Heart Failure Education in an Acute Care Setting

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Heart failure patients often are readmitted for exacerbations of their chronic condition. Patient education in the acute care setting is limited and often nonexistent. The specific setting being evaluated is a 36-bed cardiac specialty unit. The unit has a nurse to patient ratio of 6:1 and a nursing care-partner to patient ratio of 18:1. These ratios are present on both day and night shifts. The unit is located within a small hospital, that is located in a rural area. The population being served by this facility is composed of mainly southern and rural folk. The foods eaten have high salt, fat, and carbohydrate ratios. Health education among this population is minimal and has created an increase in health issues. This population has limited finances and limited health insurance options. This creates an issue with access to continuous care and medications, increasing the readmittance rates of these patients.

Clinical Problem

The clinical problem identified is the lack of heart failure education and readmittance of patients on the cardiac specialty unit mentioned earlier. One patient out of every three admitted for this unit will be readmitted within 2 months for exacerbation of heart failure. Heart failure affects other systems of the human body and increases the chances that a patient will develop other health issues. The population has limited funds and resources for accessing care. This puts a strain on the facility due to lack of compensation for care provided. The rise in obesity and unhealthy habits throughout the nation has increased the population with heart failure. The 36-bed unit often has patients waiting for beds because of the increase in the population with heart disease. This has caused an increased workload on the staff and stress on the management of the unit. This increase in population being served has caused a more streamline approach in care. Educating the patients has become a time-consuming task that is not prioritized.

While admitting a patient a nurse found that the patient only takes his diuretic medications when he feels he needs them, the prescription was for a daily dose. The nurse inquired on why the patient took his medication in this manner and the response was because that's what he believed it was for. Sadly, the nurse did not have enough time to explain to him that the prescription was written to be taken daily and this could be a major reason for the exacerbation. The nurse put a note in about the incident and expected that the doctor would review the chart and address the issue. This did not happen and the patient was readmitted a month later with the same problem.

Another patient admitted to the unit, quite frequently, confided in the staff that they could not understand the doctor. The staff consulted the patient advocate to address the situation. No follow up by the staff was made after requesting the patient advocate. The lack of patient education on this unit is a major contributor to readmission rates. The rise in heart failure diagnoses among the population is concerning and education is key in preventing long term damage for these patients. Life expectancy decreases with each admission and quality of life decreases with disease progression. Providing care and advocating for patients includes education and this has been lost in the acute care setting.

Current Practice

The formal procedures and policies on education within the cardiac specialty unit are a bit vague. For nurses, these rely on following the nursing process and advocating for the patient. Education is one part of advocation that often is left out of nursing care. Documentation is a major part of clinical practice. There are many areas of care that are addressed through documentation. Education can be charted for each patient. The policy for the cardiac specialty unit is education must be documented one time per 24-hour period. There are no specifications

on what specific education must be documented. Provider education is also limited due to the amount of time that is spent with each patient. Discharge education is common throughout acute care settings. The major points that are covered during this discharge education are medications changes, diet changes, or follow up visits. This is if there are any of these to be discussed.

Informally, staff often provide education throughout the stay. These are quick sessions that are only about questions the patients may have or concerns that arise from the staff. This type of education is pointed and often does not concern the daily care that is needed with the disease itself. Educations documentation is a focused documentation relating to use of equipment in room, orientation to routine during stay, and fall prevention. These education topics are important but do not directly relate to the diagnosis of the patient.

There are no discrepancies between the formal and informal mechanisms of the unit. Documentation of education is provided and followed per policy. The vagueness of the requirements for inpatient education has developed a lack of structure for education, therefore, education is lacking.

Nursing Interventions

There are many interventions that have been implemented to improve heart failure readmittance rates, when it comes to providing education. The three interventions that I have chosen include personalized one-on-one education during a hospital stay by a RN or MSN , a standardized format of education to provide staff a way of communicating a small bit of education each day throughout the hospital stay, and having a dedicated educational pharmacist on the unit during the day to educate patients about heart failure medications and usage.

At Houston Methodist Hospital a research study was performed to evaluate an educational program called Heart Failure Disease Management (HFDM) in the inpatient setting

(Bhimaraj et al., 2016). This program implemented a questionnaire to evaluate the education that was needed and the patients with heart failure (Bhimaraj et al., 2016). The educators were clinical nurse specialists that focused their education efforts on heart failure (Bhimaraj et al., 2016). Identifying these deficits of knowledge allowed the education to be focused and resulted in an increase in patients' satisfaction with their knowledge of the disease and how to manage it (Bhamaraj et al., 2016).

