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EFFECTIVENESS OF PALLIATIVE CARE IN HEART FAILURE PATIENTS IN PREVENT-ING READMISSION: A SYSTEMATIC REVIEW

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ABSTRACT

Palliative care is an essential part of the management of heart failure patients. By integrating palliative care in treating heart failure patients, patients experience calm and feel a safe atmosphere both physically and psychosocially, and with other problems, and make patients have the same understanding from a medical perspective. To summarize the results of studies related to palliative care in heart failure patients and to identify specific and effective practices in preventing readmission. Systematic search of the PubMed, Science Direct, and ProQuest databases searching for articles that included heart failure and palliative care. Palliative care is a critical component of health care for heart failure patients. In this article, the authors summarize the effectiveness of patient-focused palliative care and the palliative team in preventing readmissions and improving patients' quality of life when palliative care is applied in health care. Implementing palliative care in patients with heart failure is highly recommended for enhancing the patient's quality of life (QoL) and preventing or reducing patient readmission rates if appropriately implemented. Focusing on improving the abilities and skills of the palliative team is also something that needs to be considered. Also, knowledge, understanding, and involvement of the patient's family in patient care at home are significant.

Keywords:

Heart failure, Palliative care, Readmission

BACKGROUND

Cardiovascular disease is the leading cause of death in the world (World Health Organization, 2017). Heart failure is the final stage of heart disease. Patients with heart failure are often in and out of the hospital with various complaints and organ damage. This will undoubtedly increase the mortality rate in patients with end-stage heart failure. Patients with end-stage heart failure may experience severe dyspnea, pain, and delirium. Handling these various complaints is essential and is the primary goal of palliative services (Kurozumi et al., 2017).

According to the Centers for Disease Control

and Prevention, approximately 6.5 million adults in the United States suffer from heart failure. The palliative team will participate in daily care, explore patient and family understanding of the disease, discuss prognosis, clarify treatment goals, direct treatment options, manage symptoms, and help coordinate home care and end-of-life planning. As palliative team members, nurses are responsible for advocating for patients and families about unmet needs and threatened quality of life (Fasolino & Mayfield, 2020).

Palliative Services is a multidisciplinary team that optimizes quality of life and symptom management. Palliative care prioritizes physical, psychological, and spiritual needs. Usually given to patients with cancer that cannot be cured. Palliative care has been recommended by The American College of Cardiology Foundation/American Heart Association Heart Failure Guidelines to improve Quality of Life (QOL) (Kurozumi et al., 2017).

Cardiovascular palliative care is an approach that focuses on optimizing the quality of life for patients and their families with end-stage heart failure. Nurses must have the knowledge, skills, and ability to communicate prognosis and treatment plans to endstage heart failure patients undergoing palliative care (Riegel & Kimmel, 2018). In their research, Mizuno et al. (2017) mention seven indicators of the quality of palliative care in heart disease. One is that the family must also be included in palliative services, such as preferences, decision making and subsequent treatment goals.

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WHO defines cardiovascular palliative care as an approach to improving the quality of life of patients and their families through the prevention and reduction of suffering by assessing and treating the need for physical, psychosocial, and spiritual problems.

Critical nurses play an important role in palliative care by integrating the principles and models of palliative care in patients with heart failure. The National Institute for Nursing Research recognizes palliative care as critical in improving evidence-based quality of life (Bierle, Vuckovic, & Ryan, 2021).

Research by Roikjaer, Simony, & Timm (2020) states that palliative care is essential to treating heart failure patients. By integrating palliative care in treating heart failure patients, patients experience calm and feel a safe atmosphere both physically and psychosocially, and with other problems, and make patients have the same understanding from a medical perspective. Therefore, researchers are interested in conducting a systematic review regarding the effectiveness of palliative care for heart failure patients in preventing readmission.

Based on the above research results, it can be hypothesized that palliative care can prevent readmission in patients with heart failure. This article aims to summarize the results of studies related to palliative care in heart failure patients and identify specific and effective practices in preventing readmission.

METHODS

A systematic search of the PubMed, Science Direct, and ProQuest databases for peer-reviewed English articles published from early January 2017 to November 2021 was conducted by searching for articles that included heart failure and palliative care with MESH hospice and palliative care, nursing, and palliative medicine. The authors reviewed titles, and abstracts that met the eligibility criteria were entered for full-text review by the authors. Reference lists are added according to the relevant articles.

The subjects of the study were clients with heart failure who received palliative care included. The selected articles are from the last 5 years of research; all age ranges are included, and the type of qualitative study is included. Articles other than English are excluded.

The authors carried out an independent assessment of the title for relevance, examining the extract and the full text of the article for appropriateness of the inclusion criteria.

The author systematically extracted data from articles using Zotero and Excel applications with the following formations: 1) research title; 2) researcher name; 3) research objective; 4) research method; 5) results.

