

Heart Disease Community of Practice Series

Models of Care in the In-Patient Setting



Presenters: Dr. Leah Steinberg & Dr. Caroline McGuinty

Date: April 13th, 2022

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Introductions

Presenters

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Dr. Caroline McGuinty, MD FRCPC

Cardiologist, Advanced Heart Failure and Transplantation, Cardiac Palliative Care

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Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration fees

Host/ Presenters:

- Dr. Leah Steinberg: Pallium Canada (education material), HPCO (clinical advisory committee, educator)
- Dr. Caroline McGuinty: Servier (consulting fees), Novartis (speaker fees)

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of program content

Welcome and Reminders

- Your microphones are muted, but this doesn't mean we don't want to hear from you! There will be time during this session for questions and discussion.
- You are also welcome to use chat function to ask questions, add comments or to let us know if you are having technical difficulties, but also feel free to raise your hand!
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **4 Mainpro+** credits
- This event is also an Accredited Group Learning Activity through the Royal College of Physicians and Surgeons of Canada. You may claim a maximum of **4.00 hours**

Objectives of this Series

After participating in this program, participants will be able to:

- Describe what others have done to integrate palliative care services into their cardiac clinics
- Describe how to integrate palliative care into the cardiac programs and services they offer
- Share knowledge and experience with their peers
- Describe existing and emerging models of care for various care settings, including home care, ambulatory care and in-patient settings

Overview of Topics

Session #	Session title	Date/ Time
Session 1	Overview of Models of Care in Different Care Settings	January 11, 2022 from 12-1pm ET
Session 2	Models of Care in the Home Care Setting	February 9, 2022 from 12-1pm ET
Session 3	Models of Care in the Ambulatory Setting	March 9, 2022 from 12-1pm ET
Session 4	Models of Care in the In-Patient Setting	April 13, 2022 from 12-1pm ET

Models of Care in the In-Patient Setting



Objectives of this Session

After participating in this session, participants will be able to:

- Describe how to incorporate a palliative approach to care for patients with advanced heart failure in the hospital setting.
- Consider the challenges of working in a collaborative setting
- Learn some of the advanced therapies available to patients with advanced heart failure

Case-Based Discussion

Leah Steinberg



Ms. P

58-year-old woman in CCU for acute heart failure exacerbation

Past medical history:

- Sickle cell anemia since she was a child
 - Sickle cell nephropathy and retinopathy with laser photocoagulation therapy in 2016
- Non-ischemic cardiomyopathy - many HF ex
- Interstitial lung disease cause unknown
- Atrial fibrillation, dx April 2021

History of Presenting Illness

2 weeks prior to presentation pt started experiencing a painful gouty attack of right great toe

- She stopped taking Lasix in attempt to resolve the flare-up
- Developed progressive worsening exertional dyspnea

In hospital:

- Admitted to CCU
- In fluid overload due to heart failure exacerbation – on Lasix infusion 20 mg/hr
- Respirology team consulted – not an ILD exacerbation -- No role for steroids!
- Slowly rising creatinine leading to cardiorenal syndrome

Consult to palliative care

At this point, MRP consulted palliative team to transition care to comfort-based approach and to determine if patient is candidate for PCU and transfer her if eligible

What is your approach?

Assessment: Five pillars

- Medical background
- Symptom assessment
- Psycho/Social information/Spiritual
- Goals of care
 - Illness understanding
 - Information given
 - Values, beliefs, goals, fears, etc
- Recommendations: treatment recommendations aligned with goals

Symptoms

When asked:

- None – no pain, no dyspnea...
- Got upset with us for asking because: “that is all anyone wants to know and I’m fine”

Psychosocial

Patient was born and raised in Trinidad and Tobago, moved to Canada 20 years ago

Only living family members are 2 nieces who lived in U.S

Never married, no children; many many friends

Education: MBA and MPPA (Master of Public Policy and Administration) and worked in management in the public sector

Family history

2 brothers who passed away from complications for SCA in Trinidad

Mother had dementia and passed away in PCU in August 2021 from massive CVA.

