

Heart Failure and Stroke Step-by-Step Counseling Guide

UConn
HEALTH

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Overview

Part of UConn Health's mission is to help patients achieve and maintain healthy lives and restore wellness and health to a maximum attainable level. In order for the hospital to maximize reimbursement, the hospital must adequately practice a variety of evidence-based, scientifically researched standards of care. These practices in heart failure and stroke patents are reported and tracked by The American Heart Association and The Centers of Medicare and Medicaid (CMS), respectively, and are commonly known as *core measures*. One of the many core measures related to pharmacy calls for heart failure and/or stroke counseling to any diagnosed patient. This is where you come in! Below are the core measures and a step-by-step guide to heart failure and stroke counseling, specific to UConn Health Pharmacy.

Diagnosis or Indicator	Core Measure
Heart Failure	<ul style="list-style-type: none">• If patient has an EF of <40%, an ACE or ARB should be prescribed at discharge or clear documentation of contraindication.• Make sure an evidence-based beta-blocker has been ordered (Bisoprolol, Carvedilol, Metoprolol CR/XL)• Make sure an aldosterone antagonist is prescribed at discharge for patients with left ventricular systolic dysfunction (LVSD) or that contraindication or intolerance is noted• Patient will have their left ventricular function assessed before, during, or after admission• Patient will be scheduled a follow-up visit within 7 days of discharge by the covering hospital team.• Percent of heart failure patients who were referred to heart failure disease management, received 60 minutes of patient education by a qualified educator, or received an AHA heart failure interactive workbook.
Stroke	<ul style="list-style-type: none">• Patient must be on antithrombotic therapy (UFH, LMWH, or fondaparinux) by the end of hospital day two. Aspirin alone is insufficient.• Antithrombotic therapy is indicated for secondary prevention: warfarin if cardioembolic or other medication at doses greater than VTE prevention.• If patient has A Fib/flutter, they must be discharged on anticoagulation therapy• Use of thrombolytic agents in selected patients.• Discharge on Statin and Antithrombotic therapy. If not, clear documentation must be written by provider.

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How to Prepare and Counsel

- 1) Refer to preceptor for a daily printout of heart failure, history of heart failure, and/or stroke patients. Below is a sample of what the print out looks like. Provide education on multiple disease states, when applicable, including warfarin education by cross-checking the lists of patients whenever possible. We do not typically counsel patients in the ICU (HT1) as it may be difficult for them to effectively communicate however, these patients may still be evaluated as they may be a boarder from a non-ICU service. Patients from CHMC should not require counseling.

Heart Failure Email:

Primary Diagnosis HEART FAILURE					
Active Heart Failure patients Need a 7day follow-up and Teaching					
Unit	Name	Admit No.	Comments	TEAM	Case MGMT/ SW/Comments
CSDU	Doe, Jane		readmit from 7/12/15	Yellow	
CSDU	Doe, John			CARDS	
ICU	Doe, Jane Arc		NSTEMI	CARDS	
MED 4	Doe, John Arc			Purple	
Hx of HF	History of HF in the Past		Needs HF education no 7 day f/u appt		
MED 4	Doe, Jane Powers			Purple	
ONC	Doe, John Powers		readmit from 6/1/15	Blue	
SURG	Doe, Jane Health			Surgery	

Stroke Email:

FLOOR TEAM	NAME	ADMIT #	DATE/ TIME OF GREET	D/C DATE DISPO	DX	NIHSS	Last known well	CT Interpr. Time	TPA- if no document why not given	ASA/antithrombotic- by day 2	STROKE teaching ORDER	REHAB EVAL	DVT prevent	SMOKER	Dysphagia screen OR swallow eval	Afib-? if YES anticoag ordered	LABS- INR, creat, lipids, A1C
CSDU	John Stroke		7/4 @ 12:03	7/16 - Home w/ No Services	Acute Ischemic Stroke	not in ED record	evening before admission	7/4 @ 13:11	no - on anticoagulation	ASA 7/4	Ordered 7/4	Ordered 7/4	PAS 7/5	no	Failed in ED, speech	no	complete

