HNN319 CHRONIC ILLNESS AND SUPPORTIVE CARE

WEEK ONE SEM NOTES MODELS OF CHRONIC CARE

Describe the models of chronic care and how they relate to nursing
Describe the pathophysiology of chronic heart failure and congestive cardiac failure
Describe the pathophysiological differences between right and left heart failure and systolic and diastolic heart failure
Discuss the role of the nurse in patient management (assessment, problem identification, interventions and evaluation) related to chronic heart failure
Describe, perform and document patient assessment in an acute episode on chronic illness context

Chronic Illness

- An illness is defined as chronic when it has latency of 3 months or longer. It impacts upon a person's physical ability and capabilities
- Ongoing adaption is required by the patient and their families to deal with the changes in the intensity of the illness
- An altered health state that will not be cured by a simple surgical procedure or a short course of medical therapy

Models Of Care

- A model of chronic care is a framework that guides the care and management of the patient's condition incorporating how the health care system and patient care interrelate. Without a model of care, patient care would be haphazard and important aspects may be overlooked. The models also provide a template that can be used by practitioners and help with their role of chronic illness management.
- Views chronic illness as an ongoing, continually shifting process where people experience a complex dialectic between the world and themselves
- Considers both the illness & wellness of the individual
- The illness in the foreground perspective focuses on the illness, loss and burden of the chronic illness
- Wellness in the foreground perspective focuses on themselves as identity rather than their illness
- The individual is in control of their life not the illness

Models:

- Australian National Strategic Framework for Chronic Conditions
- Wagners Chronic Care Model
- Innovative Care for Chronic Conditions Framework
- Shifting Perspectives Model

Australian National Strategic Framework for Chronic Conditions:

- Was implemented in 2017 and will run until 2025

- Guides policies actions and services to improve health outcomes
- 4 Key Areas of NSFCC:
  > Prevention across the continuum
  > Early detection and early treatment
  > Integration and continuity of prevention and care
  > Self-management
- Follows national and state based specific policy which coordinates care across the health based sector, provides flexibility for future priorities, its hoped to influence social and environmental factors
- 8 principles of NSFCC:
  > equity (same healthcare to all Australians irrespective of their background)
  > collaboration and partnerships
  > access (to high standard appropriate support)
  > evidence-based
  > person-centred
  > sustainability
  > accountability and transparency
  > shared responsibility

Wagners Chronic Care Model:

- Most common model including all practitioners as well as the patient
- To engage all stakeholders by implementing a person centred care approach
- Self management of care is important in this model
- Our job as nurses is to assist in making patient feel empowered – patient and nurse have shared goals (e.g. smoking – nurse encouraging to decrease amount of cigarettes per day)
- Small goals with support of the whole healthcare system – optimising health outcomes

Innovative Care for Chronic Conditions Framework:

- This model takes more of a population health view
- Suited to any healthcare system including those in 3rd world environments
- Developed by WHO
- 6 principles:
  - evidenced based decision making
  - population health approach

- focus on prevention
- quality focus
- integration
- flexibility and adaptability

- Targets whole population rather than just individuals and is suited to all healthcare settings micro and macro levels
- Concentrates on prevention rather than treatment of disease

Shifting Perspective Model of Chronic Illness:

- This model is based more on patient self-management and the shifting of a disease on the person themselves. Sometimes illness at foreground sometimes wellness at foreground
- Illness at the foreground can be during times of being unwell where there are lots of appointments and the self management changes which may require more attention
- Whereas when the patient is well they can focus on their lives and happiness and not defined by their illness (wellness at the foreground)
- Its important for nurses to understand these cycles as shared goals may not be as affective during shifting times

Summary Of Models:

- National Strategic Framework for Chronic Conditions
  - focuses of priority populations rather than specific diseases. Overarches the more specific disease frameworks
- Wagner's Chronic Care Model
  - all stakeholders know their roles and work towards a common goal (this is suited to first world country health services)
- Innovative Care for Chronic Conditions Framework
  - takes a more prevention based approach to population health and is more flexible and adaptable to any healthcare context (can be applied in any world health setting)
- Shifting Perspectives Model
  - a cycle of illness versus wellness at the forefront of the patients mind. This can affect the ability to reach goals

Heart Failure (Congestive Heart Failure)

- Definition: When the heart has difficulty pumping blood efficiently throughout the body or heart muscle does not pump as much blood as the body needs
- Heart failure can be either right-sided or left-sided
- Congestive heart failure is when either the heart has the inability to pump or the inability to fill enough (diastolic/systolic)
- The ventricles send blood to the organs and tissues; and the atria receive blood as it circulates back from the rest of the body. CHF develops when the ventricles cannot pump blood in sufficient volume, causing congestion in the body's tissues. Blood and other fluids back up inside the lungs, abdomen, liver, and lower body. Most often there's swelling in the legs and ankles, but it can happen in other parts of the body.

Care Plan

PATIENT PROBLEMS (Actual/Potential)	WHY IS IT A PROBLEM?	NURSING INTERVENTIONS	RATIONALE	EVALUATION
Decreased Cardiac Output **> insufficient blood supply to organs and tissues**	> can cause weakness, tissue death and an inability to meet metabolic demands Defining characteristics: > altered HR/Rhythm (arrhythmias, bradychardia, ECG changes, tachycardia etc.) > altered preload (oedema, decreased CVP, jugular vein distension etc.) > altered afterload (clammy skin, dyspnea, decreased peripheral pulses, oliguria, prolonged capillary refill) > altered contractility (crackles, cough, othopnea) > behaviour/emotion (anxiety, restlessness)	> monitor and administer O2 as required > assess for abnormal heart and lung sounds > palpate peripheral pulses > monitor urine output ad concentration > encourage periods of rest and assist with all activities > administer medication as ordered	> supplemental oxygen increases oxygen availability to the myocardium. Thus improving oxygenation of blood, decreasing effects of hypoxia and ischemia > S1 and S2 may be weak and S3 and S4 are common in HF. Lung sounds may have crackles due to altered afterload > Decreased cardiac output may be reflected in diminished radial, popliteal, dorsalis pedis and post tibial pulses > Kidneys respond to reduced cardiac output by retaining water and sodium. Urine output is usually decreased during the day because fluid shifts into tissues. May induce nocturia as fluid returns to circulation when patient is recumbent > decreased cardiac workload and minimises myocardial O2 consumption > a variety of medications may be used to increase stroke volume, improve contractility and reduce congestion	> O2 stats > HR and BP > RR > ECG