“Psychosocial and Ethical Challenges in Destination Therapy

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Learning Objectives

1. Identify select psycho-social and ethical challenges and dilemmas arising with the pre- and post implantation of ventricular assist devices as Destination Therapy.

2. Describe practical strategies for addressing psycho-social and ethical challenges arising in the care of Destination Therapy patients.
Confidentiality, please!!

- Real but disguised cases are being used for educational purposes.
- If you recognize the patient, do not use the patient’s name or other identifiers.
- Go with “the facts” as presented and do not correct them.
- Leave today’s session focused on “lessons learned” but not on facts that could lead to identifying the patient.
Session Outline

1. The Case of Mr. Smith:
   - Pre-implantation: Clinical, psychosocial, and ethical assessments.
   - Post-implantation: Strategies, interventions and outcomes.

2. The Case of Ms. Jones:
   - Pre-implantation: Clinical, psychosocial, and ethical assessments.
   - Post-implantation: Strategies, interventions and outcomes.

The Case of Mr. Smith

• 58 year old male.

• Diagnosed with NIDCM 20 years ago.
• Known to Heart Center for 13 years.
• ICD. CKD. Pulmonary HTN. EF = 15%.
• NYHA Functional Class 3-4.
• Recent hospital admission with cardiogenic shock.
• Milrinone dependent.
• BMI = 26.
The Case of Mr. Smith

Psycho-social Factors

• Never married. Significant other (SO) x 30 years.
• Two adult children (ages 38 and 30).
• SO is mother of 2 sons.
• Lived alone at time of evaluation/assessment.
• Occasionally lived with SO.
• Sixth grade education. Unable to read or write.
The Case of Mr. Smith

- Steel factory worker:
  - Laid off; unable to find employment due to illiteracy.
- Medicare with no other insurance.
- Managed medications independently.
- Did not follow low sodium recommendations.
- Smoked 8 years; nicotine free x 28 years.
- No illegal substance use. Infrequent, non problematic alcohol use.
- Ambien for sleep. Ativan added recently for increased anxiety. No treatment for depression.
- Had not completed Advanced Directives.
The Case of Mr. Smith

Psycho-social Risk Factors

• Resided alone; inconsistent relationship with SO.
• Uncertain support from sons.
• Illiteracy.
• Medicare A and B. No prescription coverage.
• Concerns re. patient’s understanding of LVAD.
• SIPAT Score = 19:
  • Stanford Integrated Psychosocial Assessment for Transplant.
Ethics Consultation Service

- Nature
- Purpose*
- Risks
- Benefits
- Alternatives
- Voluntariness

- Motivations.
- Limitations.
- Possible need for rehab before home.
- Advance Directives.
- Questions.
The Case of Mr. Smith

Ethics Consultation Service

• Confident in ability to manage with help.
• Desire to maintain a positive attitude -> not dwell on or discuss risks or poor outcomes.
• Understood purpose as DT, but ... some day receive a heart transplant ..?
• Knowledge of Advance Directives and had blank copies, ... but inaction.
ECS: “I do not think that Mr. Smith has a good understanding of the possible complications of LVAD placement beyond issues related to pump maintenance and the surgery. ... I think the team needs to continue to work with Mr. Smith to help him consider possible complications of LVAD placement – not to frighten or dishearten him – but to enable him to make an informed decision.

“I spoke with the LVAD nurse coordinator and she is unclear if the patient sufficiently understands or is too scared to think about the issues. She will work with him more to enhance his understanding.”
The Case of Mr. Smith

Immediate Post VAD Implant

• Surgery:
  • HM II LVAD implant.
  • TV repair.
  • Temporary RVAD implant.
  • Trach POD #18.

• Post-op LOS: 45 days
  • 24 ICU days.
  • 21 RNF days.
The Case of Mr. Smith

**Multidisciplinary Strategies**

• Multidisciplinary discussions about patient’s learning needs.
  • Team provided additional LVAD teaching before surgery.
  • Patient met an LVAD recipient.
  • Team members, nursing staff aware of learning needs.
  • Teaching about medications and LVAD through visual aids, video and hands-on demonstrations.
  • Post LVAD clinicians aware of learning needs and continued to monitor during visits.
The Case of Mr. Smith

Post LVAD Psychosocial Factors

• Sons and their families visited patient frequently in the hospital.
• SO and sons were present for inpatient LVAD support and education.
• Patient moved in with SO.
• SO and sons assisted patient with transportation to Heart Center for outpatient appointments.
The Case of Mr. Smith

Post LVAD Outcomes

- Continued independence with medications and became independent with LVAD care.
- Remained free of nicotine, illegal substances, ETOH.
- Maintained scheduled follow-up visits.
- Obtained prescription coverage.
- Efforts to comply with dietary recommendations.
The Case of Mr. Smith

Post LVAD Outcomes

• Resumed active and independent life style:
  • Driving.
  • Travel to visit family out of state.
  • Spent time with sons and grandchildren.

