Chronic heart failure (CHF) is a common, costly and frequently fatal condition and the prevalence of this condition increases with age. Although not a new condition, improved treatments for conditions such as coronary heart disease and hypertension mean that there are increasing numbers of people living for extended periods with a chronic progressive condition. A defining feature of CHF is the potential for episodic periods of deterioration and decompensation. Consequently, CHF is a common reason for hospital admission and high health service utilisation. Approximately 80% of these hospitalisations occur in individuals older than 65 years which increases the complexity of clinical management and nursing care.

Over recent decades the capacity of health professionals to address the burden of CHF has increased through the introduction of novel pharmacological agents, devices and non-pharmacological strategies. However, these treatments are often complex and require infrastructure and support to promote adherence and optimise outcomes.

The chronic characteristics of CHF mean that the focus of management is increasingly on supporting care in the community and averting preventable decompensation, rather than on caring for individuals in acute care settings. This has meant that many of the valuable skills of the critical care and coronary care nurse, in assessment, monitoring and management, have been expanded beyond the confines of hospital walls. This has led to a number of innovative practice models that are being adopted nationally.

Epidemiological transitions and evolving trends in treatment practices for CHF have created many opportunities for nurses in practice, policy and research. The increasing need for an integrated and multidisciplinary approach to CHF care has created an important niche for nurses in delivering care, in both independent and collaborative contexts in Australia and internationally.

The articles in this edition of *Australian Critical Care* reflect the complex and diverse issues in CHF management, from diagnosis and monitoring through to supporting individuals with decompensation and circulatory compromise. Authors writing in this issue reflect the range of skills and competencies required of nurses and the important role that they play from diagnosis to death in the care of patients with CHF. Importantly, many of these articles and views of nurses underscore the importance of nursing care beyond the boundaries of the hospital walls and the need to partner with patients and their families in promoting self-management. Driscoll and colleagues report on behalf of the
Heart failure nursing in Australia: Past, present and future

National Heart Foundation Heart Failure Consumer Resource Working Group a theoretically derived approach to tailor consumer resources to promote self-management.

Internationally, some of the ground breaking work in CHF management has been undertaken in Australia and led by cardiovascular nurses and of this we can be very proud.\textsuperscript{10,11} These studies have not only evaluated innovative strategies to improve CHF management but also increased the capacity and profile of our specialty.\textsuperscript{8} However, although pockets of excellence exist in CHF management, the distribution of these across Australian states and territories is variable.\textsuperscript{12} Further in the programs that do exist, significant heterogeneity is evident and currently there are no mechanisms for monitoring the quality and content of service delivery.\textsuperscript{12} This is certainly an important area to address to ensure optimal and equitable health outcomes.

However, in spite of the increasing evidence for a nurse-led approach,\textsuperscript{13} a remaining area of contention is the setting, dose and duration of CHF programs. Australian nurses are leading a range of research projects to develop evidence to support CHF care in the context of our health care system. An example of this is the \textit{Which Heart failure Intervention is most Cost-effective & consumer friendly in reducing Hospital care (WHICH Study NHMRC 418967)} being conducted across Australia which will provide important information on the most cost-effective and acceptable site for CHF management.

The burden of CHF compels nurses to strive for equitable outcomes for all Australians. It is particularly important that we address the needs of individuals facing unique challenges—such as Aboriginal and Torres Strait Islander peoples, those living remotely or in socioeconomically deprived situations and people from culturally and linguistically diverse backgrounds.\textsuperscript{14,15} Many of these groups have unique needs in CHF management, particularly in access to care. In this issue, Driscoll and Clark describe the challenges in providing equitable care and ensuring optimal outcomes in Australia.

It is probable for the near future, the rates of morbidity, mortality and hospitalisation due to CHF, will continue to be a challenge and pressing health issues such as obesity, hypertension and diabetes may in fact augment this disease burden.\textsuperscript{16} Therefore, it is highly likely that the importance of the nursing role in CHF management will increase rather than decrease in the future. It is also probable that this role will diversify and expand to meet the increasing demands of the elderly and those with multiple chronic conditions. The exciting reforms in the 2009 Federal budget, announcing access to the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme for nurse practitioners, signals the important role of nurse prescription in CHF management. As optimizing medical therapy is a crucial element of CHF management\textsuperscript{10} developing models to allow nurses to undertake this activity is likely to be important in improving health outcomes for people with CHF.

As we focus on the management of CHF in the community it is also important not to lose sight of the importance of management in the acute care setting. Unfortunately, acute heart failure is a common reason for presentation to hospital. In this issue Lewis and colleagues demonstrate the importance of nursing expertise in caring for people with intraaortic balloon counterpulsation therapy and the importance of operator expertise and centre volume on health outcomes. These observations emphasise the importance of the need for evidence-based guidelines, ensuring competency assessment and benchmarking outcomes.

In recent decades, the nursing role in CHF management has increased and nurses are currently leading innovations in practice, research, education and policy. We are also fortunate in having access to an increasing range of therapeutic approaches to assist patients and their families cope and live with CHF.\textsuperscript{8}

In spite of these advances as we look to the future in addition to these opportunities there are also some challenges—workforce shortages, skill diversification, fiscal constraints and ethical dilemmas are only but a few. Along with the increasing emphasis and importance placed on nurse-led care, is also our professional responsibility for accountability. Our responsibility, whether we work in clinical practice, research, education or policy, is to ensure that evidence-based care is delivered equitably and efficiently by adequately prepared and credentialed nurses. This will only occur if we have clinical guidelines and high quality research applicable and relevant to the Australian health care system. The articles in this edition are proof of Australian cardiovascular nurses rising to this challenge.

References


Patricia M. Davidson RN, BA MEd, PhD, FRCNAa, b, *

a St Vincents & Mater Health, Australia
b Curtin Health Innovation Research Institute, Institute for Palliative and Supportive Care Research Australia, Centre for Cardiovascular and Chronic Care, Curtin University of Technology, Faculty of Health Sciences, Curtin House, 39 Regent Street, Chippendale, Sydney, NSW 2008, Australia

* Corresponding author at: Curtin Health Innovation Research Institute, Institute for Palliative and Supportive Care Research Australia, Centre for Cardiovascular and Chronic Care, Curtin University of Technology, Faculty of Health Sciences, Curtin House, 39 Regent Street, Chippendale, Sydney, NSW 2008, Australia.

Tel.: +61 2 8399 7831/0 414674134 (m);
fax: +61 2 8399 7834.

E-mail address: P.Davidson@curtin.edu.au (P.M. Davidson)

20 June 2009