"Patient-Reported Outcome Measures" Enhance the Nursing Process and Patient-Centered Care in Heart Failure

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Session Title: Patient-Centered Outcomes
Slot: Q 01: Sunday, 30 July 2017: 3:30 PM-4:15 PM
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Keywords: Heart failure, Palliative care and Patient centered outcomes (PROM/PRO)

References:


Abstract Summary: "Patient-reported outcome measures" contribute unique findings to inform the nursing process and patient-centered heart failure treatment. Care quality opportunities identified in this sample included multidimensional symptom management, functional support, disease and treatment education, and advance care planning, all components of primary palliative care.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>Describe the attributes that insure effectiveness of a 'Patient Reported Outcome Measure' (PROM/PROs)</td>
<td>Instrument designs and delivery methods specific to measure and patient population. Instrument development, testing, assurance of validity and reliability. Theoretical frameworks support 'Patient Reported Outcome Measure' implementation in nursing. Study population, methods, implications for implementing PROMs in nursing process.</td>
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Link the multisystem pathophysiologic alterations of heart failure to the multidimensional symptoms experienced by patients

- Activation of RAAS, Increased proinflammatory cytokines, Increased Norepinephrine, Myopathy, catabolic state causes muscle remodeling, pulmonary congestion, sleep disordered breathing, ergoreflex activation, increased ventilatory response to exercise, can produce symptoms of dyspnea, anxiety, depression, sleep disturbance, fatigue, anorexia, cachexia, xerostomia.

Synthesize 'Patient Reported Outcome Measure' findings in nursing assessment process to demonstrate the inclusion of patient centered needs and inform ongoing treatment and self care

- Nursing assessment integration of Patient Reported Outcome data re multidimensional symptoms and their severity, frequency and associated distress, responses to treatment, functional performance status alignment with self care and medical management, patient centered anticipatory guidance for advanced care planning

Summarize the aims of primary palliative care essential to every care plan.

- Pain & Symptom Assessment: Are there distressing physical or psychological symptoms? Social/Spiritual Assessment: Are there significant social or spiritual concerns affecting daily life? Understanding of illness/prognosis and treatment options: Does the patient/family/surrogate understand the current illness, prognostic trajectory, and treatment options? Identification of patient-centered goals of care: What are the goals for care, as identified by the patient/family/surrogate? Are treatment options matched to informed patient-centered goals? Has the patient participated in an advance care planning process? Has the patient completed an advance care planning document? Transition of care post-discharge: What are the key considerations for a safe and sustainable transition from one setting to another?

Abstract Text:

Purpose: Despite costly advances in heart failure management, heart failure is characterized by pervasive adverse and complex symptoms, functional decline, and poor quality of life. The purpose of this study is to incorporate Patient Reported Outcome Measure (PROM) data into the nursing process, augmenting usual nursing assessments with robust patient specific reports. This study aims to detect unmet care needs identified by integrating patient reported data in the nursing assessment, via PROMs
measuring multidimensional symptoms, and health related quality of life, and testing their associations with other nursing assessment factors.

Methods: This cross sectional, correlational study used data collected from 88 individuals undergoing inpatient heart failure treatment in a large urban academic medical center (50% male, average age 67±6.9, median duration of heart failure >4 years, mean vEF =32%). Following consent, patients completed a 30 minute interview consisting of valid, reliable ‘patient reported outcome measures’ of symptom burden, and health related quality of life. PROM data augmented nursing assessments and disease, treatment, and social characteristics abstracted from medical records. Data analyses of assessment and PROM findings were conducted using correlation, non parametric statistics and regression models.

Results: ‘Patient reported outcome measures’ had good internal reliability (Cronbach’s alpha >.8). The most prevalent symptoms reported (75-97%), were xerostomia, dyspnea, fatigue, pain, worry and sleep disruption. Statistically significant differences were detected in symptom burden associated with gender; symptom frequency, severity and or associated distress was increased in women participants compared with men (r=-.21, p=.048). Increased symptom burden associations with decreased functional status were statistically significant, beginning at the 40% threshold on the Karnofsky Performance Scale (r=.40, p=.001) assessed in the participants.

Conclusion: ‘Patient reported outcome measures’ contribute unique findings to inform the nursing process and patient centered heart failure treatment. Care quality opportunities identified in this sample include multidimensional symptom management, functional support, disease and treatment education, and advance care planning; all components of primary palliative care.