

## ABSTRACT

Palliative care is an often misunderstood and underutilized service within healthcare. However, because valvular heart disease is becoming more prevalent and more transcatheter procedure options are becoming available, it is necessary to implement more palliative care-driven assessments. Palliative care can be taboo or uncomfortable to approach, and many healthcare providers have difficulties offering this as an option to patients. When palliative care is not offered as an option, and the emphasis is solely placed on procedures as curative measures, gaps in care can arise. Strategically assessing and educating structural heart disease patients about options in palliative care diminishes gaps in care by promoting goal setting, encouraging communication, and improving patient perceptions. The evidence-based research confirms that just because a transcatheter procedure can be done does not justify that it should be done. Because of this confirmation, the research indicates that patients feel more confident and involved in their care when educated about additional options or choices. Therefore, this project emphasizes the significance and necessity of incorporating palliative care evaluation and discussions for patients being considered for transcatheter interventions.

## PICO QUESTION

For patients being considered for transcatheter-based intervention, how does standardized pre-consult palliative care education by the nurse influence patient knowledge and self-advocacy as compared to no pre-consult education over six months?

## LITERATURE REVIEW

The literature review confirms that discussions of palliative care (PC) are beneficial for patients being considered for transcatheter procedures.

- When goals are more clearly defined, this can decrease anxiety and depression (1).
- When anxiety and depression are decreased, quality of life is increased (1).
- Defining goals causes communication to increase between healthcare providers and patients (2).
- When communication increases and is effective, gaps in care can be minimized (2).
- Stigmas are associated with PC which indicates a deficit in education (3).
- When education is improved, this knowledge can be passed on to Structural Heart (SH) patients.

# Implementing Palliative Care Discussions for Patients Considered for Transcatheter Intervention

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## PROJECT METHODOLOGY

**It takes an entire team to help determine if a patient should move forward with a procedure (2). Therefore each SH team member is an integral part of this project.**

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| <ul style="list-style-type: none"><li>• Educational for staff and patients (4).</li><li>• PowerPoint provided for the SH team members.</li><li>• Project timeline will be provided to each SH team member</li><li>• Anonymous survey for SH team members feedback.</li></ul> | <ul style="list-style-type: none"><li>• Patient evaluation guide will assess patients and PC (2).</li><li>• The KCCQ-12 will assess frailty and quality of life.</li><li>• A PC educational fact sheet may be given to patients.</li></ul> |
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## Plan and Development

The plan and development of incorporating PC within SH is necessary and its success determined by each of the team members.

- The project will be sent to the SH manager.
- Once approved, it will be presented to the SH team and supporting staff.
- PC education will be provided to each member of the SH staff.
- Implementation will happen over 12 months.

## Evaluation

Evaluation is critical to determine this project's success.

- SH evaluation at months three and nine.
- Anonymous evaluations for each SH team member to provide feedback, analysis, and evaluation.
- One-on-one physician interviews and their feedback.
- Running total of transcatheter interventions and PC referrals sent.



Figure 1



Figure 2

“Can’ does not always equal ‘should’” (5).



Figure 3

## THEORETICAL FRAMEWORK

### Iowa Model

- This evidence-based model utilizes feedback loops, reflection, modification, and guidance support (6).
- Six steps (6):
  - Identifying a problem
  - Researching best evidence for change
  - Analysis
  - Design
  - Implementation
  - Integration
- Feedback loops, reflection, and modification is critical to support and ensure this project's success (6). Therefore the Iowa model is necessary for implementation of this project.

## CONCLUSIONS

The overall theme of the literature review indicates that SH must incorporate PC evaluations and discussions within its program. Doing so will improve nurses’ learning, facilitate communication, and reduce gaps in patient care by clearly defining patients’ goals. Ultimately, healthcare must be geared towards improving patients’ lives. This project provides evidence to indicate patients’ lives will be improved by providing education and other options to patients being considered for transcatheter interventions.

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## Figures

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