- 2) Heart failure and stroke education information for patients can be found online:

<http://health.uconn.edu/pharmacy/patient-education/heart-failure-hf/>
<http://health.uconn.edu/pharmacy/patient-education/stroke/>
<http://health.uconn.edu/pharmacy/patient-education/general-information/>

- 3) Before heading off to the patient's room, there are a few things to keep in mind. You may not be able to counsel everyone and, therefore, need to prioritize those you see first. This can be done by reviewing patient care documentation in LCR as described below. You want to target those patients whom you suspect will be ready for discharge

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within the upcoming day as opposed to those who may have a lengthy stay ahead of them; those can be counseled another day. Education should begin in a sufficient of time before discharge. You also want to gain insight about the patient's social history, i.e. what is the patient's living situation? Are they at a nursing home, senior housing facility or living at home with a caregiver such as a spouse, son or daughter? This information is useful to know beforehand, and can help you more appropriately address their ability to maintain adherence to therapy. You will also want to know the sensory and cognitive function of the patient to determine how receptive they will be to counseling. You may also encounter a patient that primarily communicates in a language other than English. For these patients, interpreter services are available. Please work with your preceptor for assistance.

Guide to obtaining patient information from LCR:

- Click on "Admission#" and enter the patient's number (PAT_NUM on the form)
- Click on the patient's name
- Go to "DISPLAY Patient Care Documentation"
 - Then go to "All Nsg Documentation This Adm"
 - Look at where the patient is from and if they can perform ADLs to gain an understanding of the patient's home environment
 - Look to see if the patient speaks English and if they are ready to learn to evaluate the patient's education needs (*see interpreter services*)
 - Then go to "Addnl Shift Assessments"
 - Then go to "Patient/Family Teaching Record"
 - Read patient history to better understand the patient's willingness to receive counseling
- Go to "Notes"
 - Check if there are any notes from neuro, case management, or dietary
 - Use these notes to gain more information about the patient's cognitive status, their ability to understand counseling, where they will be going once they are discharged (home, STR, SNF), and if they have been seen by dietary
 - Review ambulatory care notes and discharge summaries to assess patient history
- Go to "Write Orders/Current Orders"
 - Find patient's specific diagnosis

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- Click on the hourglass at the top of the screen for a list of home medications.
- 4) You are now ready to counsel your patient! Check the census board on the unit to double check the patient's location (if available). There is one patient per room.
- 5) Before walking into a patient's room, you want to be sure to sanitize your hands with the foam hand sanitizer located outside the patient's room. Do this afterwards as well. Remember, *foam in, foam out!* Also, it is important to be aware of any contact precautions prior to entering the room. If there is a sign hanging, please don the proper protective garb.
- 6) Use the acronym **AIDET** to professionally encounter and counsel your patient:

AIDET

By using AIDET when we communicate with a patient, the patient is being told who you are, why you are in their room, and what will be happening. This decreases patient anxiety and increases patient satisfaction.

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

- Acknowledge
 - Greet the patient with their name and a smile. This provides a personal connection with the patient.
 - "Good morning/afternoon Ms. Patient."
 - Acknowledge the patient's right to privacy and consider all interactions with patients to be confidential
- Introduce
 - Tell the patient who you are and how you are going to help them.
 - "My name is _____, and I am a pharmacy student working with the pharmacist to assist your team in caring for you."
- Duration
 - Give the patient an estimate of the time it will take to complete the discussion. This is part of setting expectations for the patient so that they are aware at all times why you are in the room and what will happen.

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- “I would like to discuss the medications you take at home. This will take approximately 15 minutes of your time. Is now a good time to discuss this?”
- Explanation
 - Explain what you are going to do for the patient. Ask if they have any questions or concerns.
 - “We want to be sure we have the correct information about your home medications so the correct medications can be ordered for you while you are in the hospital. “
- Thank you
 - Thank the patient for choosing our hospital to receive their care. Ask the patient if there is anything else you can do for them before you leave. Take time to “manage up” the current area, colleagues, and physician to reinforce the team atmosphere to the patient and increase the patient’s confidence level in the care they are receiving here at our hospital.
 - “Thank you Ms. Patient for your time and for selecting our hospital. Is there anything I can do for you? You are in excellent hands here in the [Emergency Department]. Have a good day.”

