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| **(1)**  **Indicators** | **(2)**  **Assessment** | | | | | | **(3)**  **Learning Resources** | **(4)**  **Planned Learning activity Reviewed with Mentor/ Educator** | **(5)**  **Completed** |
|  | **Novice**  Little or no experience | **Advanced Beginner** Needs  practice  review | **Competent** | **Proficient** | **Expert**  Could teach | **Not applicable** |  |  |  |
| STANDARD #2: Knowledge-Based Practice |  |  |  |  |  |  |  |  |  |
| ***2.1 Bases practice on current evidence from nursing science and other sciences and humanities.*** |  |  |  |  |  |  |  |  |  |
| Decision-making in nursing practice is influenced by evidence, client choice, theories, clinical judgment, ethics, legislation and practice environments.   * Uses knowledge of client’s current medications and trends in lab values * Uses the best available evidence as a basis for standards and guidelines * Evaluates, uses and promotes evidence-informed nursing practice * Provides continuing education to assist nurses to maintain and increase their competencies with respect to evidence-informed practice   Canadian Nurses Association. (2010). *Position statement: Evidenced-informed decision-making and nursing practice.* Retrieved from <http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS113_Evidence_informed_2010_e.pdf> |  |  |  |  |  |  | * [CCS Clinical Practice Guidelines](http://www.ccsguidelineprograms.ca/index.php) * [American Heart Association](http://www.heart.org/HEARTORG/Cardiology) * Canadian Heart Failure Network * BC’s Heart Failure Network * [Medscape](http://www.medscape.com/) * CINNL * OVID * journals (JACC, Can J Card, Canadian Journal of Cardiovascular Nursing, Journal of Advanced Nursing, Nursing Science Quarterly, Nursing Research, Canadian Journal of Nursing Research etc.) |  |  |

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| Defines evidence-based practice and applies it to clinical decisions including but not limited to:   * Applies knowledge of HF medications including current medications, optimal medication management therapy, side effects, principles of titration * Integrates into practice current guidelines for nursing and medical management of HF clients * Differentiates between criteria for client to qualify for certain HF advanced treatment modalities and integrates them into practice   + ICD/CRT/VAD/Transplant * Acknowledges the importance of cultural diversity when providing client-centred care * Incorporates evidenced-based tools into client’s care planning (PHQ-2, PHQ-9, cognitive assessments etc.) | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Provides nursing care that is informed by a  variety of theories relevant to health and  healing (e.g. nursing theories, family theories,  communication and learning theories, systems  theory, cultural theories, community development,  population health theories). CRNM (2007)  College of Nurses of Manitoba (2007). Entry level competencies for registered nurses in Manitoba. Retrieved from <http://www.crnm.mb.ca/memberinfo-nursingpracticeexpectations.php> | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| ***2.2 Knows how and where to access information to support the provision of safe, competent and ethical client care.*** | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Seeks information from all health care professionals previously or currently involved in the clients care to ensure the delivery of safe, competent, ethical care:   * Physician Specialist * Primary care practitioners * Interdisciplinary team members * Health care providers in acute care | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Seeks information from other sources including but not limited to:   * In-patient, diagnostic, laboratory services * Out-patient, diagnostic, laboratory services * Community services * Evidenced-based clinical practice guidelines * Other reference materials (textbooks, Up-to-date) * Client’s family and temporary substitute decision maker | |  | |  | |  | |  | |  | |  | | Need to Populate with HA community resources  And other outpatient resources for diagnostics | |  | |  | |

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| Recognizes the criteria for accessing the Acute Heart Failure Program at St. Paul’s Hospital:  Early referral is crucial, as late referral significantly affects outcomes:   * No age cut-off   + referrals over the age of 70 should have no major co-morbidities * End-stage heart failure not responding to medical therapy and/or cardiogenic shock with inotrope dependence * Ejection fraction < 30% * No other medical or surgical therapies available * Absence of:   1. life limiting co morbidities   2. life-threatening non-compliance to medical therapy   3. illicit substance abuse in the last 6 months |  |  |  |  |  |  | Link to HF referral form for heart transplant:  <http://www.heartcentre.ca/documents/C1.1pretransreferralform_001.doc>    Please add your HA specific referral process  *Provincial level of service model coming soon* |  |  |