RESULTS

The selection of articles can be illustrated in Figure 1. The initial search yielded 149,429 articles. Furthermore, 149,410 articles were issued based on articles from the last 5 years, articles in English, ar-

Study	Design	Location	Measured Results			
			Team Focus ed	Patient Focused		
				QoL	Satisf action	sympt oms
Sevilla- Cazes, et al, (2018)	Qualitative	Philadelphia	-	-	-	V
Wichmann, et al, (2018)	Qualitative	Netherlands	V	-	-	-
Hosie et al. (2017)	Qualitative Quantitative	Australia	-	-	-	
Blackwell et al. (2017)	Qualitative	New York	-	-	λ	
Campling (2017)	Qualitative	England	-	-	λ	V
Kimani, K., et al, (2018)	Qualitative	Kenya	-	V	-	
Kavalioratos, D. et al. (2017)	Qualitative	USA		-	-	-
Powell, M. et al. (2020)	Qualitative	UK		-	-	-

Table 1. The Result of Review

ticles on nursing and the health profession, and articles with qualitative designs. 19 article titles were identified, 7 articles were removed due to similarities/duplications and 12 articles were found. Of the 12 articles, abstracts related to the eligibility criteria were analyzed so that 4 articles were declared unsuitable. Finally, there are 8 articles left, according to the summary of results in Figure 1.

Palliative care in patients with heart failure is divided into three large patient-centered groups: patient quality of life, satisfaction, and symptoms. Study sites, interventions and outcomes were reviewed to determine whether a meta-analysis of outcomes could be presented in Table 1.

DISCUSSION

When palliative care became one of the strategies for managing patients with heart failure, the authors conducted a systematic review to determine how effective palliative care was in preventing the readmission of patients with heart failure. The authors screened approximately 149,429 articles from PubMed, Science Direct and ProQuest and then selected 8 articles containing qualitative information on heart failure patients receiving palliative care. Palliaheart failure patients receiving palliative care. Palliative care is a critical healthcare component for heart failure patients. In this article, the authors summarize the effectiveness of patient-focused palliative care and the palliative team in preventing readmissions and improving patients' quality of life when palliative care is applied in health care.

The results are in accordance with research conducted by Sganga et al. (2019) that palliative care should be combined in patients with severe diseases such as heart failure to reduce hospital mortality, length such as heart failure to reduce hospital mortality, length of stay and readmission. Forming a holistic team and results that focus on symptoms, satisfaction, and quality of life of patients with heart failure will influence reducing readmission rates. The progression of heart

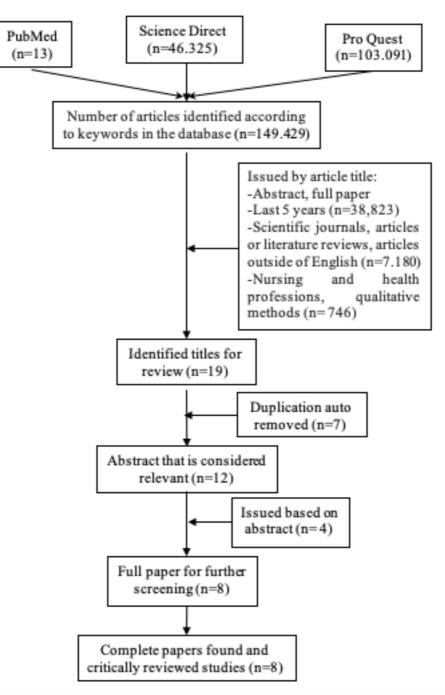


Figure 1. PRISMA Diagram

failure will significantly affect the patient's quality of life. Patients will experience various kinds of physical, psychological, social, and spiritual complaints. For this reason, palliative care consisting of different comthis reason, palliative care consisting of different comprehensive teams is expected to be able to meet all the needs of these patients.

Misconceptions about palliative care and its relationship to death and end-of-life care are still obstacles to implementing palliative care in patients with heart failure (Siouta et al., (2018). Palliative care from various professional perspectives, such as nurses, doctors, families, and patients themselves in palliative care, can provide complex information that can be input for palliative consideration in patients with heart failure to be even better.

Besides that, several things become limitations in this paper, namely the inclusion criteria used, which only take articles in the last five years and the use of English articles which are still relevant in providing information for the writing of this systematic review. In addition, many articles have yet to be published, such as research results such as theses and dissertations related to the implementation of palliative care.

CONCLUSION

If implemented correctly, palliative care in patients with heart failure is highly recommended for improving the patient's quality of life (QoL) and preventing or reducing patient readmission rates. Focusing on improving the abilities and skills of the palliative team is also something that needs to be considered. Also, knowledge, understanding, and involvement of the patient's family in patient care at home are very meaningful.

Palliative care should also be carried out at home after the patient is discharged. For this reason, the availability of home-based palliative care for heart failure patients is necessary to prevent readmission. Seeing the increase in cardiovascular cases every year, the need for palliative care will also be very necessary. In addition, further studies are needed in palliative care regarding what factors and how patient experiences affect the implementation of palliative care in heart failure patients.

