Heart Failure: Getting to the What Matters to You' Conversations

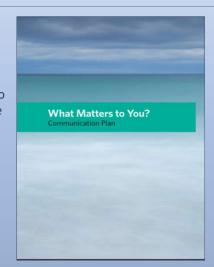
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Background:

Heart failure (HF) remains the final common pathway for almost all cardiovascular disease irrespective of age, it often leads to poor quality of life and high hospitalisations. A national enquiry¹ found a third of hospitalisations, many proving to be terminal, may have been avoided had future care planning discussions taken place. This was the catalyst for the development and evaluation of a 'What Matters to You' meaningful conversation plan (WMMCP) to improve future care planning conversations for people with HF.

Aim:

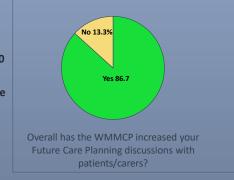
- To evaluate the heart failure specialist nurse perspectives of using a 'What Matters to You? Meaningful Conversation Plan (WMMCP) in clinical practice, to inform a final user-friendly iteration.
- The WMMCP was initially developed in partnership with professional, patient and carer experts and inspired by original works created by Health Improvement Scotland² and the EOLC Partners Think Tank³.



Methods:

- Expressions of interest to participate in the evaluation process were invited from across the UK and Republic of Ireland heart failure nurse forums; 25 expressions were received representing a wide geographical population reflecting rural, urban, inpatient and community heart failure services. Services included a mix of HF phenotypes. Ethics approval was not required as the evaluation was generated from expressions of interest from professional participants who chose to take part, with all unidentifiable information being uploaded anonymously to an electronic platform.
- Evaluation consisted of 2 questionnaires, designed to elicit the heart failure nurse perspectives of using the WMMCP in their clinical practice across a broad range of patients and or carers, including NYHA Classification I-IV, recently diagnosed, and or stable and or those with advanced disease. The evaluation took place from 1st August to 31st of October 2023.

- A total of 25 sites were initially recruited, 2 withdrew leaving 23 participating sites.
- 210 out of a potential 230 questionnaires (91.3% response rate) were completed. It was shared with 160 patients, 34 carers and 16 combined patient and carers.
- There was a mix of gender and age; 59% were male, 49% female, 60% >70yrs old (of the total, 1.4% were <30 years 6.2% >90 years). Predominant ethnicity was white (96.2%).
- The majority of heart failure nurse experience was >5 years (83.3%).
- The majority of participants preferred a paper version of the WMMCP to an electronic version.
- 86.7% of the nurses stated that using the WMMCP had led to conversations about future care planning





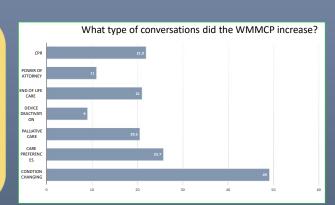
"Feel more confident in having early conversations"

"I feel, we have definitely gained confidence as a team"

"It has helped to frame ACP conversations in a structured more meaningful way"

"Facilitated the discussion of topics that I may not have otherwise discussed with patients"

"This has now become standard when I initially meet with patients, I send them away with this to look over and welcome discussion during next consultation"



Conclusion:

The evaluation concluded that using the WMMCP in everyday practice led to an increase in future care planning conversations, alongside an uncertain heart failure trajectory. Experienced heart failure nurses, asserted that the plan provided a supportive framework to engage in naturally occurring person-centered, what matters meaningful conversations, earlier, throughout the heart failure trajectory from diagnosis through to advanced disease. Many of the nurses highlighted that WMMCP activity had led to a change in their practice. Minor suggested changes to improve the WMMCP have been implemented in the final iteration.