

 'A Vicious Cycle of Heart Failure Care'-Grounded Theory Study Exploring Healthcare Professionals' Decision Making when Managing the Care of Patients Diagnosed with End Stage Heart Failure.
 Higginbotham, K, RN, DProf¹ Johnson, M, RN,PhD¹, Ormandy, P, RN, PhD¹, Jones, I,RN, PhD², ¹University of Salford ²Liverpool John Moores University

Background

Evidence suggests that 1 in 10 patients diagnosed with Heart Failure will die in a hospital bed³. There are well recognised and documented inequalities in people diagnosed with heart failure and their experience of end of life care between geographical locations and across different populations⁴. These inequalities in healthcare have resulted in patients with end stage heart failure and their families receiving poor standards of care and delays in transitioning to palliative care services⁵.

eart Failure and Chron here is a certain sort of Obstructive Airways are feeling amongst the medical notoriously difficult to profession that to admit that prognosticate on its not like a your patient's going to die is Complex cancer where you have x amount of time disease you have failed. Steve, Doctor, Care of Elderly (Geoff, Consultant, trajectory Emergency Care I am just deteriorating I think It's fear.....and possibly we but no one said why Recognising know the patient is dying but what it's happening...I am if the patient doesn't die or linger and then the relatives said this Dying just lost..... patient is dying but has picked Frank, Patient Debbie, Ward Manager Professional Missed opportunities Boundaries You know what I think, when

Aims

The aim of this study was to explore both healthcare professionals' and heart failure patients' experiences of the decision making process at the end of life and the impact this may have on end of life care.

Methods

A Constructivist Grounded Theory⁶ was conducted over a 12 month period in a District General Hospital in the North West of England. A purposeful sample of 15 nurses, 11 doctors and 16 patients were recruited from the acute medical setting (figure 1). Data were collected using semi- structured interviews and focus groups. The interviews were recorded, transcribed and coded using constant comparison and NVivo.