7) You can also use the acronym PHARM to ensure a successful patient encounter:

5 Things to do with Every Patient

P	Privacy <ul style="list-style-type: none">• Treat all interactions with patients as confidential• “May I come in? I am closing the door/curtain for your privacy“• “Are you comfortable discussing your medications while others are in the room with us?”
H	Hand hygiene <ul style="list-style-type: none">• Use antibacterial gel to clean hands for patients protection before and after entering a patient’s room
A	AIDET (Acknowledge, introduce, duration, explain, thank) <ul style="list-style-type: none">• Framework on how to communicate with patients and families to ease nervousness and anxiousness
R	Right patient: Use two identifiers to ensure correct patient information <ul style="list-style-type: none">• Patient name and date of birth
M	Medication questions and manage up <ul style="list-style-type: none">• “Do you have any questions for me?”• “You will receive excellent care while you are here- the staff is great.”

Counseling Tips and Tricks

- Be sure to verify the patient's date of birth before each counseling session. This is also a good way to gauge a patient's cognitive function and their ability to understand any information you present.
- Prior to meeting with the patient attempt to reconcile which pre-admission medications will and will not be continued and any other changes in the patient's regimen with the patient and caregiver(s). All changes to medication regimen prior to hospitalization should be emphasized with both the patient and caregiver(s). Another source of information is the Med-History Technicians. They can tell you a wealth of information relating to the patient's home medications. "My Medication List" can be filled out with the patient. Ask if they already have an up-to-date medication list before completing.
- Go over "Tips from Your Pharmacist" and stress the importance of each recommendation as well as how to properly destroy any unused or discontinued medications.
- Mention that pillboxes may help facilitate compliance with medication post-discharge. They should be filled with the assistance of a caregiver, pharmacist or home-health aid to ensure accuracy.
- Additional education handouts that describe medication indications & side effects may also be beneficial for patients that want more detailed information. Examples include Lexicomp® and Meducation®.
- Use open ended questions (teachback method)
 - What is this medication for?
 - How have you been told to take this medication? Take with food or empty stomach? Separate from other medications?
 - What have you been told to expect from this medication?
 - What questions do you have about your medication or condition?
- Review (at least) the following:
 - Brand and generic names
 - Dose, dosage form, route of administration, and duration of effect
 - Common adverse effects
 - What to do in case of a missed dose
 - What follow-up or lab work will be needed

Interpreter Services

Providing language assistance to limited English proficiency (LEP) and deaf and hard of hearing patients is MANDATED by multiple state and federal statutes. These governances consistently reaffirm that accurate, effective communication between patients and clinicians is the most essential component of the healthcare encounter.

Joint Commission Requirements:

- Effective communication with patients in a language the patient understands;
- Consideration of patients' cultural and spiritual values within their treatment;
- Provision of patient education materials in a language the patient understands;
- A written statement of patient rights in a manner they understand;
- Collection and documentation of each patients' preferred language.
- Qualification of interpreters through proficiency assessment, training, education and experience.

The Joint Commission defines a qualified interpreter as one who (students are not qualified interpreters):

- Has been assessed for their fluency in both languages
- Is proficient in the skills and ethics of interpreting
- Is knowledgeable about specialized medical terms and concepts

Bilingual staff is **prohibited** from interpreting for patients unless they have been deemed qualified by the Interpreter Services Office. Family or friends are not permitted to interpret for patients except when requested by the patient, after signing a waiver. The use of minors to interpret is strictly prohibited, under any circumstances.

LEP patients MUST be offered language assistance at no cost for services provided. Staff should never say to patients: "An interpreter is not available."

