



Department
of Health &
Social Care



The
Queen's
Nursing
Institute

Care Home Nurses Network meeting

SUMMARY

'Heart Failure in Care Homes and Shared Decision-Making with patients who have Dementia'

Thursday 22 February 2024
2 - 3.30pm, via Zoom

#CareHomeNursing



1. Chair's Welcome

Dr Agnes Fanning MSc MA BSc DN RN QN, Fellow HEA, Care Home Nurse Network Lead

- The Care Home Nurses Network was created in 2020 and is a national network of nurses working in care home settings. It's a network for nurses to share ideas, innovations and research about care homes as well as raising the profile of care home nursing.
- It's now funded by the Department of Health and Social Care.
- There are currently 2215 members of the Care Home Nurses Network, 881 of these are on the QNI's dedicated Facebook group.
- To join the Care Home Nurses Network, please visit: <https://qni.org.uk/nursing-in-the-community/care-home-nurses-network/>
- We have an excellent agenda today, thank you to all our speakers for giving their time and expertise
- To get in touch with me, please email me at agnes.fanning@qni.org.uk
- The next meeting will take place on Thursday 16 May, 2pm - 3.30pm and the theme will be 'Recognising Sepsis', please go to www.qni.org.uk/events to book



2. Every Day Decision Making in Care Homes

Dr Rachel Daly, QN, Academy Lead, Admiral Nurse, Dementia UK

- About half a million people live in care homes in the UK, that's more than the entire population of Luxembourg!
- About 320,000 of those people are living with dementia and may need support with every day decisions about their life and care.
- I did my PhD in a care home - facilitating and enabling people in care homes with that decision-making process is very important.
- Lots of residents in care home display symptoms of dementia but are undiagnosed. But having a diagnosis of dementia can be very useful for the individual, the family and the care home.
- My research explored every day decisions in care homes - I was trying to understand what decisions people living with dementia make each day in a care home. I was curious if it would increase their involvement in decisions about their every day life.
- People fear dementia so much because of a loss of control and agency; if we could increase people's involvement, it would allow them greater control over their every day lives.
- Phase 1 was to find out what we already know about the subject and phase 2 was a 4D cycle of appreciative enquiry: asking for people's involvement, and being led by the care homes. 4D prioritises the voice of all the people in the study.





2. Every Day Decision Making in Care Homes

Dr Rachel Daly, QN, Academy Lead, Admiral Nurse, Dementia UK

- Results: 44 participants across 2 care homes in England
- 15 participants had dementia - participants were aged from 60 to 97 years. There were 24 care staff, including nurses, between 23 and 59 years of age. Family members were also involved.
- Most participants were female, there were 3 females to every male in the groups.
- I did observations for a total of 72 hours, 26 interviews in total.
- Even people with advanced dementia were able to participate in their healthcare decisions.
- Types of decisions being made were: when to get up, personal care, what to wear, where to spend time, attending organised activities, who to spend time with, interacting with faith leaders etc.
- The most common shared decisions related to food and drink. There were always at least two choices for most meals, where and when to have them and both care homes had a lounge option with tray table or a dining room or even eating in the bedroom.
- The most common pattern of decisions were: shared decision making; autonomous decision making or non-involvement when carers were making decisions for them.
- Care staff were more likely to give an option to decide, compared with the family.

Enabling Factor	Key Messages
Encouragement	• Motivational input
Communication	• Simplify language and compound decisions. Establish shared understanding. Stimulate multiple senses appropriately.
Choices	• 1) simplify or • 2) expand as appropriate to the individual
Environment	• Minimize environmental and sensory challenges. • See people as capable through enhanced orientation and environmental manipulation.
Decision partner	• Find the right person to help.
Time	• Offer 'processing' time. • Waiting until someone is most able and support ' in-the-moment ' decisions.

