



HEART FAILURE SOCIETY OF AMERICA



# Nursing Newsletter

February 2017

## HFSA NURSING COMMITTEE

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Victoria Vaughan Dickson, PhD, RN, FAHA, FHFSA,  
FAAN

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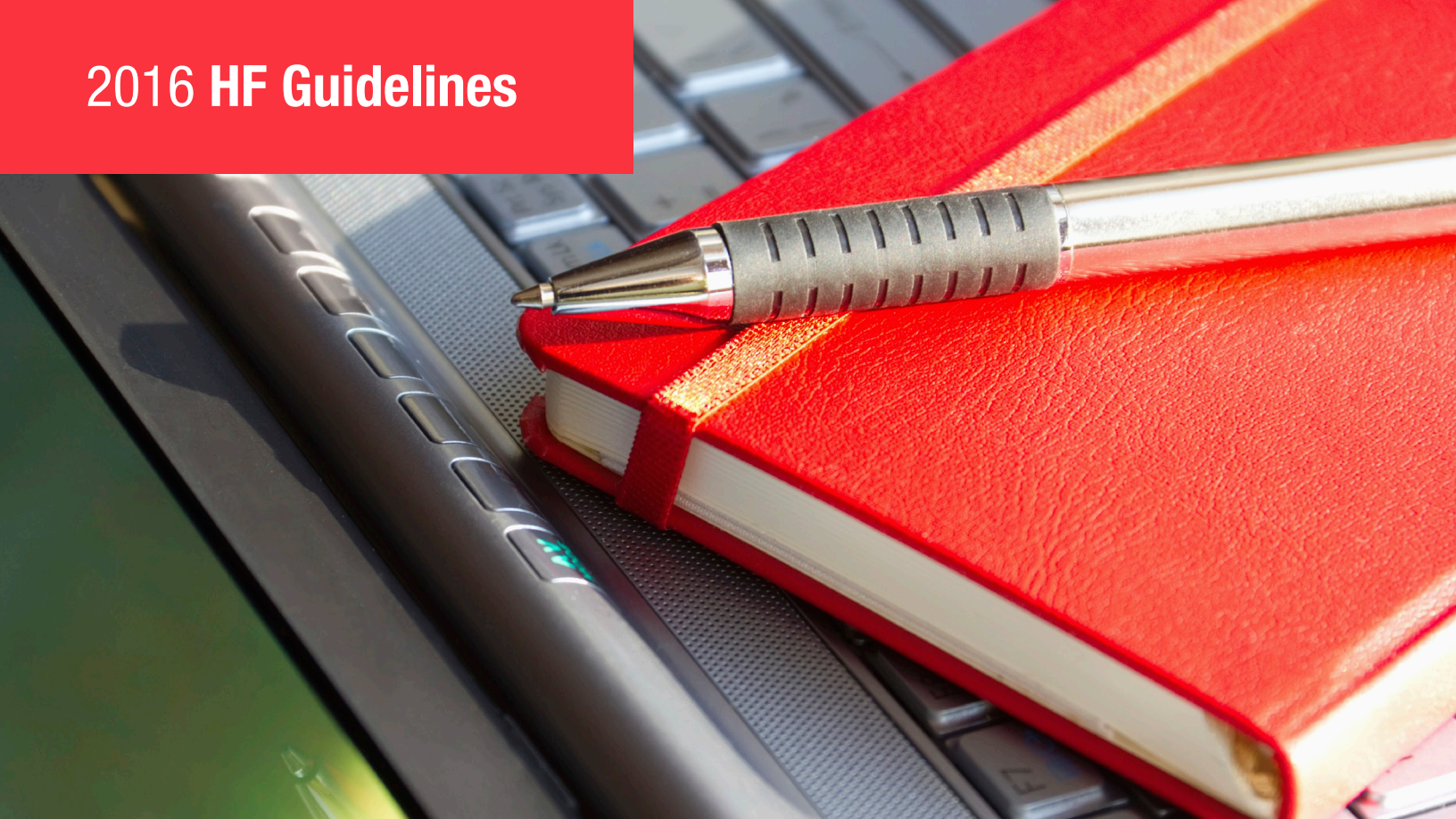
Lisa Jennings, ACNP-BC, CVNP-BC

Ruth M. Masterson-Creber, PhD, MSc, RN

Margaret M. McCarthy, PhD

Bunny J. Pozehl, RN, PhD, APRN-NP





# Highlights of the 2016 focus update to the Heart Failure Guidelines

By Lisa Jennings, ACNP-BC, CVNP-BC, CCRN-CMC, CHFNP

## Background:

The final recommendations were subjected to external peer review by 25 official, organizational, and content reviewers before approval by the Task Force and the leadership of the ACC, AHA, and HFSA, as well as endorsement by the American College of Chest Physicians and the International Society for Heart and Lung Transplantation.

