Implementing an order set for management of HF

Theoretically, implementing the HF order set for SNF residents hospitalizations (O’Malley et al., 2011). A lack of standardized care processes at SNFs is a barrier to providing quality HF care. Having HF order sets with specific parameters in SNFs can assist and provide education to SNF care providers (O’Malley et al., 2016).

Palliative care is targeted to relieving suffering and improving quality of life for persons with serious illness, such as HF (Gelfman et al., 2017). Palliative care relies on addressing palliative needs of the patient and addressing ACP. Goals of care may change from extending length of life to comfort focus. (Lowey, 2017)

SNF HF Order Set

OBJECTIVES

IDENTIFY APPROPRIATE MEDICAL MANAGEMENT OF HF IN SNF POPULATION

• Sodium and fluid restriction
• Diuretics, ACEIs/ARBs, Beta Blocker, hydralazine nitrates, digoxin
• Infrequently SNFs offer Left Ventricular Assistance Device (LVAD)
• Implantable Cardioverter Defibrillator – possibly for rehab SNF patients, potential in uncertain prognosis patients and not indicated in long term care patients (Jurgens et al., 2015)
• Timely provider follow up following transition of care from hospital to SNF and more frequent follow up by provider

IMPLEMENT ORDER SET FOR MANAGEMENT OF HF IN SNF

• Initially piloted order set to 3 SNFs then to the remaining 7 local SNFs
• Implementing order set was a collaborative effort with SNF leadership
• Education provided to SNF on the HF Order Set
• HF Order Set was embedded in electronic medical record and provider note to provide treatment plans and orders to SNF
• Pre and post order set implementation data including readmission to hospital rates were not collected

IMPLEMENTING PALLIATIVE CARE AND ACP FOR PATIENTS IN A SNF WITH HF

• Theoretically, implementing the HF order set for SNF patients will create more visits with a provider potentially increasing likelihood of addressing palliative needs of the patient and addressing ACP
• Palliative care relieves suffering and improves quality of life for those with serious illness, such as heart failure, offered at the same time as disease-oriented care. (Gelfman et al., 2017)
• Advanced Care Planning addresses a patient’s goals for their medical care. The patient’s goals for their care will direct the medical management. Goals of care may change from extending length of life to comfort focus. (Lowey, 2017)

METHODS

A literature search was performed using PubMed and CINAHL, reviewing available research and information regarding management of heart failure in the skilled nursing facility, implantation of a heart failure protocol and implementing palliative care advanced care planning with those in the skilled nursing facility with heart failure. Key words and phrases searched included: management of heart failure in a skilled nursing facility, heart failure management geriatric, heart failure order set in nursing home, palliative care for heart failure patients, advanced care planning in heart failure patients.

PROJECT AIM

The aim of this project is to review appropriate medical management of HF in the SNF, implement a HF order set and highlight palliative management of ACP for SNF patients with HF.

FIGURE 1

HEART FAILURE ORDER SET FOR SNF

REFERENCE