(Daly, 2020)

2. Every Day Decision Making in Care Homes

Dr Rachel Daly, QN, Academy Lead, Admiral Nurse, Dementia UK

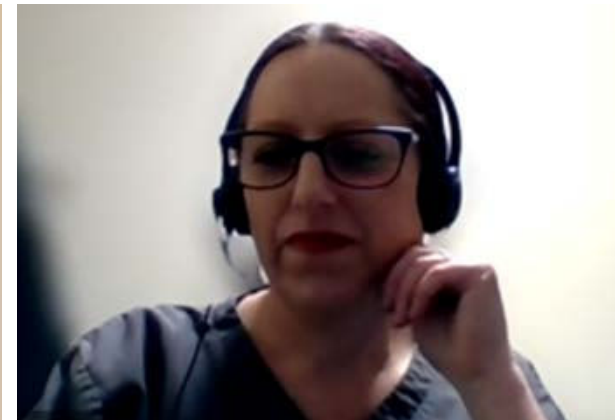
- I often explain dementia as a filing cabinet vs a super computer. Those of us without dementia have a super computer, those with dementia have a filing cabinet and have to sort through it, which takes longer.
- Conclusion: when care staff prioritise residents' involvement in decisions about their life and care, it's possible to challenge routine and advance personalised care.
- Offering choices, making sure you have the right person to help that person make decisions is also key.
- More work is needed in this area. We also need to promote the great work that care homes are doing in this area.
- It's great to see so many QNs in care homes, you know that that these are people who really want to make a big difference.
- Dementia is in most undergraduate courses, but they only get 2 hours worth!
- The general public think they understand dementia but they don't, we need more education, including for the families themselves.

3. Heart Failure in the Care Home

Teresa O'Nwere-Tan, QN, Advanced Nurse Practitioner in Heart Failure & Primary Care

Delyth Rucareean, RN, Advanced Heart Failure Nurse Practitioner, Chair of Nurse Forum BSH

- There are 1 million patients in UK diagnosed with heart failure
- 3 of the main symptoms of heart failure are: fatigue, breathlessness and oedema
- Heart failure does not mean your heart has stopped working. Heart failure is growing in incidence as a result of an ageing population and improvement in the management of cardiac disease.
- Average age of patient with heart failure is 75 years, however it can develop at any age, ethnicity and socio economic background. It's not curable, but is treatable and there are many treatments.
- Heart failure has higher rates than cancer and stroke and accounts for 5% of unplanned NHS emergency admission.
- Mortality rate can be higher than most common cancers, especially if untreated. Lack of awareness, late diagnosis, delayed access to specialist care results in increased mortality.
- Most common causes of heart failure are: angina, hypertension, valvular issues, arrhythmia, cardiomyopathies, pericardial diseases, myocarditis and congenital.



3. Heart Failure in the Care Home

Teresa O'Nwere-Tan, QN, Advanced Nurse Practitioner in Heart Failure & Primary Care

Delyth Rucareean, RN, Advanced Heart Failure Nurse Practitioner, Chair of Nurse Forum BSH

- It's about detecting the undetected: there will be a high percentage of people in your care homes with those symptoms.
- British Heart Foundation have a great awareness campaign: the F Word, recognising symptoms such as Fighting for Breath, Fatigue and Fluid build up. (<https://www.bsh.org.uk/the-f-word/>)
- Heart Failure charity, Pumping Marvellous, also have a great awareness acronym called BEAT: Breathlessness, Exhaustion, Ankle swelling and Time (<http://tinyurl.com/2dpeycbj>)
- The most commonly used classification system is the New York Heart Association (NYHA) Functional Classification, places patients in one of four categories based on limitations of physical activity.
- Diagnosis: this is done by taking history and doing examinations, blood tests, echocardiograms and/or transthoracic echocardiogram (TTE)
- Treatment: there are 4 first line treatments: 1. healthy lifestyle changes which can include reducing intake of salt, increasing fluid consumption, ceasing smoking and alcohol, weight management, exercise 2. medication such as beta blockers (but these can cause erectile dysfunction); 3. devices implanted into your chest to control your heart rhythm, 4. surgery.

