

Nurse Practitioner Oversight of Heart Failure Patients

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PROBLEM STATEMENT

- Heart failure (HF) management drives up healthcare cost and patients are at an increased risk for higher mortality rates when they are subjected to high incidences of hospital readmissions (Heidenrich et al. 2013).
- In the hospice HF program at a facility in the Southeastern United States readmissions within the last year increased from 1.91% to 2.94%.

PROJECT PURPOSE

- The purpose of this project is to improve symptom management in hospice HF patients and reduce hospital readmissions.
- The overarching aim is to improve patient outcomes in hospice HF patients.
- Can nurse practitioner oversight and management of symptoms in HF patients reduce hospitalizations compared to current practice over 90 days?

MODEL/NURSING THEORY

Plan Do Study Act (PDSA) is a quality improvement model that focuses on refining processes that are already in place (Moran et al. 2020)

- Goal of PDSA to influence improved outcomes and maintain healthcare standards of quality.
- PDSA in this project allows for a rapid change to address hospice HF readmissions.

Pender's Health Promotion Model

- Examines health as a continuum of dynamic state, not just the absence of disease.
- Focuses on individual behaviors to aid in predicting individual actions (Pender, 2011)
- Allows for patients to assume accountability to ensure optimal outcomes.

METHODS

Participants

- Adult patients 18 and older with a diagnosis of heart failure and admitted the HF hospice program.
- Sample size of 20
- Inclusion criteria: Admitted to hospice HF program for greater than 6 months
- Exclusion criteria: Admitted to hospice HF program for less than 6 months

Setting

- Home hospice in the community

Instruments/Tools

- Hospital admission rates before and after implementation of nurse practitioner oversight.
- Heart failure symptom survey (HFSS) is a was used to assess and manage patient symptoms with intention to reduce hospital admissions (Pozehl et al. 2006).

