

Reducing Readmissions in Nursing Home Residents with Heart Failure

DNP/MPH Project

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Abstract

Background and Purpose: Nursing home residents with heart failure are disproportionately impacted by readmissions because of the interplay of biophysiological factors and suboptimal organizational conditions. Social determinants of health further worsen differences in readmissions among racial and ethnic minorities in this population. Guidelines for heart failure management exist, but there is limited evidence that these are effective in reducing readmissions in the nursing home setting. The purpose of the project was to evaluate the impact of an evidence-based heart failure protocol on 30-day readmissions of nursing home residents as well as of nurses' knowledge on heart failure.

Methods: The project utilized a pretest-posttest intervention design to compare readmission rates and knowledge at baseline and post-intervention. Evidence-based strategies included weight monitoring, sodium restriction, and staff education. Heart failure knowledge was measured using a validated education tool. Fourteen and 20 nursing home residents participated in the pre- and post-intervention groups, respectively, and eight licensed nurses participated in the education intervention that occurred in a nursing home in the western United States.

Results: There was no statistically significant reduction in 30-day readmissions. The prevalence of readmissions among Blacks or African Americans and Asians was higher compared to Whites. Heart failure knowledge significantly improved from baseline to post-intervention.

Conclusions: Heart failure-specific interventions had a small effect on readmissions. Heart failure education increased knowledge of licensed nurses and could potentially improve heart failure care in the nursing home.

Implications: Broad interventions that encompass medical diagnoses, focus on improving care of older adults, and target social determinants of health may reduce readmissions and need to be explored in future quality improvement efforts. Heart failure education should be provided regularly and extended to nursing assistants.

Keywords: readmissions, heart failure, nursing home, skilled nursing facility, racial disparities