Father passed away many years ago.

Spiritual History:

- Catholic
- Described herself as spiritual individual
- Goes to church every Sunday

How we assess Goals of Care?

- Assess Illness understanding
- Give information
- Explore values, goals, fears, etc
- Make recommendations if needed

Goals of Care

Illness understanding: Excellent

- Knew everything about what was wrong
- Knew that she was likely to die from them – saw other family members
- Had been told on several past ICU admissions that she was going to die then
- Always got better
- But realizes how bad it is – has plans for her funeral, has told her friends what she wants, etc

No new information needed or given on this visit

Goals of care (continued)

Goals, values, fears...

- Being awake and alert
- Doing everything to live as long as possible as long as awake and alert
- Getting better like all the previous times
- Working (she was still working in CCU)
- Fears: being ignored; being treated as a dying person; not being listened to; being asked about “symptoms” feared dying; feared losing her independence; feared being drowsy from medications

Goals of Care (cont'd)

Treatment decisions already in place:

- DNR; DNI (she knew those would not achieve her goals)

Treatment preferences (expressed wishes)

- Stop all disease modifying interventions when she is unresponsive – and her niece would consent as her SDM

Palliative care interventions?

What is our role?

Palliative care interventions?

Symptom management – who needed treatment?

- supported clinicians involved as they saw her “struggling and suffering”

Advocated for her

Talked about preparing her niece – I imagined this poor woman getting a call asking her to consent to “comfort care”

Reassured team that she was “okay” and that her care was totally consistent with her values and goals and that she “knew” – she knew what she was willing to tolerate and she knew when enough was enough!

Rest of case

Transferred to ICU at another hospital for hemo-dialysis

Improved, down titrated FiO₂ 40% and pt was transitioned back CCU

Next two and a half months, she had great QOL – had ++ visitors, started ambulating around ICU, laughing with me, eating...

(I thought she might recover and ICU team was a bit more optimistic but no-one really expected her to leave hospital)...but, her case was impeccable...

And then died over about one week in mid March

Challenges (and rewards) in hospital-setting?

- Walking both roads!
- Expectations of being the DNR team
- Expectations of being the “transfer to PCU team”

- Supporting the whole team! Teaching about suffering – whose suffering is it?