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| ***2.3 Uses critical thinking when collecting and interpreting data, planning, implementing and evaluating nursing care.*** |  |  |  |  |  |  |  |  |  |
| Applies the concepts of the nursing process; (assessment, planning, implementation and evaluation); decision making; problem solving; critical analysis; judgement; reflection; and reasoning when interacting with heart failure clients during assessments (including but not limited to face-to-face, telephone case management, Telehome Monitoring)  ***Assessment*** focusing on**:**   * Collect data/client story/history * Physical assessment * Lab values/diagnostic information * Psychosocial assessment * Medication reconciliation   ***Planning*:**  Create a client specific action plan in collaboration with client &/or family   * Discuss plan with interdisciplinary team   ***Implementation*:**  Initiating action plan in collaboration with client &/or family  ***Evaluation*:**  Follow-up with client   * regarding results of implementing action plan * regarding their responsibilities within the action plan |  |  |  |  |  |  | **HF Practice Algorithms** [*http://www.bcheartfailure.ca/news/heart-failure-practice-support-program/*](http://www.bcheartfailure.ca/news/heart-failure-practice-support-program/) |  |  |
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| ***2.4*** ***Collects information on client status from a variety of sources using assessment skills, including observation, communication, physical assessment and a review of pertinent clinical data.*** |  |  |  |  |  |  |  |  |  |
| Considers the following *prior* *to* and at *initial* appointment with the client:  Identifies the pathophysiology, etiology, risk factors, clinical manifestations and common interventions for cardiovascular diseases including but not limited to:   * Acute coronary syndrome * Ischemic heart disease * Cardiac dysrhythmias * Atrial fibrillation * Heart Failure (reduced & preserved ejection fraction) * Valvular diseases * Hypertension * Pulmonary hypertension * Congenital heart   (Adapted from Cardiovascular Nursing Certification Competency 3.1, CNA 2013) |  |  |  |  |  |  | [CNA 7 HF competencies](http://www2.cna-aiic.ca/cna/documents/pdf/publications/CERT_Cardiovascular_e.pdf) |  |  |

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|  | | **Novice**  Little or no experience | | **Advanced Beginner** Needs  practice  review | | **Competent** | | **Proficient** | | **Expert**  Could teach | | **Not applicable** | |  | |  | |  | |
| **History Taking**   * *Manifestations* (e.g. shortness of breath, dizziness, paroxysmal nocturnal dyspnea, orthopnea, cough, activity intolerance, fatigue, weight changes, edema, changes in mental status, anorexia, cachexia, palpitations, pain) * *Precipitating factors* (e.g. physical and/or emotional stress, fluid and sodium indiscretion, medication non-adherence, thyroid dysfunction, use of NSAIDs, dysrhythmias, substance use, recent cytotoxic medications, anemia, iron deficiency, sleep apnea, sepsis) * *Medical history* (e.g. acute coronary syndrome, current ejection fraction, recent pregnancies, exposure to toxic substances, viral/bacterial illness, surgical history, sleep-related disorders, cancer, valvular disease, alcohol abuse, smoking history, precipitating factors [see above]) history of cardiovascular surgery/device implant * *Family history*    + CAD, cardiomyopathy, sudden cardiac death   + Family decision making, relationship dynamics, history of previous coping   + travel history * *Medications*    + prescription, non-prescription and herbals   + independent management vs. requiring administration assistance   (Adapted from Cardiovascular Nursing Certification Competency 3.1a, CNA 2008) | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | | **Novice**  Little or no experience | | **Advanced Beginner** Needs  practice  review | | **Competent** | | **Proficient** | | **Expert**  Could teach | | **Not applicable** | |  | |  | |  | |
| **Health Literacy:**  *Considers the following 3 screening questions:*   1. *How often do you have someone help you read hospital materials?* 2. *How often do you have problems learning about your medical condition because of difficulty reading hospital materials?* 3. *How confident are you filling out forms by yourself?* | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Initial Physical/system assessment:**   * Function assessment (e.g. system assessment, activities of daily living, exercise capacity, orthopnea, paroxysmal nocturnal dyspnea, observation of client’s response to environment [eg. SOBOE]) * Inspection (e.g. skin color, diaphoresis, jugular venous distension, ascites, edema, skin turgor) * Auscultation (e.g. lung sounds, heart sounds, heart rate and rhythm, murmurs, lying/standing blood pressure) * Palpation (e.g. pulse, [pulses: pedal/ brachial/popliteal], skin temperature, apical displacement, organomegaly, edema, hepatojugular reflux)   (Adapted from Cardiovascular Nursing Certification Competency 3.1a, CNA 2013) | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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|  | **Novice**  Little or no experience | **Advanced Beginner** Needs  practice  review | **Competent** | **Proficient** | **Expert**  Could teach | **Not applicable** |  |  |  |
| * Nursing interpretation and appropriate follow-up of *diagnostic tests and/or cardiac interventions*. (eg. abnormal 12 ECG, cardiac catheterization, echocardiograms, chest x-ray, nuclear scans, holter monitoring, pulse oximetry, cardiac biopsy) (Adapted from Cardiovascular Nursing Certification Competency 3.1c, CNA 2013) |  |  |  |  |  |  |  |  |  |
| *At subsequent visits,* performs objective and subjective assessment that includes but not limited to:   * Visit history since last clinic (clinics, physicians, ER, hospitals) * Signs & symptom assessment: fatigue, dyspnea, angina, PND, orthopnea, lightheadedness, nausea & vomiting, abdominal bloating, edema, * General assessment: # of pillows, limits to ADL’s, use of extra diuretics, psychosocial concerns, daily fluid intake, daily sodium intake, current smoking use, alcohol use, home weight, BMI, recent ICD shocks (how often, how many) * Physical assessment: BP, lying/standing BP, BP by Doppler (for VAD patients), pulses, heart sounds, JVP, oxygen saturation, lung sounds, respiratory status, neurovascular limb assessment, skin temperature, clinic weight, edema, waist circumference * Medication reconciliation: prescription, supplements, over the counter (OTC), herbals, etc |  |  |  |  |  |  | Insert Pt. Assessment Form for own Health Authority here |  |  |

