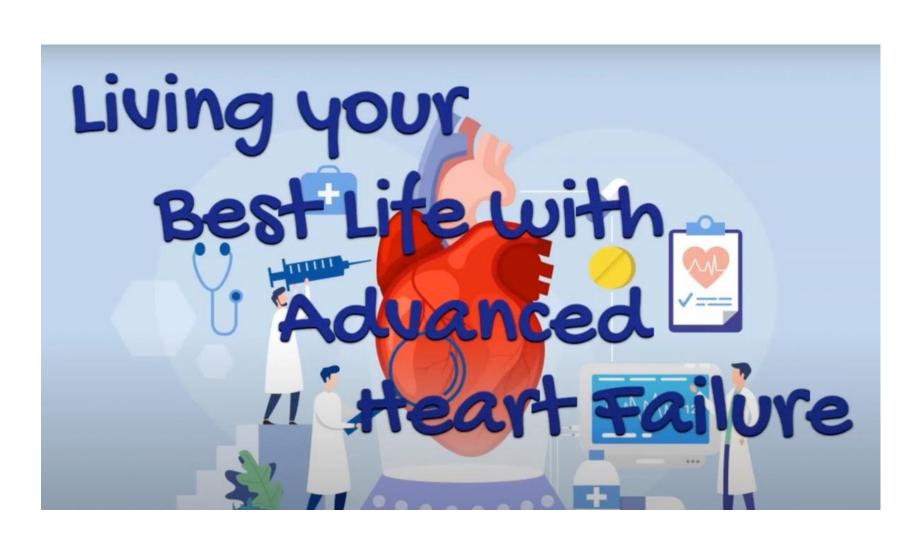
Reduction of 30-day Readmissions for Congestive Heart Failure in the Advanced Heart Failure Patient

Kelly DeWolf, DNP, APRN, AGAC-NP, Marcia Johansson DNP, APRN, ACNP-BC, FCCM



Readmissions for CHF exacerbations:

- Multifactorial problem
- Consumes significant resources
- Tremendous financial burden on the US healthcare system

Design and implementation of:

- Self-care/self empowerment program
- Educate and empower the de novo advanced heart failure patient in their heart failure knowledge and self-care
- Ultimate goal is to reduce 30-day CHF readmissions

Clinical question:

In the newly diagnosed advanced heart failure patient population, will the design and implementation of a heart failure self-care program, located on the GetWell network and MyChart, lead to a reduction in 30-day readmissions with heart failure symptoms, when compared to the current practice, over 3 months?

MODEL/NURSING THEORY

- Institute for Healthcare Improvement Model for Improvement with a PDSA cycle for guidance
- Orem's Self-Care Deficit Theory







RESULTS:

Patient Cohort

- Cohort includes adult patients
- Newly diagnosed with
- NYHA FC III-IV/Stage C-D
- Discharged on oral GDMT or continuous inotrope infusions

Setting

- A large, academic medical center in southwest Florida
- Patients followed by Advanced Heart Failure specialists

Instruments/Tools

- Self-care of Heart Failure Index (SCHFI)
- Utilized as a pre/post intervention tool
- Measurement of patient's self-care ability, confidence in caring for their heart failure (Riegel et al., 2009)

Intervention and Data Collection

- Baseline SCHFI administered during initial hospitalization
- Educational video shown to patient and written material given
- Post-intervention SCHFI survey given to patient in clinic after discharge
- Statistical analysis performed with a paired T-test
- Implementation phase 3 months
- Followed cohort patient for 30 days after discharge

DISCUSSION:

- Engaging patients to actively participate in their care is a priority (Chen et al., 2016)
- Current guidelines for CHF management emphasize the importance of patient self-care (Chen et al., 2016)
- Self-care is defined as a process of maintaining health, via maintenance, monitoring and management behaviors (Toukhsati et al., 2018)

IMPLICATIONS FOR ADVANCED PRACTICE NURSING:

 Implementation of a self-care program, designed to empower the advanced heart failure patient, will lead to improve patient outcomes for a vulnerable, fragile patient population.

SUSTAINABILITY:

 After the pilot program is complete, the multimedia educational platform will be available on the in-patient education network. This educational material will be required prior to discharge from a CHF admission.

REFERENCES:

Chen, J., Mullins, C. D., Novak, P., & Thomas, S. B. (2016). Personalized strategies to activate and empower patients in health care and reduce health disparities. *Health Education & Behavior, 43*(1), 25-34.

https://doi.org/ 10.1177/1090198115579415

Toukhsati, S., Jaarsma, T., Babu, A., Driscoll, A., & Hare, D. (2019). Self-care interventions that reduce hospital readmissions in patients with heart failure; Towards the identification of change agents. *Clinical Medicine Insights: Cardiology, 13.* https://doi.org/10.1177/1179546819856855 Riegel, B., Lee, C. S., Dickson, V. V., & Carlson, B. (2009). An update on the self-care of heart failure index. *The Journal of Cardiovascular Nursing, 24*(6), 485-497. https://doi.org/10.1097/JCN.0b013e3181b4baa0

Patient empowerment in the newly diagnosed Advanced Heart Failure Patient leads to an engaged, educated patient, and a reduction in 30-day readmissions.