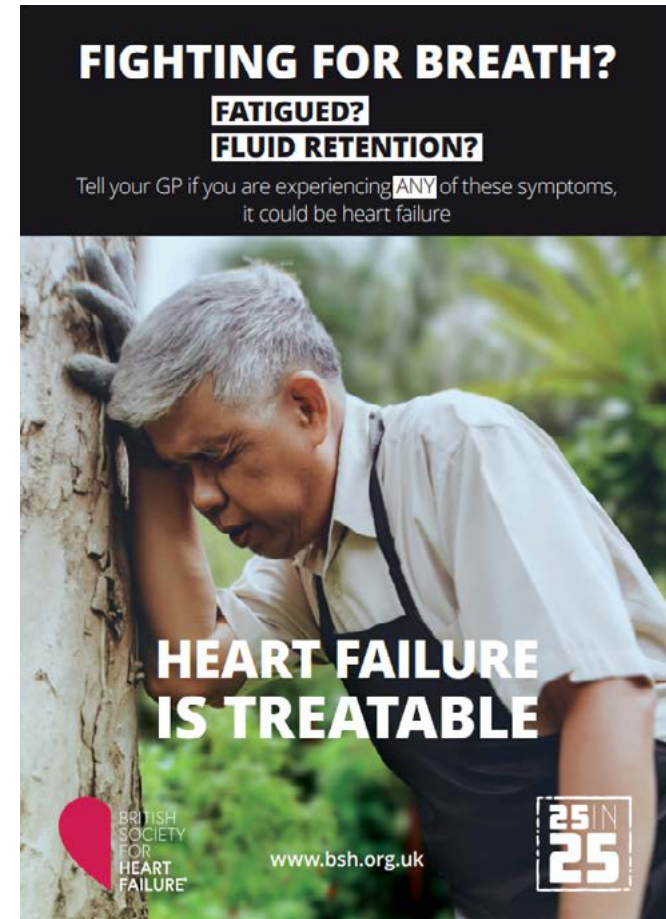
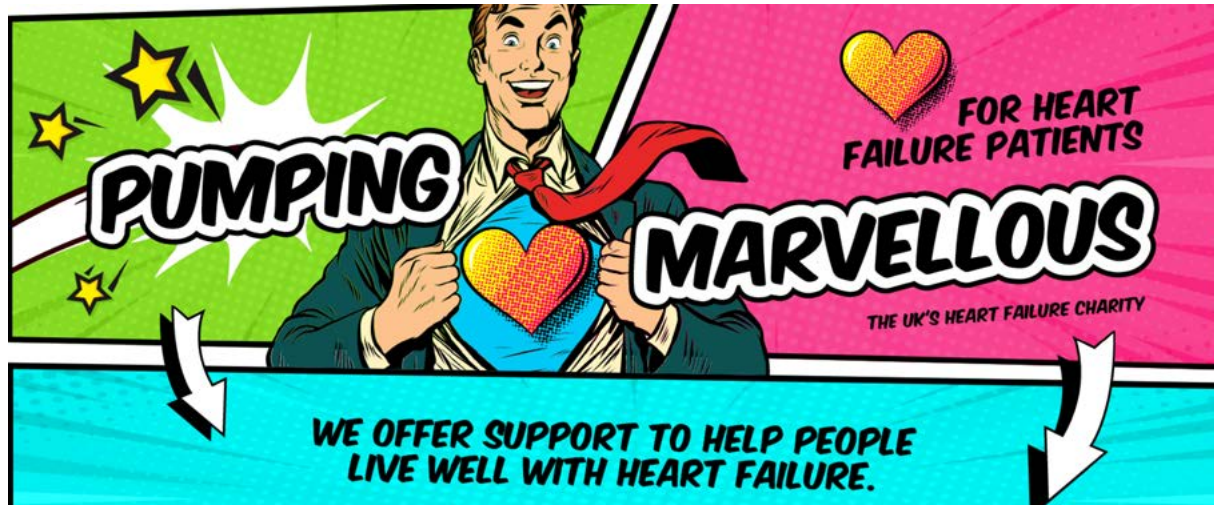


3. Heart Failure in the Care Home

Teresa O'Nwere-Tan, QN, Advanced Nurse Practitioner in Heart Failure & Primary Care

Delyth Rucareean, RN, Advanced Heart Failure Nurse Practitioner, Chair of Nurse Forum BSH

- Visit the British Society for Heart Failure and download their posters. We don't see enough posters about heart failure, the more we raise awareness, the more we can support our patients with it (<https://www.bsh.org.uk/posters>)
- Other resources: <https://www.cardiomyopathy.org/> and <https://pumpingmarvellous.org/>



Thank you to all 50 delegates who attended today's meeting.

FEEDBACK:

Thank you very much for a brilliant and eye-opening presentation.

Thank you to the speakers for great presentations

Thank you very much for the valuable information and it was very interesting.

Thank you another excellent session

Many thanks, informative!

Really interesting and informative. Thank you both

Thank you, very interesting.

The next meeting will take place on **Thursday 16 May, 2pm - 3.30pm** and the theme will be 'Recognising Sepsis', please go to www.qni.org.uk/events to book