N026  
NURSES’ ROLES IN PALLIATIVE CARE CONVERSATIONS ON HF TEAMS  
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Clinical guidelines encourage early discussion of palliative care (PC) for patients with advanced heart failure (HF). We undertook a constructivist grounded theory study of HF team experiences; the focus of this analysis was to explore nurses’ roles in communicating about PC with patients with advanced HF. Patients with NYHA Class III or IV were recruited at four study sites in three provinces. Patients and members they identified from their care team were interviewed. For each of 42 patients a team sampling unit (TSU) was created from 3-10 interviews. Analysis within and across TSUs was conducted using a constant comparative approach. PC communication was described as episodic and involving varying HF team members. Varied perceptions and expectations existed about nurses’ roles in initiating and conducting PC discussions. These were largely influenced by three interacting factors: nurses’ relationships with patients and their HF team; the structure of nursing work within a clinic/institution/regional system of HF care; nurses’ skill and comfort with PC conversations. Results suggest that the concept of ‘the palliative care conversation’ neither accurately represents actual practices nor ideally positions nurses to productively participate. Nurses are involved in many conversations that can incrementally contribute to early PC, including clarifying patient preferences and treatment goals, discussing self-care and responding to questions about information patients and families have received from physicians. Systems of care that promote consistency in nurse engagement on HF teams and recognize and improve nurses’ skills and comfort with PC-related conversations will optimize conditions for meaningful, iterative PC conversations.

N027  
SUPPORTING INNOVATIONS IN CARDIAC CARE: THE ROLE OF CARDIOVASCULAR NURSES IN THE IMPLEMENTATION OF A COMPREHENSIVE PROVINCIAL TRANSCATHETER HEART VALVE PROGRAM  
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Increasing evidence supports the availability of transcatheter heart valve (THV) procedures for the management of structural heart disease in higher risk patients. The complexity of the patient populations and disease processes, the smaller case volumes and variety of devices, procedural approaches and techniques, and the associated high costs combine to pose significant challenges to provide health services.  
The purpose of this presentation is to discuss British Columbia’s (BC) Provincial THV Program and focus on the role played by nurse coordinators to support care selection, procedure planning and follow-up. We will discuss the roles and responsibilities of nursing program leaders in the provincial referral process, the standardization of multi-modality diagnostic assessment, the conduct of a global frailty and functional assessment, and the participation in the Heart Team’s eligibility assessment. We will outline the complexity of interdisciplinary procedure planning, post-procedure care and discharge planning. Lastly, we will present the provincial program evaluation strategy, including wait list monitoring, wait time benchmarks, requirements of the BC THV Registry, regular reporting of outcomes, and provincial quality improvement initiatives.  
The Canadian Cardiovascular Society’s position statement on transcatheter aortic valve implantation specifies the important role of experienced and dedicated nurses in the sustained success of THV programs. The model developed in BC to provide patient access to one program at four sites hinges on the expertise of nurse coordinators supported by the interdisciplinary Heart Teams at each centre. On-going evaluation and provincial collaboration will further guide the development of the specialized role of THV nursing program leaders.

N028  
VALVE REPLACEMENT AND POST-OPERATIVE PAIN MANAGEMENT IN THE OPIOID ADDICTED PATIENT  
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Acute infective endocarditis is a risk inherent with intravenous drug abuse. These patients present to hospital acutely ill with high fever, sepsis and pulmonary emboli, often requiring valve replacement therapy and long-term antibiotics. The pathology of intravenous drug abuse lends itself to tricuspid valve bacterial endocarditis and right sided heart failure. In the setting of active intravenous drug use up to admission; post-operative pain management presents many challenges to nurses including the ethical and moral dilemmas of administering narcotics to active addicts.  
Using a case study approach, this presentation will review the pathology, clinical manifestations and diagnosis of tricuspid valve disease associated with intravenous drug abuse. Indications for surgery, the definition of narcotic debt and how to calculate it, the prescribing considerations of analgesics, timing of administration and concomitant therapies to manage symptoms and decrease aberrant behaviours will also be discussed. Although the presentation will focus specifically on patients with an active history of intravenous drug abuse, these pain control practices translate to all patients on regular opioids for chronic pain management.