Early Palliative Care in Advanced Heart Failure
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BACKGROUND
- Heart failure (HF) is a chronic, life-limiting illness which progressively impacts overall health status, functional ability, and quality of life.
- HF affects more than 600,000 Canadians and is the number one reason for hospitalization in Canada (Heart and Stroke Foundation, 2016).
- Prolonged survival is often complicated with increased symptom burden, compromised quality of life, and increased care needs.
- Most patients do not receive comprehensive palliative care until the last few days to weeks of life. It is believed that only 16-20% of Canadians who could benefit from palliative care actually receive it (Lysyk, 2014).
- It is important to start goals of care and advance care planning conversations early due to the unpredictable disease trajectory and varied progression of HF.

SUPPORTIVE CARDIOLOGY REFERRAL CRITERIA
- I would not be surprised if my patient died from their HF within the next year
- Patient or family has requested palliative care/supportive cardiology
- End-stage HF characterized by 1+2+3, and at least one of either a or b:
  1. Greater than 1 hospital admission for HF in prior 6 months
  2. 1+ emergency department visit within prior 6 months
  3. NYHA Class III/IV HF symptoms
- AND
  a) Co-morbidity - CRF, DM, Cancer, HIV, CVA, IPF, O2 dependent COPD
  b) Previous ICU admission or CPR within past year

NEW MODEL OF CARE: An Integrated Approach to Palliative Care for Patients with Advanced Heart Failure

SUMMARY
The integration of a collaborative model of care between Cardiology and Palliative Care in the management of patients with advanced heart failure has resulted in many positive outcomes. There has been an increased number of goals of care and advance care planning discussions. There has been positive feedback from patients and their families as well as from the cardiology team.

Since the inception of the program, there has been an almost 100% increase in Supportive Cardiology referrals between 2013 and 2015. Review of current data confirms that the increase of referrals have been sustained. This may demonstrate a better understanding of Supportive Cardiology which has facilitated a culture change regarding the role of palliative care in the management of heart failure.

Due to the success of Supportive Cardiology, the organization is in the process of adopting this model of care for patients with other chronic progressive diseases such as Chronic Obstructive Pulmonary Disease (COPD) and dementia. Consequently the Supportive Cardiology Program has now been renamed the Supportive Care Program.

FUTURE DIRECTION
- To measure impact of Supportive Cardiology Program on emergency department visits and hospitalizations
- To measure cost saving as a result of the integration of Supportive Care
- To assess the impact of Supportive Care on patients with chronic progressive lung diseases such as COPD
- To integrate Supportive Care with Geriatrics to support the very frail elderly patients and patients with advanced dementia.

REFERENCES
Greener, D.T. et al. (2016). Early Palliative Care in Advanced Heart Failure. Journal of Palliative Medicine, 19(10), 1340-1345.