REFERENCES

- Bierle, R., Vuckovic, K., & Ryan, C., 2021. Integrating Palliative Care into Heart Failure Management. American Association of Critical_Care Nurses. Critical Care Nurse Vol 41, No. 3, June 22021. Accessed from: https:// aacnjournals.org/ccnonline/article/41/3/e9/ 31462/Integrating-Palliative-Care-Into-Heart-Failure
- Blackwell, R., Lowton, K., Robert, G., Grudzen, C, & Grocott, P., 2017. Using Experience-based Co-design with older patients, their families and staff to improve palliative care experiences in the Emergency Department: A reflective critique on the process and outcomes. International Journal of Nursing Studies 68 (2017) 83-94, Elsevier. Accessed from: https:// pubmed.ncbi.nlm.nih.gov/28095347/
- Campling, N., 2017. Self-management support at the end of life: Patients', carers' and professionals' perspectives on managing medicines. International Journal of Nursing Studies 76 (2017). 45-54, Elsevier. Accessed from: https:// pubmed.ncbi.nlm.nih.gov/28938102/
- Fasolino, T., & Mayfield, M., 2020. Get to the HEART of palliative care for patients with heart failure. American Nurse. Accessed from: https:// www.myamericannurse.com/get-to-the-heartof-palliative-care-for-patients-with-heart-failure/#

- Hosie, A., Agar, M., Lobb, E., Davidson, P., & Philips, J. 2017. Improving delirium recognition and assessment for people receiving inpatient palliative care: a mixed methods meta-synthesis. International Journal of Nursing Studies 75 (017) 123-129. Elsevier. Accessed from: https:/ /pubmed.ncbi.nlm.nih.gov/28783489/
- Kavalieratos, D. et al., 2017. Palliative Care in Heart Failure. Journal Of the America College Of Cardiology Vol 70, No. 15, 2017. Elsevier. Accessed from: https:// www.sciencedirect.com/science/article/pii/ S0735109717393439
- Kimani, K., Murray, S., & Grant, L., 2018. Multidimensional needs of patients living and dying with heart failure in Kenya: a serial interview study. BMC Palliative Care (2018) 17:28. Accessed from: https://pubmed.ncbi.nlm.nih.gov/ 29454383/
- Kurozumi, Y., et al, 2017. Design of a nationwide survey on palliative care for end-stage heart failure in Japan. Journal of Cardiology 71 (2018) 202-211. Accessed from: https:// www.journal-of-cardiology.com/article/S0914-5087(17)30196-X/pdf
- Miller, S.A. 2001. PICO worksheet and search strategy. US National Center for Dental Hygiene Research
- Mizuno et al, 2017. Potential palliative care quality indicators in heart disease patients: A review of the literature. Elsevier, Journal of Cardiology 70 (20170 335-341. Accessed from: https:/ /www.sciencedirect.com/science/article/pii/ S0914508717300862
- Powell, M., Froggatt, K., & Giga, S. 2020. Resilience in inpatient palliative care nursing: a qualitative systematic review. BMJ Supportive & Palliative Care 2020; 10:10:79-90. Accessed from: https://pubmed.ncbi.nlm.nih.gov/ 30808628/
- Riegel, B., & Kimmel, S. 2018. Palliative care: Is now the time? European Journal of Cardiovascular Nursing 2018, Vol. 17(6) 474-476. Accessed from: https://journals.sagepub.com/ doi/10.1177/1474515117751905
- Roikjaer, S., Simony, C., & Timm, H.,(2020. A qualitative study to explore what patients with heart failure find significant during integrated palliative care sessions in a Danish. BMJ Open. Accessed from: https://bmjopen.bmj.com/content/ 10/12/e043955
- Sevilla-Cazes, J., et al, 2018. Heart Failure Home Management Challenges and Reasons for Re-

admission: a Qualitative Study to Understand the Patient's Perspective. Journal of Palliative Medicine, Volume 20, Number 1, 2017. Accessed from: https://pubmed.ncbi.nlm.nih.gov/ 29992429/

- Sganga, F., et al, 2019. The benefit of a hospital palliative care team. International Journal of Palliative Nursing, Vol 25, No. 7. MAG Online Library. Accessed from: The benefits of a hospital palliative care team | International Journal of Palliative Nursing (magonlinelibrary.com)
- Siouta, N., et al. 2018. Professionals' perceptions and current practices of integrated palliative care in chronic heart failure and chronic obstructive pulmonary disease: a qualitative study in Belgium. BMC Palliative Care (2018) 17:103. Accessed from: https:// pubmed.ncbi.nlm.nih.gov/30143036/
- Sobanski, P.Z., et al, 2020. Palliative care for people living with cardiac disease. Consensus document of the Expert Group of the Polish Cardiac Society. Kardiologia Polska 2020;78(4). Accessed from: https:// pubmed.ncbi.nlm.nih.gov/32336071/
- Wichmann, A., et al, 2018. Advance care planning conversations with palliative patients: looking through the GP's eyes. BMC Family Practice (2018) 19:184. Accessed from: https:// www.proquest.com/docview/2158285736/ A8C36F90A8BF457FPQ/2?accountid=17242