

**Canadian  
Council of  
Cardiovascular  
Nurses**



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Standards for Cardiovascular Nursing

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## **Background**

These standards reflect particular times and perspectives and therefore require regular revisions every five years or ad hoc to reflect changes in practice. The last standards for cardiovascular nursing were published in 2008 (Canadian Council of Cardiovascular Nurses, 2009).

The standards have been designed to reflect a minimum of two years practice in cardiovascular nursing. They assume a competency in general nursing practice and allow for recognition of excellence in a specialty practice. The standards support the beliefs and values of the Canadian Council of Cardiovascular Nurses (CCCN). The standards acknowledge and embrace the foundations of standards previously developed by the Canadian Nurses Association (CNA), provincial nursing associations and other specialty nursing groups. These standards are designed to guide cardiovascular nurses, in any area of practice, to achieve quality care to persons manifesting some aspect of cardiovascular disease.

## **Vision Statement**

The vision of Canadian cardiovascular nursing is to maximize the cardiovascular health of all Canadians through five key areas: health promotion, disease prevention, management of acute episodes and chronic conditions, palliation and rehabilitation in order to promote optimal heart healthy living. A population health approach in conjunction with the concepts of health and social care partnerships will serve as a foundation for these revised standards. The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups (Canadian Institute for Health Information 2002; Public Health Agency of Canada, 2012). To achieve this end a broad range of factors and conditions known to influence health has to be considered and/or acted on (Public Health Agency of Canada, 2012). Health and social care partnerships are key to improving patient outcomes through evidence based practice, knowledge transfer and advocacy (Cook, Petch, Glendinning, & Glasby, 2007).

The cardiovascular nurse provides comprehensive care to individuals, families, groups, communities and populations. Cardiovascular nurses are committed to the provision of safe, competent nursing care. They work in collaboration with other members of the health care team, with the client at the center of the relationship. Cardiovascular nurses support initiatives that enhance the unique body of knowledge that is cardiovascular nursing.

Cardiovascular nursing is practiced in a wide range of settings, which vary from tertiary

care institutions to community health care agencies. These practice settings provide primary, acute and long-term care and may be found in both urban and rural settings.