Registered Nurses (n=15)Ward Manager (n=2)Ward Sister (n=1)Staff Nurse (n=5)Specialist Nurse (n=5)Trainee AdvancePractitioner (n=3)Doctors (n=15)Foundation Year 1 (n=1)Foundation Year 2 (n=2)Specialist Registrar (n=7)Consultant Medicine (n=3)Consultant EmergencyMedicine (n=1)Palliative Care Consultant(n=1)	 Patients diagnosed with NYHA stage 3 and NYHA stage 4 Heart Failure (n=16) Males (n=12) mean age of 71 years Females (n=4) mean age of 73 years.
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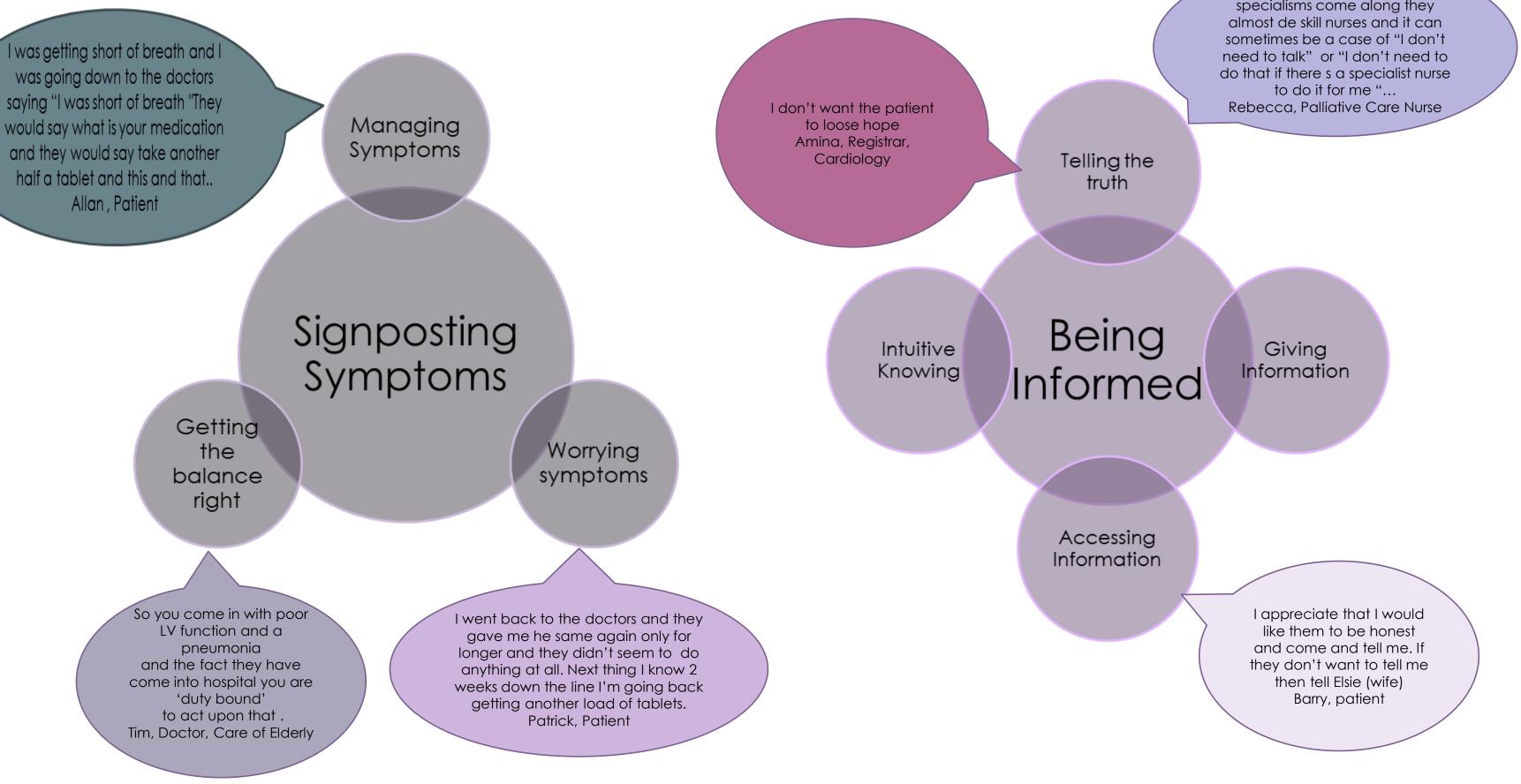


Figure 2 Examples of patient, nurse and doctor quotations from the interviews under the four theoretical categories

Substantive Theory –Negotiating a Vicious Cycle of Heart Failure Care The theory 'negotiating the vicious cycle of care' (Figure 3) was an in vivo code which

emerged to explain how participants in my study negotiated decision making within the cycle of end stage heart failure. The theory suggests that this turbulent 'vicious cycle' of care for heart failure patients disabled the shared decision-making process between healthcare professionals and the patient resulting in a delay in transitioning patients to palliative care.

Figure 1 Numbers of healthcare professional and patients recruited to this study

Findings

Four theoretical categories emerged from the data to explain how healthcare professionals and patients negotiated the process of decision making when considering end of life. These four categories: **signposting symptoms**, **organising care, being informed and recognising dying** were found to revolve around a core category 'vicious cycle of care' which was fast paced, turbulent and time limited. This cycle was found to disable the process of decision making between the healthcare professional and patient resulting in missed opportunity for the patient to transition to palliative care.