The following policies have been adapted to comply with federal, state and Joint Commission regulations and must be read prior to counseling is done at UConn Health (click on the links):

[Interpreters/Linguistic Access for Persons with Limited English Proficiency \(HAM #08-007\)](#)

[Effective Communication with Deaf and Hard of Hearing Patients \(Policy 2016-04\)](#)

Patients' Facesheets (front of chart) are printed with:

1. Preferred Language
2. Interpreter Required
3. Interpreter Waived
4. Date Waived

These fields are also in CPOE/LCR in the Facesheet Data and within Nursing Admission Database (PCD).

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Facesheet Data			
Patient		Guarantor	Contacts
Name:	TESTNUR ,EIGHT	Prefer Lang:	ENGLISH
Middle:		Interp Req:	N
Deaf Interpreter:		Interp Waived:	
		Waived Date:	



Over the phone interpreting for those with LEP can be accessed 24hrs/day through any standard phone or by a direct connection with the dual handset phones, located within each patient care area. Note that any standard phone can be used to access interpreters if needed.

Speak, at a regular pace and volume, directly to the patient- not to the interpreter. The interpreter will convey the speaker's tone and anything else that they hear. Interpreters are bound by a Code of Ethics which includes strict confidentiality of all interpreted communications.

Deaf and hard of hearing patients

- Maintain eye contact with the patient.
- Be aware that Deaf people pick up on very subtle facial and body movements. The "tone of your voice" is determined by your facial expressions.
- Many Deaf people do not read lips at all. This is not a reliable method of communicating as only about 30% of spoken English is visible on the lips. The remainder being guesswork and "fill in the blanks". Consider trying to lip-read the phrases "car accident" or "heart attack" or other undistinguishable words (e.g. shoes, choose, juice).
- American Sign Language has a different syntax and grammar than written or spoken English. Please be advised that how "well" Deaf patients may read and write English is not necessarily an indication of their intelligence.
- VRI-Video Remote Interpreting can be used for deaf patients






The clinician administering medical care is responsible for documenting the presence of a qualified interpreter within the patient record. If a patient has waived services and is using their own interpreter, document person's name and relationship to the patient. When using the VRI

or the Voiance telephone interpreters for LEP patients, document the telephone interpreter's ID# in the patient record.


Documentation

- 8) The last thing that needs to be done is documentation of the encounter. Before heading back to the pharmacy, inform the pharmacist on the unit that the counseling is complete who will then make note of the encounter. There is also a spreadsheet located in the pharmacy to keep account of the encounters so be sure to fill it out daily for each counseling encounter.
- 9) Lastly, inform your preceptor of all the patient's names you successfully counseled and she will document the session.

Appendix I: Heart Failure and Stroke Documentation by Preceptor

	University of Connecticut Health Center John Dempsey Hospital	PATIENT ID: _____
Multidisciplinary Heart Failure Prevention Education		
Based on your diagnosis you may be at risk for signs or symptoms of Heart Failure. The following information will help you <u>prevent</u> symptoms and manage your health.		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p>♥ "How to Manage Heart Failure", booklet reviewed </p><p>♥ Heart Failure videos assigned - and viewed</p><p>♥ Weigh yourself- EVERY DAY - and Record </p><ul style="list-style-type: none">○ Every morning, after urinating, before eating or drinking or dressing○ Patient has a working scale that can be read by self or family○ Weight chart given and reviewed○ Admit weight _____ lbs Discharge weight: _____ lbs</div><div style="width: 35%; text-align: right;"><p>RN/date complete _____</p><p>RN/ date complete _____</p><p>RN/date completed _____</p><p>RN /date completed _____</p><p>Dietitian/date _____</p><p>Pharmacist/date _____</p><p>CM/SW-date _____</p></div></div> <p>♥ Zones to manage Heart Failure Symptoms reviewed </p> <p>♥ Magnet for emergent symptoms and Dr. phone # </p> <p>♥ Diet Information:</p> <ul style="list-style-type: none">▪ 2000 mg Low Sodium▪ Low saturated fat, low cholesterol▪ Fluid Restriction _____ cc/ml <p><input type="checkbox"/> Medication Information:</p> <ul style="list-style-type: none">○ ACEI or ARB _____○ Beta-Blocker _____○ Other meds _____ <p>♥ Social Work/ Case Management</p> <ul style="list-style-type: none">○ Anticipated problems with transition:○ Meals, cost of meds, transportation, workable scale○ Home care – Rehabilitation <p>♥ Patient or patient care taker demonstrated understanding of Heart Failure Education Materials using teach back method.</p> <p>♥ Heart Failure Education and Materials received within the past year. Yes or No</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>Patient/Pt rep signature _____</p><p>Report to SNF/Home Health</p></div><div style="width: 45%; text-align: right;"><p>Discharge RN _____</p><p>Date / Time completed _____</p></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">*HCH1413*</div><div style="width: 40%; text-align: center; font-size: small;">HCH 1413 Eff: 09/2005 Rev: 03/09, 10/11</div><div style="width: 25%; text-align: right; font-size: small;">Page 1 of 1</div></div>		