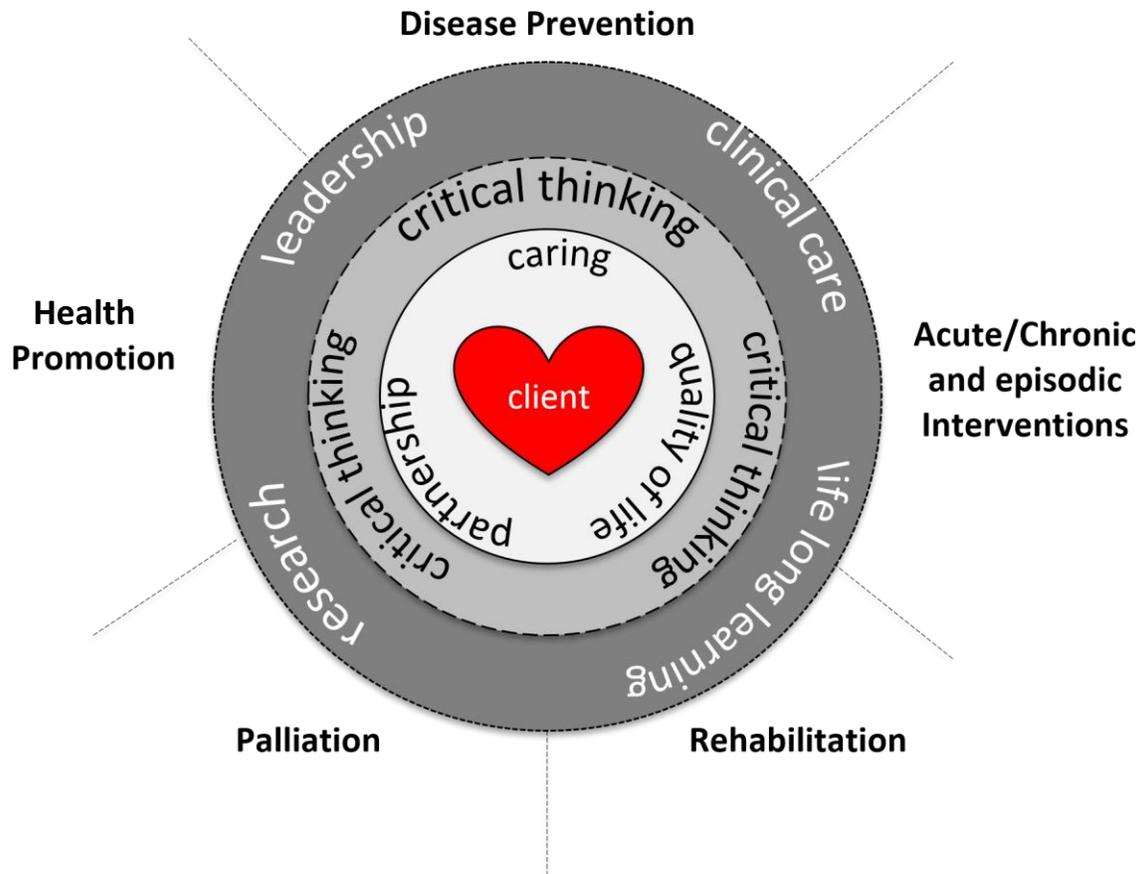
## **Framework**

The conceptual framework pictured below represents key elements that guided the development of these Cardiovascular Nursing Standards. This framework depicts specialized nursing care that encompasses values and beliefs inherent to our practice of cardiovascular nursing and articulates that practice beyond key concepts common to all nursing.

The client is the core of the framework, reflecting an essential belief that the interventions of the cardiovascular nurse depends on what the client is experiencing and not exclusively to what degree of disease the client may possess.

Cardiovascular nursing is influenced by the paradigm of caring which highlights the concepts of partnership and quality of life. Furthermore, these concepts are influenced by factors such as critical thinking, experience, research, education and leadership.

These concepts and factors operate across the five key cardiovascular nursing elements: promotion, prevention, rehabilitation, acute/chronic and episodic interventions and palliation. The lines of the framework are broken to depict the interaction and the interconnectedness among elements. At any given point in the cardiovascular experience of the client, the nurse should consider all elements simultaneously to provide comprehensive quality care.



## FOUNDATIONAL CONCEPTS

Three key concepts have been identified that are foundations to the nurse/client relationship in cardiovascular nursing. These are caring, partnership and quality of life.

### CARING

Caring is an integral part of cardiovascular nursing and incorporates both the art and science of nursing care. Cardiovascular nursing views the art of caring as “being with” a client as opposed to “doing to” wherein a trusting and supportive relationship exists to potentiate the health and well being of the client. Caring suggests support for the client’s unique social, emotional and spiritual strengths during times when difficult therapeutic decisions need to be made, or when unfavourable prognosis has been indicated. The nurse facilitates a client’s internal and external supportive resources and empowers the client with trust, confidence for decision making and hope for outcomes in a timely and effective manner.

### PARTNERSHIP

Partnerships are special helping-trusting relationships between nurses and clients. Cardiovascular nurses build relationships with clients based on mutual respect, authentic communication, cooperation and confidentiality. Each partner makes contributions to the

relationship and has complimentary rights and responsibilities. Together the nurse and client strive to maximize their capacities and mobilize all available resources to attain optimal heart health (Hook, 2006).

Partnerships are supported indirectly by identifying barriers to achieving optimal heart health. Early recognition and attention to barriers commonly experienced by cardiovascular clients are essential skills for cardiovascular nurses. By partnering with the health care team and the client to address these issues, many barriers become more manageable or possibly eliminated.

## **QUALITY OF LIFE**

Quality of life is a personal value and outlook on life based on beliefs, cultural and socio-economic factors. It is dynamic in nature and reflects the client's personal choices in life and his/her particular situation. Cardiovascular nurses need to respect individuals' diversity and client choices.

## **INFLUENCING FACTORS FOR EFFECTIVE NURSE/CLIENT RELATIONSHIPS**

Five factors influencing the evolving nature of the therapeutic nurse/client partnerships are presented below. Cardiovascular nursing standards promote the integration of these influencing factors into practice in all clinical settings to meet client health goals. These factors include critical thinking, research, life long learning, leadership and clinical care.

1. **Critical Thinking** – Cardiovascular nursing must consider a wide range of information and data to manage the care of patients. Critical thinking is an important skill to effectively and efficiently use for the benefit of clients. Critical thinking when paired with clinical decision-making can produce reasoning, clarification and potential solutions (Fero, Witsberger, Wesmiller, Zullo, Hoffman, 2009). Critical thinking in nursing utilize many interrelated cognitive skills such as “analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge” (Shoulders, Follett, Eason, 2014, p. 208). Critical thinking is more than obtaining appropriate information and knowledge but also involves the integration and synthesis of research, educational information and the critiquing of solutions. It is also a process used to develop innovative strategies for managing complex client concerns/problems.
2. **Research** – Cardiovascular nursing requires an open attitude toward inquiry in all practice settings. The cardiovascular nurse, through critical appraisal, will use research findings to build on current knowledge, expand skill development, and cultivate an evidence informed practice. Furthermore, the cardiovascular nurse will be encouraged to actively participate in and conduct research in order to enhance established practices and implement innovative strategies that meet client needs.

