

NP004 IMPROVING VIRTUAL NURSING ASSESSMENTS IN THE WOMENS HEART HEALTH CLINIC

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BACKGROUND/PURPOSE: Women with microvascular dysfunction have higher rates of myocardial infarction and death. Spontaneous coronary artery dissection (SCAD), myocardial infarction with non-obstructive coronary arteries (MINOCA) disease and angina with non-obstructive coronary artery disease (ANOCA) are much more prevalent in women than in men. In a clinic developed specifically for women's heart health, the patients with SCAD, MINOCA, and ANOCA are referred for further assessment and flow-up. Considering the needs of these individuals, understanding their view and actively engaging them in their care is an important factor. Historically, the clinic visit assessment was performed in-person with the nurse obtaining vital signs, medications and specific signs and symptoms from the patient prior to the cardiologist visit. With the change in clinic to virtual assessment due to the COVID-19 pandemic, it was noted that there was a gap in engagement with patients due to lack of visual cues. Purpose: Improving virtual nursing assessments of patients at Women's Heart Health Clinic (WHHC).

METHODS/RESULTS: An increase in virtual nursing assessment time (1 hour for new consult and 30 minutes for follow-up) with the patients, and creation of a comprehensive template was put forward as a solution. A new Electronic Medical Record assessment template was developed that captured information relevant to the consultation, while promoting further engagement of patients at the virtual Women's Heart Health Clinic. The template allowed the nurse to obtain more targeted medical information from the patients at Women's Heart Health Clinic, enhancing clinic visits. The new tool prompted patients to share their signs and symptoms, and promoting greater patient engagement and sharing of patient experiences and concerns with the nurse. One of the most important elements of the template is asking patients about their goals and concerns for their visit with the doctor. This helped patients conceptualize what they would like to learn from the consultation, or what they would like to achieve in their visit with the doctor. It helped the nurse identify gaps in knowledge and target appropriate teaching materials to be sent to patients.

CONCLUSION/IMPLICATIONS FOR PRACTICE: This presentation will include a review of the new patient Questionnaire used in the WHHC as well as the results of the evaluation done to ensure the new format was meeting the needs of the patients in this unique clinic. A comment from a patient: "I have gone through so much and it's nice to have someone acknowledging that instead of just focusing on the numbers".

NP005 PALLIATIVE CARE PRACTICE FOR THE END-STAGE CARDIAC DISEASE POPULATION

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BACKGROUND/PURPOSE: End-stage cardiac disease processes lead to progressive, symptomatic and complex end-of-life care. Associated with physical and emotional distress, advanced cardiac disease remains undertreated in the outpatient population that presents a unique symptom burden, increased caregiver demands, and variable disease trajectory, all leading to challenging prognostication. The palliative approach to care of cardiac life-limiting disease helps improve the quality of life for patients and their caregivers. Historically, the focus of palliative care has been malignant disease processes with clear transition points, rather than diseases with non-linear trajectories. Due to its varying clinical course and life-limiting progression, cardiac disease prognostication is difficult, thus challenging the norms of approaches to palliative care. Cardiologists, cardiac patients and their caregivers are confronted with the management of end-stage cardiac disease while respecting the wishes of patient and caregiver for quality palliative and end-of-life care.

METHODS/RESULTS: The University of Ottawa Heart Institute's (UOHI) innovative Cardiac Supportive and Palliative Care Program (CSPCP) provides specialized outpatient service for patients diagnosed with advanced cardiac disease. The program's goal is to initiate and bridge access to cardiac palliative care across Eastern Ontario. End-stage cardiac disease patients are referred for symptom management, goals of care discussion, advance care planning, community care coordination, caregiver support and end-of-life planning. In collaboration with UOHI allied health services and community resources, and under the direction of a Cardiologist with expertise in palliative care, the Advanced Practice Nurse (APN) is able to fulfill a supportive and consultative role. Advanced medical assessments, in-depth cardiac symptom management, and community care coordination support, respect, and honour the patient's goals of care. Using direct clinical and comprehensive care, the APN optimizes and synthesizes health information, provides patient and caregiver education, and ensures optimal end-stage cardiac palliative patient care. With this innovative model of care, the UOHI CSPCP has successfully met the needs of end-stage cardiac patients and their caregivers throughout Eastern Ontario.

CONCLUSION/IMPLICATIONS FOR PRACTICE: Through a complex case study, one is best able to understand the APN's role in facilitating excellent cardiac palliative care. Implementing CSPCP has allowed patients to explore their goals of care and advance care plans with the UOHI CSPCP team, optimize end-stage cardiac symptom burden, initiate home care services and provide quality end-of-life care.