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| * Assess current knowledge regarding: condition, medications, self-management (daily weight, fluid and sodium restriction, activity, exercise, Heart Failure zones, medication adherence), smoking cessation, alcohol, travel, vaccinations, stress management, advance care planning, device information * Review clinical data: blood work (electrolytes, BUN, creatinine, eGFR, BNP/NT-proBNP, CBC, liver enzymes, lipids, TSH, uric acid, INR [primary care physician to follow-up]), diagnostics, ECG, client data from Telehome Monitoring, data from devices (received from device clinic), interdisciplinary notes |  |  |  |  |  |  |  |  |  |
| Describes how client’s cognitive abilities affects their functional abilities by using appropriate tools to assess a client’s psychosocial domain including but not limited to:   * current activity: frequency, intensity, time, type * exercise capacity (METS/ Max VO2) * New York Heart Association (NYHA) Functional Classification, Canadian Cardiovascular Society (CCS) angina grade/class * Minnesota Living With Heart Failure (MLWHF) * Patient Health Questionnaire (PHQ-9 or PHQ-2) * Generalized Anxiety Disorder Assessment (GAD-7) |  |  |  |  |  |  |  |  |  |

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| Assesses for cardiac and non-cardiac pain including location, duration, radiation, intensity, quality, precipitating/alleviating factors, associated symptoms, onset, frequency, and changing patterns. |  |  |  |  |  |  |  |  |  |
| Selects appropriate nursing interventions to address the palliative needs of the client with end-stage heart failure (e.g. Advance care planning, palliative comfort measures, community and home care services, family and caregiver support, spiritual support, social worker consult, psychology consult)   * Advance care planning * Ensure the five core elements are considered in your conversations   + S.P.E.A.K   + Understand the adult   + Clarify and provide information   + Interdisciplinary involvement and utilize resources   + Define goals of care, document and create plan * Palliative Care   + Consider Palliative Care Benefits   + Support client and family along their journey (with) as the physician (to) begins the conversation regarding turning off shock therapy of ICD   (Adapted from Cardiovascular Nursing Certification Competency 3.4, CNA 2013) |  |  |  |  |  |  | Add link here for End of Life HF guidelines coming in near future... |  |  |

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| Considers other assessments as needed including but not limited to:   * Drug and alcohol dependence * Mental health (i.e. depression, anxiety, dementia) * Financial concerns * Tobacco Cessation Programs * Family concerns (child care, elderly care, other) |  |  |  |  |  |  |  |  |  |
| ***2.5 Identifies, analyzes and uses relevant and valid information when making decisions about client status.*** |  |  |  |  |  |  |  |  |  |
| Based on information in Indicator 2.4, identifies:   * Abnormal lab values * Changes in abnormal lab values taking into consideration client’s previous trends in lab values |  |  |  |  |  |  |  |  |  |
| Considers changes in client status including but not limited to:   * changes to medications, recent testing, heart failure symptoms, other health conditions that may affect lab results * psychosocial aspects of the client’s life and social determinants of health may indirectly affect lab results |  |  |  |  |  |  |  |  |  |

