This charter was written and designed by Irish Heart Foundation heart failure patients Annette Irving and Sheilagh Foley with support from the Irish Heart Foundation and endorsement from the Heart Failure Council, the Irish Nurses Cardiovascular Association (INCA), the Irish Association of Heart Failure Nurses & the Irish Association of Cardiac Rehabilitation (IACR).

IRISH ASSOCIATION OF CARDIAC REHABILITATION

SCAN THE QR CODE

TO ACCESS SUPPORTS FOR HEART FAILURE PATIENTS

For more on this charter, please go to irishheart.ie/hfpatientcharter

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Irish Heart Foundation
The National Stroke & Heart Charity

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The National Heart Failure Patient Charter of Ireland

Heart Failure (HF) is a serious long-term condition that requires the patient, medics, and support systems to work together in a partnership for the rest of the patient's life. This charter aims to outline how best to achieve this alliance in a sustainable way.

The purpose of this charter

COMMUNICATION

- The expectations and responsibilities of the key partners are outlined to improve information, communication, documentation, inclusion and survival -promoting a joint approach to heart failure care.

SURVIVAL

- Together we are advocating for mutual respect and to improve the lives of those living with heart failure, while benefiting society as a whole. Through a consistent joint effort along the continuum of care we can minimise hospitalisations and readmissions and live longer lives.

INCLUSION

DOCUMENTATION + INFORMATION

- This content applies to everyone impacted and involved in heart care including patients, their families and friends, caregivers, healthcare providers, advocates, policymakers and stakeholders.

Each patient has a unique heart failure journey.
By collaborating we can build personalised care for everyone.

Expectations

1. Timely care is crucial

- Train healthcare providers on signs and symptoms of heart failure
- Follow clinical care pathways
- Offer the patient the best standard of care adhering to national and international guidelines in a safe environment

2. Access and information is essential

- Test results and medical records should be made available to the patient in keeping with medical ethical principles, data protection and Freedom of Information (FOI) legislation
- Integrate care for all heart failure patients to allow collaboration and communication between health providers and other health services the patient may require (including mental health support and social workers at time of diagnosis)

3. Treat the whole patient

- Facilitate a patient centred discharge with a clear plan for transitional care
- Involve the patient/caregiver and other specialists in shared decision making to align all participants
- Provide access to a Heart Support Unit (HSU) or Heart Failure Nurse Specialist as part of a hospital or community setting upon discharge/ diagnosis
- Evaluate a patient's suitability for Cardiac Rehab

4. Spread the care

- Ensure a post-care plan is in place for the patient (involving GP and community support where appropriate)
- Provide understandable educational information about heart failure
- Integrate technological advancements to support coordination of care when appropriate
- Establish clear communication pathways and support routes in times of symptom escalation or patient queries

5. In it together for the long haul

- Signpost patients/caregivers to avail of support services in their area and implement lifestyle changes
- Refer patient to support resources such as the Irish Heart Foundation to help maintain or improve their quality of life
- Ensure suitable candidates are educated on the benefits and enrolled in Cardiac Rehab which should be available countrywide
- Extol the benefits of ancillary services e.g. counselling and peer-to-peer support groups as provided by the Irish Heart Foundation
- Access to hospices and palliative care treatment should be discussed and made available for advanced heart failure patients

6. Facilitate self-care

- Empower patients to recognise and monitor heart failure symptoms and manage co-morbidities
- Encourage patients to avail of a healthy lifestyle
- Discuss medication and its management with patients
- Encourage patients to seek medical help when needed

7. Increase patient involvement

- Increase Patient and Public Involvement (PPI) in evaluating and co-designing cardiac services from conception to rollout in line with mandated prerequisites
- Involve heart failure patients in research activities, development of treatment guidelines and overall cardiovascular disease policymaking and advocacy

8. Bring awareness

- Use communication tools, policy and regulations to effect change and increase awareness around heart failure
- Promote health literacy through information leaflets/outlets
- Provide channels for sharing heart failure patient perspective

9. Signpost supports

- Signpost to psychosocial supports for heart failure patients including income assistance to combat health poverty
- Advocate for heart failure patients' rights and entitlements
- Ensure suitable psychological support is available to heart failure patients countrywide
- Provide an appropriate workforce with a mix of skills to manage heart failure
- Support and invest in research into heart failure causes, prevention, management and intervention
- Support networks, partnerships and initiatives around heart failure
- Review national cardiac services on an on-going basis

10. Invest in the future

- Commit to change, improvement and investment in heart care for heart failure patients
- Measure, monitor, and report heart failure, its risk factors, and the impact of intervention
- Establish appropriate registries/ databases for heart failure patients
- Monitor for new diseases that can contribute to heart failure and prioritise patients for protection