• Pleasant, positive and stable mood.

• SIPAT = 10.

• Listed for transplant.
The Case of Mr. Smith

Extended VAD Course

• **Length of VAD Therapy:** 4 years.

• **Readmissions:** 1.

• **Heart Transplant Candidacy:** Listed for transplant < 1 year post VAD.
The Case of Mr. Smith

Factors for Successful DT VAD Therapy

Yes Established and known patient pre-VAD.
Yes Routine follow up.
Yes Routine testing.
Yes Regular lab/INR collection.
Yes Taking medications as prescribed.
Yes Follow up with appropriate referrals.
Yes Communication.
Yes Strong and stable support.
Yes Therapeutic alliance between patient & team.
The Case of Ms. Jones

• 30 year old female. Diagnosis: NIDCM.

• History of seizures, HTN, DM, CHF, obesity (BMI = 35.4), sleep apnea, TIA, and COPD.

• First seen at Heart Center 6 years ago. Concerns raised re. medication and dietary compliance.

• ICD (4 years ago) -> BiV upgrade (1 year ago). ICD discharges for VT.

• EF = 15%.

• Multiple hospital admissions in past year.

• Transferred to HF Center from OSH for evaluation for advanced therapies.
The Case of Ms. Jones

Psycho-social Factors

- Married and separated.
- Two daughters (ages 14 and 11) who reside with patient. Different birth fathers.
  - Oldest daughter treated for behavioral problems.
- Mother alive; long standing substance abuse issues.
- Primary Support: Aunt and uncle, and patient’s sister.
- Lives 30 miles from Heart Center. No consistent means of transportation
Psycho-social Factors

• 10th grade education. Able to read and write.
• Worked in a restaurant and as a nursing assistant. Last worked in 5 years ago.
• SS Disability, Medicare and Medicaid.
• Smoker x 10 years; quit 4 years ago.
• ETOH: “Drank a lot.” Reduced intake 5 years ago. Continued until 2 years ago.
• Acknowledges inconsistent medication compliance.
• Completed Advanced Directives – HCPoA: Aunt.
The Case of Ms. Jones

Psycho-social Factors

• Evaluated for Bariatric Surgery 2 years ago:
  • Complete Psychiatric Evaluation.
  • Diagnosed with anxiety, depression, Socially Avoidant behavior, Axis II traits of avoidance and counter dependence.

• Prescribed Celexa, Xanax, Ambien and Percocet.
The Case of Ms. Jones

Psycho-social Risk Factors

• History of non-adherence with diet and medications.
• History of mental health issues.
• Limited support system.
• Single mother; oldest child with behavioral issues.
• History of alcohol, nicotine and substance use.
• SIPAT score = 51.
The Case of Ms. Jones

ECS: “Patient was alert and responsive; soft-spoken, but appeared knowledgeable of her medical history, reason for admission, and reasons for LVAD placement.

“She does not live a very active life, mainly home-bound, so does not anticipate significant problems managing physically with the LVAD equipment. However, she does hope that she can experience a better quality of life with the LVAD, including doing more for herself and her children.

“This patient appears to understand the risks and benefits of LVAD implantation, and does appear to be making her decision autonomously.”
The Case of Ms. Jones

Immediate Post VAD Implant

**Surgery:**
- HM II implant/MV repair.
- Repair of Femoral artery/vein POD #1.
- Temporary RVAD implanted POD #1.
- Re-op for bleeding POD #2.
- Trach POD #14.
- Re-op for bleeding POD #20.
Immediate Post VAD Implant

• **Post Op LOS**: 41 days
  - 28 ICU days
  - 13 RNF days

• **Post Acute Rehab**: 19 days.

• **VAD Education**: Somewhat prolonged for patient. Difficult to schedule family.
The Case of Ms. Jones

- Multiple multidisciplinary team discussions.
- Difficulty returning for outpatient appointments.
- Medication and lab/testing non-adherence.
- Continued behavioral issues with oldest daughter.
  - Child protective service contacted.
  - Efforts to arrange home counseling.
  - Psychiatric interventions for daughter.
- Home Care Services provided, including “Heart-at-Home” program.
- Referral to Cleveland Furniture Bank.
The Case of Ms. Jones

Extended VAD Course

• Length of VAD therapy: 20 months.
• Readmissions: 19.
• Heart Transplant Candidacy: Remained DT.
• BMI: From 35.4 -> 48.7.
• SIPAT = 55.

• Oldest daughter (at age 15) became pregnant; daughter and granddaughter live with patient.
The Case of Ms. Jones

Factors for Successful DT VAD Therapy

Yes Established and known patient pre-VAD

No Routine follow up

No Routine testing

No Regular lab/INR collection

No Taking medications as prescribed

No Follow up with appropriate referrals

No Communication

No Strong support system

No Therapeutic Alliance between patient & team.
Let’s Discuss!!