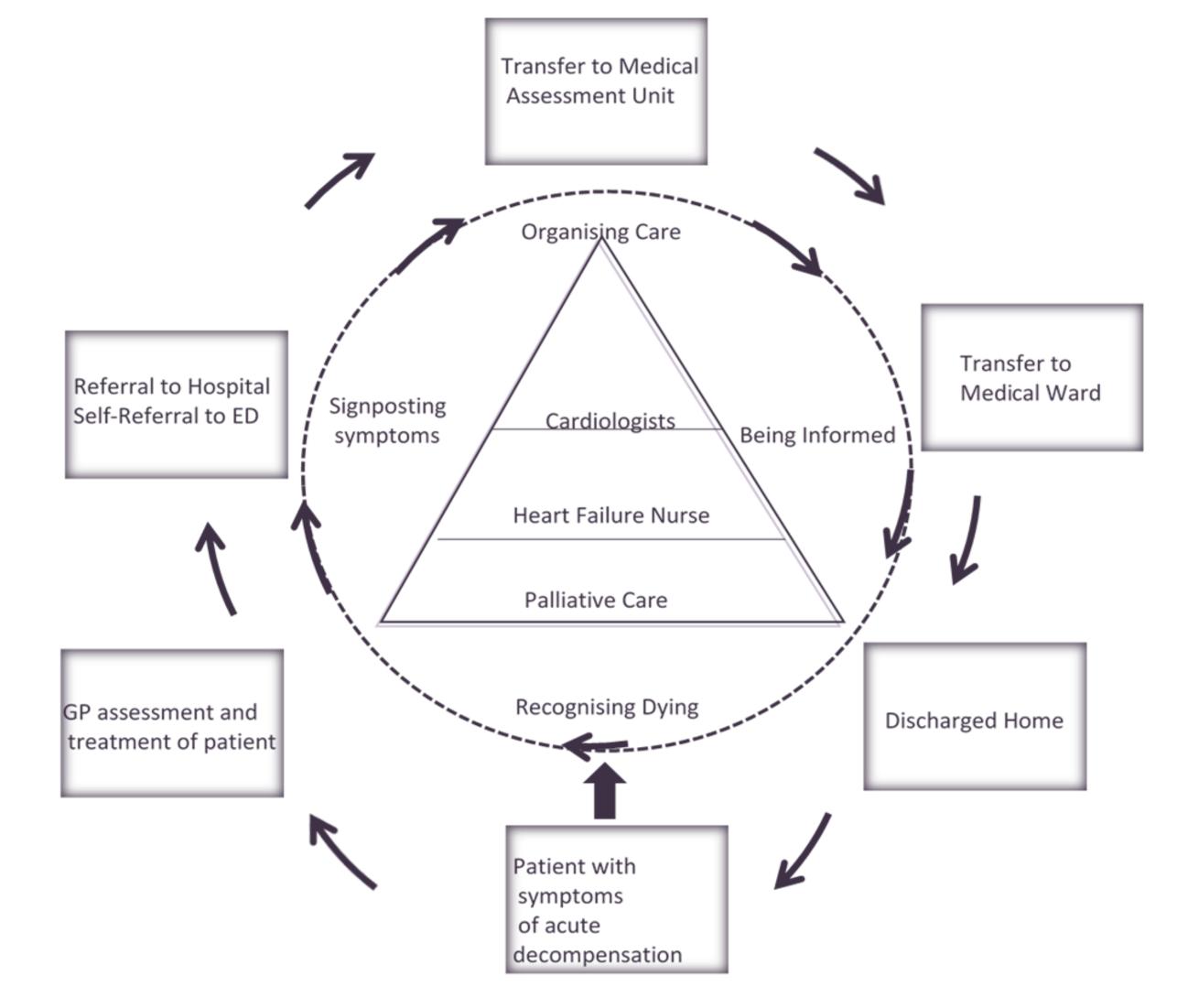


Figure 3 A Vicious Cycle of Heart Failure Care

Conclusion and Recommendations

The emerging theory 'vicious cycle of care' offers an explanation as to why decisions were not made by healthcare professionals to transition patients with end stage heart failure to palliative care. Further work needs to be undertaken with healthcare professionals and patients to map out a 'cycle of care' which identifies key phases in the terminal stage of heart failure and correctly signposts the patient to the right healthcare care professional for intervention. Further research is required with General Practitioners to further explore the barriers to providing end of life care for heart failure patients.

Pumping Narvellous for heart failure patients

Acknowledgements

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Further Info: Twitter @K_Higginbotham1 Email k.higginbotham@salford.ac.uk