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	UConn Health John Dempsey Hospital	(Patient Identification)
Interdisciplinary Stroke Prevention Patient Education		
<p>Based on your diagnosis you have suffered a stroke. The following educational information provided by our specialized team will help you recognize the signs of a stroke and understand how to care for yourself and reduce your risk factors.</p> <ul style="list-style-type: none"> Knowing the signs of a stroke can help you or someone you know get quick treatment. Warning signs of stroke usually appear very suddenly and there is often more than one sign. <p style="text-align: center;">Act FAST</p> <ul style="list-style-type: none"> Facial weakness, blurred vision, severe headache Arm and or leg weakness, loss of balance, numbness Speech problems, verbal or understanding, confusion Time is Critical <p style="text-align: center;">If you answer yes to any of the above CALL 911 IMMEDIATELY</p> <p>Stroke Risks You Can Prevent or Control:</p> <ul style="list-style-type: none"> Being overweight or obese, <u>Eat</u> healthy. <ul style="list-style-type: none"> ✓ Limit portion sizes, eat more fruits and vegetables ✓ Restrictions; _____ Dietitian signature _____ Increase your Activity- Assessment for Rehabilitation Follow up rehab Plans _____ Speech/ PT / OT signature _____ Patient/Family Education <ul style="list-style-type: none"> ✓ Smoking Cessation given- No Smoking ✓ Last total cholesterol was _____ LDL _____ HDL _____ ✓ Last Blood Pressure was _____ Nursing Signature _____ Medication Education <ul style="list-style-type: none"> ✓ High Blood Pressure (Hypertension) medication _____ ✓ Cholesterol medication _____ ✓ Blood thinning medication _____ ✓ Labs to check your blood coagulation (thinning) _____ Take your medications as ordered _____ Pharmacy sign. _____ Having other health conditions can increase your risk of STROKE <ul style="list-style-type: none"> Diabetes High Cholesterol Carotid artery disease (hardening of the arteries in the neck) Atrial fibrillation (irregular heartbeat) <p>To reduce these risks: Visit your doctor regularly. Have your Blood Pressure checked regularly. Ask about lifestyle changes and medications that can help reduce your stroke risk. For more information: http://www.strokeinfo.org</p> <p> Date/Time _____ RN print name _____ Pharmacy print name _____ Dietary print _____ Speech print name _____ PT _____ OT _____ Patient/Care Giver Signature _____ </p> <p style="text-align: center;">Original – Chart Yellow - Patient</p>		

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Appendix II: Counseling Log –Counseled

HF & Stroke Counseling Version 2 (Last Update 11/15/2016)

Appendix III: Counseling Log – Not Counseled

HF & Stroke Counseling Version 2 (Last Update 11/15/2016)

Appendix IV: Heart Failure Education Sheets

See this link:

<http://health.uconn.edu/pharmacy/patient-education/heart-failure-hf/>

Appendix V: Stroke Education Sheets

See this link:

<http://health.uconn.edu/pharmacy/patient-education/stroke/>

Appendix VI: Various Counseling Materials Including Medication Calendar

See this link:

<http://health.uconn.edu/pharmacy/patient-education/general-information/#>