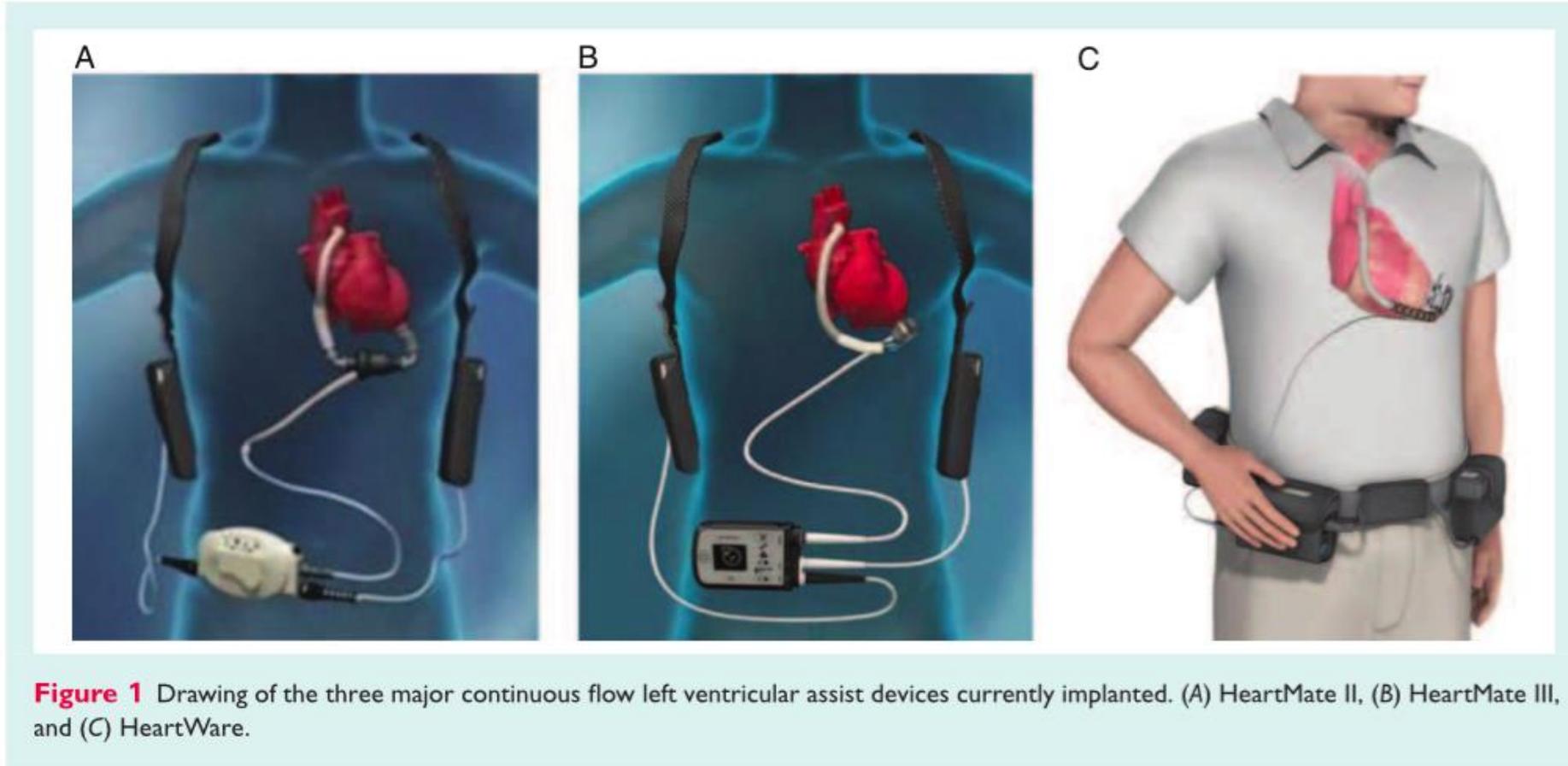
- Carrying through the story from team to team (within hospital) and between home and hospital
- Learning and seeing advanced therapies and wondering more about them.....

