



**ST VINCENT'S
HOSPITAL**
MELBOURNE

**Stephanie Schwetlik^{1,2} Charis Brown³ Robert Clayton³
David Marco^{2,4} Mark Boughey^{1,2,4} Jennifer Weil^{1,2,4} and
Kathryn Ducharlet^{1,2,5}**

1. Department of Palliative Care, St Vincent's Hospital Melbourne, Australia
2. Department of Medicine, University of Melbourne, Australia
3. Department of Cardiology, St Vincent's Hospital Melbourne, Australia
4. Centre for Palliative Care, Melbourne, Australia
5. Department of Nephrology, St Vincent's Hospital Melbourne, Australia

Improving Recognition and Response to Palliative Care Needs in a Specialist Heart Failure Clinic

Background

Patients with advanced heart failure (HF) experience unpredictable trajectories and high physical and psychosocial morbidity. Routine recognition of palliative care (PC) needs using a screening tool may be effective in identifying HF patients who would benefit from a palliative approach.

Aim

This study aimed to understand and improve clinician capability to recognise and respond to PC needs in a HF outpatient clinic.

Methods

Participants were multidisciplinary clinicians who manage patients with HF in the St Vincent's Hospital Melbourne HF outpatient clinic.

This mixed methods study proceeded in three phases over 6 months:

1. Pre-pilot survey of HF clinicians' perceptions of PC
2. Iterative process of developing and piloting the tool in the clinic
3. Post-pilot clinician perceptions and feedback survey

The paper-based screening tool was adapted from the SPICT™ 'General indicators of poor or deteriorating health',⁽¹⁾ with clinician identification of any of these factors constituting a positive screen. A positive screen prompted the clinician to provide a patient-centred response and to document the outcome(s) in the electronic medical record, including any referrals made.

Results from the post-pilot survey were compared with the initial survey to determine if the tool influenced views of PC.

Conclusions

- The screening tool showed benefits in improving recognition of need, clarified views of PC and increased PC-related clinic activities by HF clinicians
- Routine screening offers opportunities for PC to be integrated throughout the disease course, alongside optimal cardiologic management
- A larger implementation study could determine generalisability of these results and address barriers to screening, for example through inbuilt prompts and automation in the electronic medical record

Results

Eight clinicians (6 cardiologists and 2 specialist nurses) participated in the study.

Screening results

- 163 screens were completed over 420 patient episodes (284 potential screening opportunities)
- Identifying potential screens and providing screening forms was resource intensive and reliant on the presence of HF nurses
- Forty-nine (30%) screens were 'positive', with at least one marker of deterioration or disease progression, prompting 31 serious illness conversations and nine new referrals to specialist palliative care services

Clinician perceptions

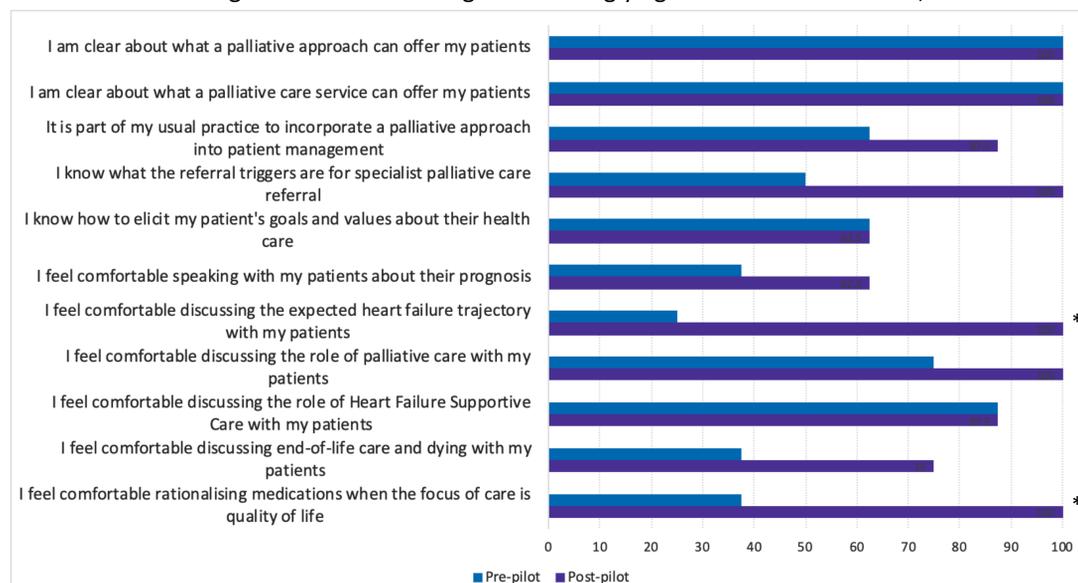
- See Figure 1

Feedback

- 63% of clinicians agreed the tool had increased their confidence to identify palliative care needs
- Agreement with the items 'Use of the tool was helpful in clinical practice' and 'I would use the tool in an ongoing way' was positively associated with the number of screens completed (Pearson $r=0.86$ & 0.71 respectively)

Figure 1. Pre- and post-pilot clinician perceptions of components of PC

Percentage of clinicians who agree or strongly agree with the statement, n=8.



*Fisher's exact test, $p < 0.05$