Dadosky et al. (2016) published a study that evaluated a nurse-led educational intervention and the affects it had on a 30-day readmission rate. The intervention became a program and was named the Heart Link program (Dadosky et al., 2016). This program had education that was provided by two nurse coordinators designated for heart failure (Dadosky et al., 2016). The patients involved in this study received daily heart failure educations, general heart failure discharge education, follow-up calls, and much more (Dadosky et al., 2016). Readmission rates among these patients was decreased when compared to patients who had not been apart of the program (Dadosky et al., 2016).

Hamble (2017) published an article where he replicated a study from an evidence-based research project. This study was designed to evaluate a comprehensive educational plan for inpatient heart failure patients and their 30-dayb readmission rates (Hamble, 2017). The plan included a one-hour educational opportunity for a total of a four day period that would be delivered by a nurse clinician specialized in heart failure (Hamble, 2017). The results of this study showed that not only did it reduce the rates of readmission, it improved the patient satisfaction of care (Hamble, 2017).

Rouse et al. (2015) performed a comparative study evaluating educational interventions on fluid-volume management and health care usage. The basis of this study used the Common-

Sense Model theoretical framework (Rouse et al., 2015). The results were in favor of using the Common-Sense Model for fluid management (Rouse et al., 2015).

All of the studies mentioned above support the first intervention mentioned earlier, the personalized one-on-one education during a hospital stay by a RN or MSN. These studies used education from experienced professionals that was developed based off of an individualized need. The hospital in which the cardiac specialty unit is located has diabetic educators to educate patients about diabetes. Creating a heart failure educator group amongst the staff should be an option for the facility. The readmission rates of these patients were decreased because of the personalized and time given for education.

An example given earlier discussed the importance of medication education among patients. Another intervention mentioned was to have a educational pharmacist available to the patients during the day to increase knowledge of medications for heart failure. Opsha and Kane (2017) implemented a program to increase compliance and understanding of medications among heart failure patients. This program had an advanced pharmacist student available to patients during certain hours of the week for consultations on medications (Opsha and Kane, 2017). This also allowed for there to be printed information on the medications and uses for the patients (Opsha and Kane, 2017). Adverse drug reactions are common among patients that take multiple medications, these consultations alleviated many adverse drug reactions prior to occurrence because of questions being asked (Opsha and Kane, 2017). The results showed a decrease in hospital readmission rates. This study shows that a collaboration between pharmacy and nursing staff can enhance the quality of care and reduce readmission rates.

The last intervention mentioned involved the use of a standardized education format that allowed staff the opportunity to educate the patient in small amounts throughout their hospital

stay. Geslani et al. (2016) published an article that discussed standardization of heart failure education provided by nurses. A questionnaire was provided to the nursing staff to evaluate the knowledge on heart failure education (Geslani et al., 2016). A discrepancy of knowledge among the nursing staff was present and a standardized educational format was created (Geslani et al., 2016). The standardized format came with a guide called a "Passport", this allowed for sections to be checked off after being discussed (Geslani et al., 2016). Sections were made so that no section of education was too long and could be performed in one sitting allowing for more time for questions and no rushing the education at discharge (Geslani et al., 2016). This study has not been evaluated for its affects on readmission rates. Staff members who have used it agree that it helps with providing correct and adequate education amongst the patients (Geslani et al., 2016). Creating a standardized format would allow for nurses to provide proper education, with no rushing and allow for patients to adequately ask questions when needed.

One nursing intervention that I believe would be very helpful with hospital readmission rates related to heart failure is to provide an educational program after discharge that is located within the hospital. Discussions on diet, medications, fluid management, and much more could take place with specialists or educators that would be able to provide options for these patients. A study could be performed over a 6-month period to evaluate the effects of this educational program and hospital readmission rates.

Summary

Heart failure is a chronic disease that is spreading throughout the world with the increase of unhealthy habits. Hospital readmission rates for heart failure are high and a lack of education on medications, disease management, and diet are a factor that has been identified. Cardiac

specialty units are not provided with clear guidelines for education and hospitals do not have the funds to support these readmissions. Implementing the interventions discussed above would fill the large gap in heart failure education in the acute care setting. Education on heart failure will decrease readmission rates, increase life expectancy among the patients, decrease the comorbidities caused by heart failure, and enhance the quality of life for these patients.

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