## Changes in level of evidence:

- Remember that Class of Recommendation 1 is better than 2 BUT in regards to LOE A is not necessarily better than B.

Level of evidence (LOE) rates the quality of scientific evidence supporting the intervention on the basis of the type, quantity, and consistency of data from clinical trials and other sources.

Level B has now been split into B-R (randomized trial) which is Moderate-quality evidence from 1 or more RCTs and B-NR (nonrandomized) which is Moderate-quality evidence from 1 or more well-designed, well-executed nonrandomized studies, observational studies, or registry studies.

## Pharmacological Treatment for Stage C HFrEF: Recommendations

New class of RAAS inhibitor called Angiotensin Receptor Neprilysin Inhibitor (ARNI):Entresto

- When starting a patient on RAAS inhibitor you can start either an ACEi or ARB (Class I LOE) or ARNI (Class 1 LOE B-R) can be started in conjunction with evidence-based beta blockers and aldosterone antagonists for patients with chronic HFrEF to reduce morbidity and mortality.
- In patients with chronic symptomatic HFrEF NYHA class II or III who tolerate an ACE inhibitor or ARB,

# Two Class 3 recommendations

- LOE-BR: ARNI should not be administered concomitantly with ACE inhibitors or within 36 hours of the last dose of an ACE inhibitor. (this increases risk of angioedema)
- LOE: C-EO: ARNI should not be administered to patients with a history of angioedema

Recommendation for Corlanor (ivabradine)

- Patient must have symptomatic (NYHA class II-III) with stable chronic HFrEF (LVEF  $\leq 35\%$ )
- LOE:B-R. Can be beneficial to reduce HF hospitalization for patients with who are either on goal directed dose, maximal tolerated beta blocker, or cannot tolerate beta blocker. Patients must be in sinus rhythm with a heart rate of 70 bpm or greater at rest

[View](#) to the guideline article in JACC



## HFSA Fellowship

Fellowship to HFSA is a recognition of professional achievement and contributions to the society. The designation is based on outstanding credentials, achievements, and contributions to heart failure medicine.

Currently, HFSA has bestowed this honor to 112 of its members and of whom 12 are nurses. The key requirement is current HFSA membership in good standing for 2 years. Members must devote at least 50% of professional time to the broadly defined fields of heart failure, cardiac transplantation, mechanical assist devices, or heart failure research. Applicants must meet at least two of the following criteria:

- Board certified in Advanced HF transplant Cardiology by ABIM. Nurses should be certified in HF (such as AAHFN)
- Significant past or current contributions to HFSA (e.g. abstract reviewer, speaker/moderator at annual meeting, committee member, published in JCF, etc.)
- Primary area of service/focus in HF (verified by position title, appointment, or by letter from service chief or research in heart failure, including advance HF and transplant).

When you apply, you must submit two letters of recommendation from either a HFSA Board of Directors, a current HFSA Committee Chair, a Past President of HFSA, or an active FHFSA member. This list is available at [HFSA website](#).

You submit a brief description of your qualification and achievement along with your curriculum vitae. Application for fellowship is reviewed and fellow designation is granted quarterly. Please see the dates in [HFSA website](#).

There is an APPLICATION FEE of \$250.00 that the individual must pay upon application approval. Once accepted, you receive a certification and a fellow pin in mail. Maintenance of FHFSA is contingent upon active membership to the organization.

If you have any questions or require additional information regarding the FHFSA Designation please contact Patrick McGary at [pmcgary@hfsa.org](mailto:pmcgary@hfsa.org).

Ponrathi Athilingam, PhD, RN, ACNP, MCH, FAANP, FHFSA  
Member Nursing Committee, HFSA

## HFSA 2016 Nursing Events in Review

Over 400 nurses attended this year's meeting in Orlando Florida, an increase from last year. There was also increased collaboration between the HFSA and AAHFN, with nurse speakers participating in a number of sessions. The Echo Made Easy Workshop for the Multidisciplinary Team was also well attended with 87 participants.

There was a great turn out for the Nursing Brown Bag Lunch with 43 participants attending the session. The discussion centered on these topics:

- How can the nursing committee represent the nursing member's needs in future program planning?
- How can we engage existing members and recruitment efforts?
- What other activities or educational events would they recommend?
- How can we get more information out to members for nominations and participation in awards and grants?

