CONFERENCE ABSTRACT

A Nurse Led Clinic's contribution to Patient Education and Promoting Self-care in Heart Failure Patients: A Systematic Review.

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Introduction: Heart failure (HF) is a medical condition whereby the heart's efficency is compromised. Typical symptoms include breathlessness, tiredness and ankle swelling and signs of increased heart rate, lung congestion or raised jugular venous pressure. It is confirmed by the presence of a structural or functional abnormality of the heart on echocardiograph. HF significantly affects the patient's quality of life (QoL). HF is a major problem for society affecting 1-2% of adults in developed countries (Mosterd and Hoes 2007), in excess of 90,000 people in Ireland are affected (Corry et al. 2015).

Background: The incidence and prevalence as well as high hospital admission rates, increase the cost of and burden of HF. Chronic disease management programmes developed nurse-led clinics and collaboration of the multi-disciplinary team (MDT) to improve HF guideline implementation and outcomes. Educating patients on the self-care skills and knowledge necessary to control symptoms and avoid hospitalisation, which include daily weight, symptom monitoring and seeking timely medical care for deterioration is vital.

Self-care is the decisions and choice of behaviours by the individual in order to maintain life, healthy functioning and well-being (Reigel and Carlson 2002, Jaarsma et al. 2003). Cowie et al (2014) examined Acute HF in Europe and the USA recommending: Optimising care accross institutions, improving patient education/ support, providing equitable care, enhancing end of life care, and increasing HF prevention.

Aim: To examine the evidence for the role of the nurse-led clinic in patient education on the outcomes of Self-Care and QoL for HF patients.

Methodology: A search of the databases CINHAL, PubMed, Science Direct and Medline was conducted. Search criteria: Adult HF patients aged over 18years, attending Nurse-led HF clinics/ nurse managed HF care programmes, English language only, No geographical limit, Published 2006-2016.

Inclusion Criteria: Original Research, Interventions delivered through nurse led clinics, patient education, self-care skills, health assessment, and referral to MDT. Grey literature- online reports x 2 and small unpublished local population study.

Results: Sixty eight studies were identified spanning 12 countries, various components of disease management programmes such as goal setting & motivational interviewing, educational and self-care needs, barriers and facilitators. Characteristics included all classes of HF, group or individualised programmes. Themes identified included: learning needs; knowledge, symptom recognition, barriers to learning, self-care skills, role of social/ caregiver support and a therapeutic nurse/patient/relationship.

Conclusion: The patient's need to be connected is highlighted by the review. Quantitative measures of self-care tools and patient satisfaction are augmented by patient reported outcomes and rich qualitative data. Cognitive impairment and depression may interfere with learning, decision-making and perception of symptoms.. The evidence supports the need for individualised patient educational plans and management strategies. Lifestyle changes may include controlling or modifiying risk factors (Dickstein et al. 2008). Adherence to guidelines and supporting patient autonomy are also important. Patients must learn and understand the relevant self-care behaviour required (Stromberg 2005, McMurray et al. 2012), gain the necessary skills to act on deteriorating symptoms and ways of increasing activity adjusted to functional capacity and energy conservation.

Through education adapted to patient's needs and goals, Self-Care is promoted and quality of life is improved. Further research is needed into other factors that affect QoL screening and the use of nursing taxonomies.