3. **Life Long Learning** – A major component of cardiovascular nursing is the use of technology and complex therapies which are consistently changing. It is essential that cardiovascular nurses be committed to life long learning in order to be confident and competent in providing care.
4. **Leadership** - Cardiovascular nurses demonstrate initiative in building trusting relationships, articulating visions, advocating for clients and coordinating the implementation of innovative strategies that enable clients to achieve their goals. Cardiovascular nurses use their influence and expertise in ways that create partnerships with clients and the health care team.
5. **Clinical Care** – Clinical care reflects interaction between the client and the nurse and can be applied in all cardiovascular nursing practice settings. In all clinical practice opportunities the nurse uses the other domains of education, research and leadership to guide his/her interventions and relationship with the client.

## **ELEMENTS OF THE CARDIOVASCULAR NURSING FRAMEWORK**

As demonstrated by the framework, five key elements reflect practice areas for cardiovascular nursing. Although cardiovascular nurses may practice primarily in one area, assessment and knowledge associated with all five areas are relevant to their practice and must be integrated into comprehensive care of the cardiovascular client in any setting. The five elements are not exclusive to cardiovascular nursing; but, those characteristics unique to cardiovascular nursing are identified.

### **HEALTH PROMOTION**

The cardiovascular nurse assesses ways to enhance health behaviours in the client's lifestyle and environment and fosters the establishment of additional patterns that would result in optimal cardiovascular health. Strategies that are effective in promoting health will lessen the need for curative or rehabilitation services. This proactive approach to nursing also includes the identification of risk and encourages the use of innovative strategies to minimize or eliminate their impact.

#### **The cardiovascular nurse:**

- Identifies patterns of living for clients that promote heart healthy living.
- Encourages clients to continue established patterns of living that promote their health and the health of others.
- Assists clients to develop personal skills that will promote their cardiovascular health.
- Maintains current knowledge and awareness of epidemiological trends and demographic data to identify communities/populations and vulnerable groups that may be at risk for developing cardiovascular disease.
- Educates clients on determinants of health giving them the skills necessary to improve or maintain their current health status.

- Possesses an awareness of public policy that may impact the cardiovascular health of clients, groups, or communities.
- Interprets meaning of public policy pertaining to cardiovascular health to clients and relevant stakeholders.
- Educates clients on the need for regular cardiovascular screening.
- Influences the creation of healthy public policy.
- Supports community action that clients undertake to preserve their cardiovascular health and prevent development of disease.
- Suggests resources and programs to clients that enable them to attain and maintain healthy living.

## **DISEASE PREVENTION**

Prevention strategies include activities intended to reduce current or potential cardiovascular risks. Strategies can be employed along any stage of the illness. These risks may be related to lifestyle behaviours or environmental factors. The cardiovascular nurse actively determines strategies in partnership with clients to reduce health risks. Prevention implies four levels for intervention depending on health and experiences of the client at any particular time:

1. **Primordial Prevention:** Focuses on population health and the actions taken to minimize future health issues by inhibiting factors known to increase the risk of ill health (Association of Faculties of Medicine of Canada: n.d)

The Cardiovascular nurse:

- Engages in promotion of healthy communities.
- Actively promotes healthy lifestyles across the lifespan.
- Is knowledgeable of determinants of health and their impact on health.
- Advocates for policy on going green.

2. **Primary Prevention** – The client has risk factors or other characteristics that increase the likelihood of experiencing a cardiovascular event in the future.

The cardiovascular nurse:

- Identifies clients with cardiac risk factors that are amenable to modification through lifestyle adjustments, interventions or environmental modifications.
- Encourages clients to consider lifestyle changes through the motivational interviewing of asking, advising and assisting.

- Provides support and information on ways to reduce cardiovascular risk factors especially those associated with multiple risk factor profiles.
- Identifies resources pertinent to risk factor management.
- Works with clients to meet their chosen goals for risk reduction.
- Facilitates clients' awareness of the signs and symptoms of cardiovascular disease.
- Promotes participation of nurses in primary prevention population health.

**3. Secondary Prevention** – The client is experiencing or has experienced a cardiovascular event, nursing activities focus on preventing another event and promoting health.

