



## Growing the Team: A Multidisciplinary Approach to Palliative Care in Heart Failure

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### Introduction

Collaborative partnerships between Supportive Care (SC) services and Heart Failure (HF) are emerging in cardiology clinics across the country to improve quality of life in the heart failure population as well as prevent time in the hospital. Recently our SC team added a Master's prepared social worker (MSW). As a follow up to symptom management and goals of care discussion by the SC nurse practitioner (CRNP) the SC MSW sees patients in the outpatient setting to address psychosocial needs and provide emotional support. Both the HF SC CRNP and MSW have the ability to see patients on both the inpatient and outpatient basis. The purpose of this study is to illustrate the organizational framework of the HF SC clinic and quantify the patient encounters both disciplines are able to make between the inpatient/outpatient.

### Methods

This was a quality improvement project retrospectively quantifying metrics pertaining to SC in a multidisciplinary HF clinic. The multidisciplinary clinic adds a SC CRNP and SC MSW to collaborate with the pre-existing HF specialist, dietician and pharmacist. Three months (June, July, and August 2019) were reviewed. A total of 140 surveys were sent to patients seen by a SC provider during those three months. The survey is a nine item questionnaire asking specifics about the patient's interaction with SC created by the HF SC health professionals. Each question was vetted by a HF SC physician for its applicability and appropriateness.

### Results

119 new patients were seen in the HF SC clinic during the months reviewed, 7.4% of the total HF patients seen during that time. Total number of patients seen in the HF SC clinic for the reviewed three months were 62, 40 and 32 respectively (Figure 1). The SC MSW saw the majority of the patients during those three months. Number of POLST forms completed by the MSW were 5, 7 and 3 (Figure 2). Of the three months reviewed one Hospice referral was made from the HF SC clinic. HF was the most common diagnosis and heart transplant the least common. Diagnoses for August were not recorded. June and July showed 28 and 19 patients without advance directives (Figure 4). More patient had advance directives (18) than those that did not (11) in August.

Figure 1.

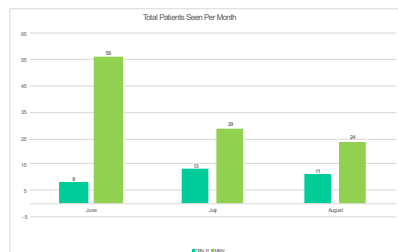


Figure 3.

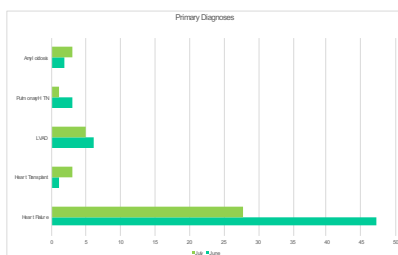


Figure 5.

Allegheny Health Network  
 Supportive Care Patient Survey

1. How often do you see your Supportive Care provider?
  - None
  - Once
  - 2-3 times
  - 4-5 times
  - 6 or more times
2. Do you feel you have a good understanding of what Supportive Care is?
  - Yes
  - No
  - Not sure
3. How would you explain what Supportive Care provides to heart failure patients?
  - 1. I don't know
  - 2. I can't explain
  - 3. I can explain
4. What do you remember best about your visit with Supportive Care? Please explain.
  - 1. I have something you wanted to discuss or your visit that you didn't. Please select all that apply.
  - 2. I would like to see you again.
  - 3. I would like to see you more often.
  - 4. I would like to see you more often.
  - 5. I would like to see you more often.
  - 6. I would like to see you more often.
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  - 46. I would like to see you more often.
  - 47. I would like to see you more often.
  - 48. I would like to see you more often.
  - 49. I would like to see you more often.
  - 50. I would like to see you more often.
5. Please tell us who is completing the survey.
  - Patient
  - Family Member
  - Other

Thank you. We appreciate your feedback!

Figure 2.

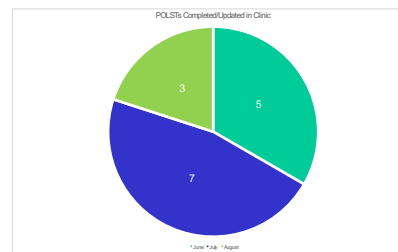


Figure 4.

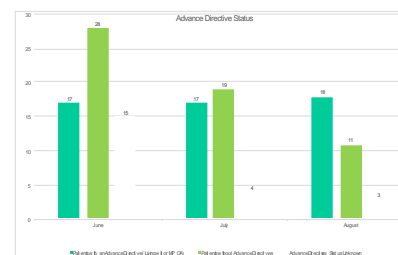


Table 1.

Supportive Care Patient Survey	n	%
1. Explanation of Supportive Care		
Listen to what I have to say	2	1.4
Explain the benefits of options	2	1.4
Assist with difficulties	1	0.7
Encouragement & support	1	0.7
Diet explained	1	0.7
Manage symptoms	1	0.7
Services for mental health	1	0.7
Someone to talk to	1	0.7
2. Remember about Supportive Care		
Caring	2	1.4
Easy to talk to	1	0.7
I trust	1	0.7
Listening ear	1	0.7
Explanation of available services	1	0.7
Waste of my time	1	0.7
Understand my needs	1	0.7
Support when I needed it	1	0.7
3. Something you want to discuss but didn't		
Mental health	3	2.1
Emotional stress	2	1.4
Worried about caregiver	1	0.7
Food resources	1	0.7
End of life concerns	1	0.7
Transportation issues	1	0.7

### Results

A return rate of 13.5% (n=19) was achieved with the HF SC patient surveys (Figure 5). Of the 19 received five were fully completed. Of the surveys received 16% saw the CRNP, 42% saw the MSW and 42% don't remember. In answer to having a good understanding of SC 63% answered yes and 36% answered not sure. Ten of the nineteen returned surveys indicated they met a SC professional in the clinic for the first time as opposed to the hospital; four did not remember. Both potential answers < 5 times and don't remember were each selected 26% and seeing SC > 5 times was 47%. There was a near even distribution between patients wanting additional SC visits (26%) versus not wanting any more visits (32%). All but one survey (n=18) was completed by the patient themselves. Qualitative patient responses to open ended questions 3, 6 and 7 (Figure 5) are listed in Table 1.

### Summary

This study highlighted the strengths of our supportive care initiative with the HF group and allowed us to identify areas for improvement.

#### Noted Strengths

- MSW increases patient interaction opportunities in HF clinic
- This increase leads to identification of high risk patients
- Fluidity between inpatient/outpatient encounters provide continuity for CRNP/MSW

#### Noted Obstacles/Needs

- MSW time constraints in HF clinic
- Improve mental health assessment in HF patients
- Evaluate symptom management provided in HF clinic
- Evaluate end of life care when HF SC is involved

#### Study Limitations

- Low rate survey return
- Inconsistent data collection over months reviewed
- Patient recall

### References

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