Most attendees were clinically focused nurses, but some had both clinical and research roles. It was felt that nursing was well represented in committees, and the interdisciplinary representation in all sessions during the meeting were positively endorsed. It was suggested that perhaps Social Workers should be invited as well. Another recommendation was to develop the HFSA web page to include the Nursing Committee member's bios, committee goals and priorities for the coming year.

The participants were urged to be actively involved in the Society through committee participation, abstract submissions, Nursing Awards nominations and grant applications for the 2017 Meeting in Texas. There were some suggestions on future Annual Meeting Sessions to included more Hands-On Workshops, more case-based multidisciplinary clinical presentations and more nurses moderating sessions.





HFSA Nursing Committee Co-Chair **Victoria Vaughan Dickson** with the 5 Nursing Research Award Finalists

# Congratulations to the 2016 HFSA Awardees

The Nursing Research Award presentations were held on Monday, September 19, 2016. The five final papers presented were:

**How to Improve Attention in Patients with Heart Failure: a Psychological Approach**  
Miyeon Jung

**Heart Failure Symptom Knowledge Improves Heart Failure Self-Care in Rural Patients with HF**  
Chin-Yen Lin

**The Identification of Biomarkers That Predict Impending Heart Failure Preserved Ejection Fraction: Time to Diagnosis Analysis**  
Carolyn Lekavich

**Posture, Mobility, and 30-day Hospital Readmission and Function in Older Adults with Heart Failure**  
Theresa Floegel

**Depression, Fatigue and Sleep Quality are Associated with Quality of Life among Patients with Left Ventricular Assist Device**  
Martha A. Abshire



HFSA Nursing Committee Co-Chair **Victoria Vaughan Dickson** with 2016 Nursing Research Award Winner, **Miyeon Jung**



HFSA Nursing Committee Co-Chair **Victoria Vaughan Dickson** with 2016 Nursing Research Finalist, **Martha A. Abshire**

The award was presented to **Miyeon Jung**.

Two Nursing Awards were also announced during the Plenary session. Peggy Kirkwood was awarded the HFSA Clinical Excellence in Nursing Award and Lisa Rathman received the Nursing Leadership Award. **See next page for bios.**



**Lisa Rathman** with HFSA President **Mandeep Mehra**, HFSA Nursing Committee Co-Chair **Victoria Vaughan Dickson**, and HFSA Past President **JoAnn Lindenfeld**

## 2016 Nursing Leadership Awardee

**Lisa Rathman, MSN, CRNP, CCRN, CHF**

Lisa Rathman was one of the earliest advanced practice nurses to open a heart failure clinic in the early 1990s, later evolving it into a heart failure disease management program that encompasses inpatient and outpatient care. She is now the lead nurse practitioner of the program, which employs 6 nurse practitioners and manages over 2000 patients. Lisa’s vision, along with her physician colleagues, has grown their community-based program to include advanced heart failure therapies and clinical research.

Lisa has been a member of HFSA since its inception. She served on the Membership committee from 2009 - 2015 and has been a speaker at numerous HFSA annual meetings. She is also one of the founding members of the American Association of Heart Failure Nurses.

Her expertise is sought out by nurses who are implementing heart failure programs, and her opinion is sought out by her seasoned colleagues. Lisa has been integral in the growth of heart failure programs and a pioneer in disease management of Heart failure. She has contributed to the education of heart failure nurses around the country and around the globe, and as such, she has impacted the care of an uncountable number of patients.



**Peggy Kirkwood** with HFSA Nursing Committee Co-Chair **Maria Fe M. White**, HFSA Past President **JoAnn Lindenfeld**, and HFSA President **Mandeep Mehra**

## 2016 Nursing Clinical Excellence Awardee

**Peggy Kirkwood, RN, MSN, ACNPC, CHF, AACC**

Peggy Kirkwood has over 30 years of nursing experience and, began her career as a cardiovascular nurse in the intensive care setting. Since 1999 to the present, Peggy has been working as an Acute Care Nurse Practitioner (ACNP) managing patients with cardiovascular diseases. The past 13 years have been devoted to the care of patients with heart failure at Mission Hospital Regional Medical Center in Mission Viejo California. She works both in the acute care and in outpatient settings where she implements and facilitates the use of HF Guideline Directed Therapies. In addition to her active participation in the HFSA Peggy is also actively involved in several professional organizations, such as at the California association of nurse practitioners, American Association of Critical-Care nurses, Sigma Theta Tau, American College of nurse practitioners, American heart association, American College of cardiology and American Association of Heart Failure Nurses.