The cardiovascular nurse:

- Incorporates evidenced based care into practice.
- Assists the client to recognize and manage existing or recurring cardiovascular health problems.
- Educates the client about interventions to improve health and quality of life.
- Encourages the client to be advocates for their own health and where appropriate seek cardiovascular disease specific screening
- Identifies barriers to planned therapies and advocates for accessibility of treatment to facilitate client progress.
- Fosters client development of coping strategies for adjustment to life long cardiovascular disease.

**4. Tertiary Prevention** – The client is recovering from cardiovascular events and in early phase rehabilitation.

The cardiovascular nurse:

- Assesses client motivation to choose healthy lifestyles.
- Assists client in adjusting to chronic disease management.
- Provides education to assist in maintaining optimal health.
- Optimizes strengths in recovery process.
- Encourages client to participate in ongoing rehabilitation if and where available.

## **ACUTE/CHRONIC AND EPISODIC INTERVENTIONS**

Cardiovascular nurses use specialized skills and knowledge in the comprehensive care of clients experiencing acute/chronic episodes and/or exacerbations of established cardiovascular disease. The nature of cardiovascular disease dictates that nurses be alert

for sudden alterations in their client's health status which may result in transient or permanent functional disability or death.

The cardiovascular nurse:

- Uses evidence based knowledge of cardiac anatomy, physiology and pathophysiology to make critical decisions on illness progression, hemodynamic stability and expected outcomes for the client.
- Uses knowledge of specialized skills essential for comprehensive assessment of cardiovascular clients including but not limited to arrhythmia interpretation, cardio-pulmonary assessment and basic hemodynamic principles.
- Uses knowledge of expected/unexpected effects and multi-system interaction for cardiovascular pharmacological therapies commonly administered to cardiovascular clients in their acute and chronic phases of care.
- Uses knowledge of evidence- informed conventional and alternative medications to educate clients regarding potential interactions.
- Educates the client about diagnostic procedures.
- Interprets cardiovascular laboratory tests and results in relation to the client's clinical condition and implements appropriate nursing action.
- Monitors client progress during critical episodes and initiates necessary emergency interventions.
- Supports and includes the client in all choices or decisions regarding care including cardiac emergency situations.
- Implements strategies to optimize comfort.
- Uses knowledge of both common and unexpected trajectory of cardiovascular disease, to anticipate client needs.
- Incorporates the client's advance directives (according to local and national standards) into nursing care plan.
- Provides emotional support to client as required
- Educates and prepares client and family for implantation of cardiac devices as indicated.
- Supports client's transitions of care across the continuum.

## **REHABILITATION**

Cardiac rehabilitation is defined as

“the enhancement and maintenance of cardiovascular health through individualized programs designed to optimize physical, psychological, social, vocational and emotional status. This process includes the facilitation and delivery of secondary prevention through risk factor identification and

modification in an effort to prevent disease progression and the recurrence of cardiac events” (Canadian Association of Cardiac Rehabilitation, 2009, p. 2).

Cardiac rehabilitation (CR) programs are fiscally prudent, demonstrating a cost-utility ratio of \$9,200/quality adjusted life-years gained following the first year of attending a CR program, a significant reduction in morbidity and mortality, a reduction in hospital readmissions for cardiac related events and a reduction in the need for cardiac interventions such as percutaneous coronary interventions (Grace et al., 2011).

A collaborative lifelong plan is formed by the nurse and the client emphasizing aspects of the client’s health including modifiable/non-modifiable risk factors. The plan also includes enhancement of psychosocial well-being and promotion of self-actualization. Principles of behaviour change and self-management are taught and reinforced.

Rehabilitation phases reflect timeframes for interventions: from early onset in the acute setting to an outpatient community focus. Phases of rehabilitation include inpatient rehabilitation stage, outpatient rehabilitation stage and lifelong management (Canadian Association of Cardiac Rehabilitation, 2009).

In the inpatient phase, the goal is to safely transition the client from hospital to home.

**The cardiovascular nurse:**

- Assesses the client’s readiness to learn and incorporate the principles of adult education and health literacy.
- Assesses the client’s cardiac risk factors with the goal of beginning to develop a plan of care to reduce cardiac risk.
- Assesses the psychological needs of the client and initiates referrals as appropriate.
- Reviews/reinforces home exercise program.
- Reviews/reinforces the importance of attending a CR program post hospital discharge.
- Initiates referrals to community systems that will enhance other rehabilitative phases.
- Supports and participates in efforts to streamline inpatient CR referrals.

In the outpatient rehabilitation stage\*.