Intervention and Data Collection

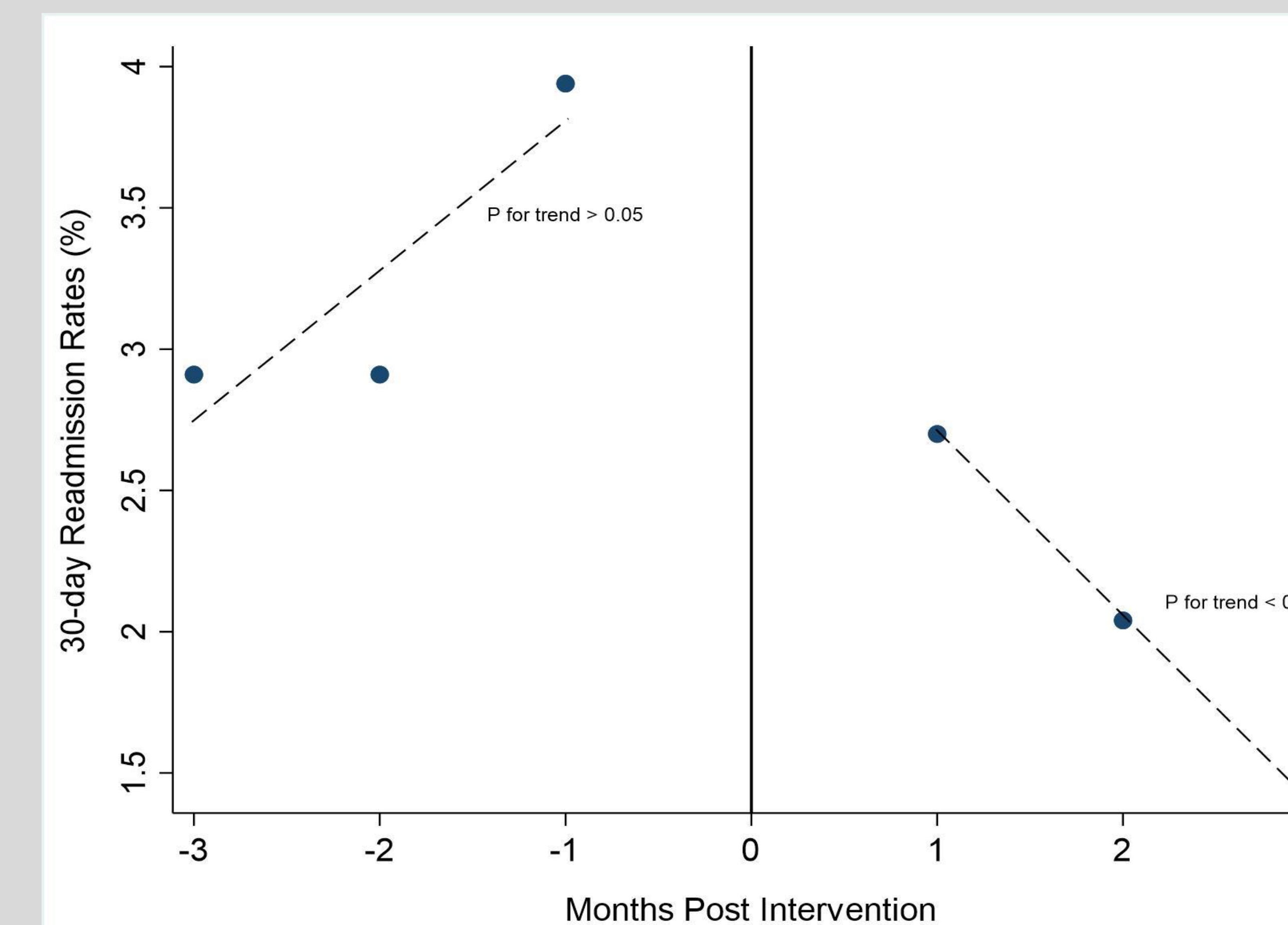
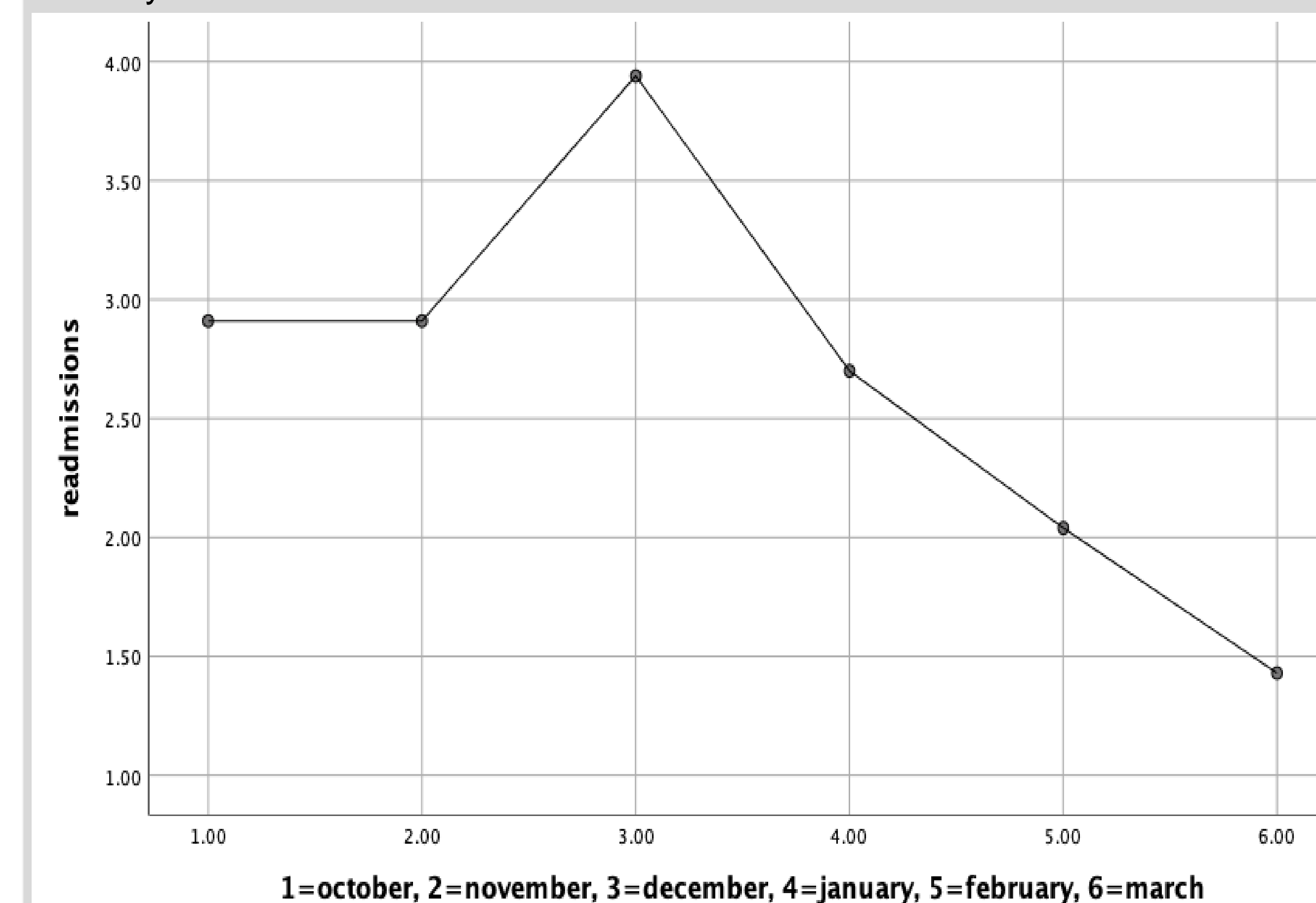
- Initial visits consisted of obtaining consent, providing information about the project and assessing symptom management using the HFSS. After initial visits patients were evaluated at 2 weeks, 1-month and 2-month mark. Hospital readmission rates were generated once a month from the electronic health record. The project was implemented over 90 days.

RESULTS

Observed proportion	2.06
Sample Size	20
Null hypothesis	2.95

Z-statistic	0.235
Significance level	P=0.8140
95% CI of observed proportion	0.00% to 20.38%

- P value is greater than 0.05
- Key: Oct-Dec=Pre: Jan-Mar=Post



DISCUSSION

- After implementing nurse practitioner oversight for the hospice HF patients, hospital readmission trended down.
- As a result of COVID-19 there was a small sample size, in order to gain statistical significance, the data may need to be collected within a longer timeframe.
- This quality improvement project implies that there is a need for more projects that focus on symptom management in HF patients to reduce hospital readmissions.

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- This quality improvement project foreshadows the potential need in roles for nurse practitioners to oversee symptom management in hospice HF patients with an emphasis on reducing admissions.
- Opportunity for advanced practice nurses to be proactive in HF management and have a direct impact on rising healthcare cost.

SUSTAINABILITY

- Benefit of improved patient outcomes and decreased healthcare cost.
- Preservation of quality of life in hospice patients.

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Nurse practitioner oversight of hospice heart failure patients can decrease hospital admissions.