opportunistic reinforcing cardiac education
Pt referred to PH Chronic Condition Services



Patient is given the "know how" to be more in control = patient wellbeing

Key Learnings

- Self management is central to HF / arrhythmia management
- Dr and patients are partners in care
- Patients need the “know how” to proactively self-manage

Dx / Procedure
Risk Factors
Action Plan

Medications
CR / Physical Activity
Medical Follow Up

- Opportunistic or planned education by all health professionals
- Simple consistent messages