**The cardiovascular nurse:**

- Assesses the client’s current cardiovascular risk and psychosocial status.
- Monitors the client’s progress and compare to individually determined outcomes.
- Re-evaluates the plan of care in consultation with the health care team.

- Identifies the barriers to planned therapies and seek approaches that will facilitate client progress.
- Identify the nursing interventions to meet the ongoing client's needs during the rehabilitation process.
- Evaluates the needs, preferences and resources available to the client and significant others that may facilitate positive behaviour change.

Lifelong management.

**The cardiovascular nurse:**

- Enable the client to identify his/her individual progress.
- Encourage the client to maintain rehabilitation goals.
- Facilitate problem-solving for the client in order to sustain rehabilitative efforts.
- Assist the client to adapt to changes/progression of cardiovascular disease.
- Identify nursing interventions to meet ongoing needs or life changes of the client.

\*Assumption: CR programs adhere to core competencies as outlined in the Canadian Association of Cardiac Rehabilitation (2009) practice guidelines.

**PALLIATION**

The World Health Organization (WHO) defines palliative care as

“ ... an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (World Health Organization, 2012, para 0).

When an acute or chronic cardiovascular diagnosis may no longer be amenable to intervention or treatments clients and their families may wish to consider palliation or end-of- life care. Comprehensive cardiovascular nursing care incorporates palliative interventions as required by the client's status and in accordance with the client's wishes. The client's health may include a permanent functional disability or imminent death.

The cardiovascular nurse:

- Provides appropriate information to the client regarding available multidisciplinary support services available for end-of-life care.
- Supports and includes the client in all choices or decisions regarding care.
- Implements strategies to optimize comfort and quality of life.
- Uses knowledge of both common and unexpected trajectory of cardiovascular disease, to anticipate the client's needs.
- Includes the client's advance directives in nursing care.
- Assists clients with anticipatory grieving due to potential disability or imminent death.
- Respects spiritual and cultural needs of client.
- Functions as a member of the health care team in assisting the client to work through end-of-life issues.
- Provides caregiver support.
- Is aware of CCCN position statement: Advanced care planning and the role of the cardiovascular nurse.

## **CONCLUSION**

Cardiovascular nursing continues to evolve. As cardiovascular nurses, we are involved in health promotion, disease prevention, management of acute/chronic and episodic therapeutics, rehabilitation and palliation. These standards are designed as goals to achieve the highest level of care available for our cardiovascular population.

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## **APPENDIX I**

### **FOUNDATIONS OF CARDIOVASCULAR NURSING**

#### **CLIENT**

Client includes individuals, families (as defined by the client), groups, communities and populations. Cardiovascular nursing views the client holistically, incorporating the biological, psychological, social, cultural, developmental and spiritual dimensions of life experiences. Cardiovascular nursing respects informed client choices. Nursing relationships with the client are authentic, trustworthy and respectful of diversity.

#### **HEALTH**

Health is a resource for living, a positive concept, the extent to which an individual or group is able to realize aspirations, to satisfy needs and to change or cope with the environment. Health is relative, dynamic and more than the absence of disease. A client's meaning of health is unique and is constructed from his/her experience of living within a certain context. The cardiovascular client experiences a range of health manifestations from chronic to sudden and unexpected presentations requiring an adjustment that will be modified throughout the continuum of life.

#### **NURSING**

Nursing is a dynamic and supportive profession that is guided by its code of ethics (Canadian Nurses Association, 2008), is rooted in care, a concept evident throughout its four fields of activity: practice, education, administration, and research. In assisting people to achieve and maintain optimal health, nurses practice in a variety of settings and work collaboratively with other disciplines. Nursing provides a unique opportunity for us to form helping relationships in health and illness related circumstances to the best of our ability. This is done in accordance with established practice driven and ethical guidelines (Canadian Nurses Association, 2007).

Cardiovascular nurses demonstrate both leadership and professionalism by advocating for clients, being accountable for actions, promoting ethical behaviour in the nurse/client relationship, encouraging cooperation and interdisciplinary team building, providing evidence based practice, creatively seeking solutions to problems, promoting life long learning and participating in social/political lobbying for continued enhancement of health service programs. Cardiovascular nursing activities span the elements of health promotion, prevention, rehabilitation, acute/chronic and episodic interventions, rehabilitation and palliation.

#### **ENVIRONMENT**

Environment includes the following dimensions: physical, psychosocial, political and economic, spiritual, cultural and organizational. The environment impacts the cardiovascular health of clients whether or not they are aware. Cardiovascular nurses recognize that broader social, political and ecological factors influence the cardiovascular health of clients.