Advanced therapies in HF

Caroline McGuinty



Left Ventricular Assist Devices



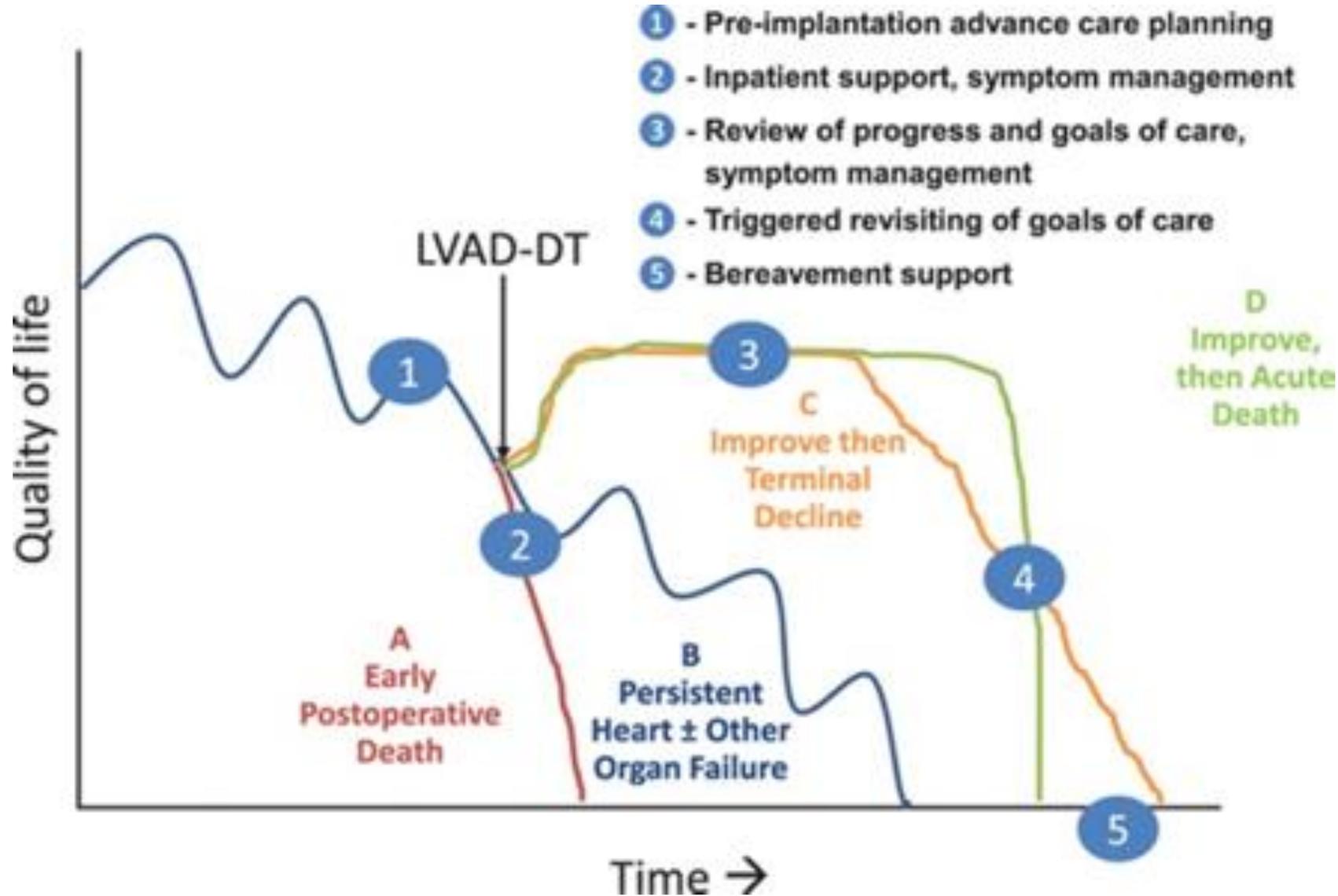
LVAD Outcomes

- US INTERMACS registry of CF-LVADs show a 1-year survival of 80% and a 2-year survival of 70%.
- Readmission rates after LVAD implantation 1.3 to 2.6 hospitalizations per patient-year.
- Heart failure symptoms are clearly reduced after LVAD implantation:
 - >80% of patients have NYHA functional class I–II limitations within 3 months of implantation.
 - LVAD implantation is associated with a substantial increase in 6-min walk test distance and measures of quality of life.

LVAD

- Associated with considerable morbidity and mortality, inexorable lifestyle changes and need for caregiver support.
- Intermacs registry has shown that patients with LVADs most commonly died from neurologic dysfunction.
- Patients with an LVAD who died within 1 month post-implant most commonly died of multisystem organ failure.

Proposed roles of palliative care providers in patients with DT LVAD



End of Life and Ethical Considerations

- Patients with LVAD have a very high likelihood of in hospital death and a majority of them die in an ICU.
- Hospice enrolment is very low.
- LVAD implanting centres should have a well established protocol in place to address LVAD deactivation, ensuring appropriate comfort measures and addressing ethical concerns regarding device discontinuation
- Although prior research has shown that there remains controversy within medical communities in regard to the permissibility of LVAD deactivation²², **withdrawal of LVAD support is not ethically different than withdrawal of other treatments** and allows patients to die from their original disorder.
- LVAD deactivation typically leads to death in less than an hour

Questions & Discussion

Where do we go
from here?



Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session will be e-mailed to registrants within the next week
- We will reach out to registrants of this series with an update on where we go from here

Thank You



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