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| Interprets the results and the significance of the following cardiac diagnostics in the heart failure population including but not limited to:   * Coronary angiogram, cardiac biopsy * Exercise stress testing (EST, GXT) * Transesophageal Echocardiogram (TEE), Echo * Nuclear Testing (MIBI, MUGA, Thallium,) * Nocturnal Oximetry, Sleep Studies * Electrophysiology studies (EPS), Holter monitor, 12-lead ECG * Device reports (pacemaker, Implantable Cardio-Defibrillators (ICDs), Cardiac Resynchronization Therapy (CRT)) | |  | |  | |  | |  | |  | |  |  | | |  |  | | |
| Interprets the results and the significance of the following cardiac interventions/treatment in the heart failure population including but not limited to:   * Percutaneous coronary intervention (PCI) * Implantable Cardiac Defibrillators (ICDs), Cardiac Resynchronization Therapy (CRT) * Telehealth * Telehome monitoring * Telephone follow-up * Virtual Heart Function Clinic (vHFC) | |  | |  | |  | |  | |  | |  |  | | |  |  | | |
| Integrates and incorporates innovations and advances of HF treatment and care within the nurses’ scope of practice. | |  | |  | |  | |  | |  | |  |  | | |  |  | | |
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|  | | **Novice**  Little or no experience | | **Advanced Beginner** Needs  practice  review | | **Competent** | | **Proficient** | | **Expert**  Could teach | | **Not applicable** |  | | |  |  | | |
| ***2.6 Communicates client status, using verifiable information, in terminology used in the practice setting.*** | |  | |  | |  | |  | |  | |  |  | | |  |  | | |
| Effective communication   * Knowledge of communication theory * Ability to communicate effectively * Awareness of own tone of voice, body language, and non-verbal communication * Creates a culturally safe environment | |  | |  | |  | |  | |  | |  | [Communication Model](http://pirate.shu.edu/~yatesdan/Tutorial.htm)  [*https://www.crnbc.ca/Lists/Flash%20Modules/Communications/player.html*](https://www.crnbc.ca/Lists/Flash%20Modules/Communications/player.html) | | |  |  | | |
| Uses a standardized process in verbal and written communication with other healthcare professionals. For example:   * ***Situation***: What is going on with the client? * ***Background*:** What is the clinical background or context? * ***Assessment:*** What do I think the problem is? * ***Recommendation:*** What do I think needs to be done for the client? | |  | |  | |  | |  | |  | |  | *Attach health authority specific handout here* | | |  |  | | |
| ***2.7 Develops and communicates plans of care that include assessment data, decisions about client status, planned interventions and measurement of client outcomes.*** | |  | |  | |  | |  | |  | |  |  | | |  |  | | |
| Applies knowledge gained in Indicator 2.4 and 2.5 to form clinical judgments about the client’s health condition and selects appropriate nursing interventions to optimize heart failure management including but not limited to:   * Monitors oxygenation * Monitors pharmacological effects * Monitors hemodynamic stability (vital signs, reviewing *symptoms)* * Prepares for potential diagnostic testing by discussing possible procedures (angiogram, echocardiogram, transesophageal echocardiogram (TEE), cardioversion, MIBI, MUGA) and potential treatment options (angioplasty, cardiac surgery options, cardiac resynchronization therapy, ventricular assist devices, transplant assessment) | |  | |  | |  | |  | |  | |  |  | | |  |  | | |
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| * Tailors client teaching to optimize self-management skills (exercise and rest, sodium and fluid restriction, daily weight, medication management, symptom management)   (Adapted from Cardiovascular Nursing Certification Competency 3.2, CNA 2013) |  | |  | |  | |  | |  | |  | | |  |  | | |  |
| Documents a clear picture of the status of the client, the actions of the nurse, and the client outcomes in a clinical setting; education setting; and during Telehealth (home scale monitoring, TeleCardiology remote stethoscopes, telephone follow-ups, virtual HFC) by:   * an assessment of the client’s health status, nursing interventions carried out, and the impact of these interventions on client outcomes; * a care plan or health plan reflecting the needs and goals of the client; * needed changes to the care plan; * information reported to a physician or other health care provider and, when appropriate, that provider’s response; and * advocacy undertaken by the nurse on behalf of the client. |  | |  | |  | |  | |  | |  | | | <https://www.crnbc.ca/Standards/Lists/StandardResources/334DocumentationPracStd.pdf> |  | | |  |