Background

- 6.2 million Americans have heart failure (HF) (Virani et al., 2020).
- Costs the United States (US) $30.7 billion annually (Centers for Disease Control and Prevention, 2020).
- Prevalence of low health literacy in patients with HF estimated between 10.5% and 39% (Cajita et al., 2016; Cox et al., 2017; Fabbrì et al., 2018; Magnani et al., 2018; Wu et al., 2013).
- Impact of poor management: disease progression, rehospitalization, and death.
- Individual impact: increased cost, decreased quality of life, and increased risk of morbidity and mortality (Ziaeian & Fonarouf, 2016).
- Hospital impact: decreased reimbursement for HF readmissions within 30 days (Centers for Medicare and Medicaid Services, 2019).
- National average: 22%.

Purpose

In order to improve patient confidence in self-management and decrease 30-day readmission rates of adults who were hospitalized with HF, a HF Survival Skills Tracking Folder with tailored patient education was implemented in the outpatient HF Transition Clinic, where patients are seen once weekly for four weeks following discharge.

Aims

- Aim #2: Mean 5-point improvement in scores for the 3 participants who completed pre- and post-survey.
- Aim #3: Pre-intervention, hospital-wide rate was 20.8%. 0% readmission rate for the 3 participants who verbally reported during the post-survey. 16.7% readmission rate for all participants, based on a chart review.

Methods

- Design: Pre/post interventional Quality Improvement (QI) project.
- Sample: Adult patients with a HF diagnosis, discharged from the hospital and following up in the HF Transition clinic.
- Setting: Outpatient HF Transition Clinic at large academic medical center in the mid-Atlantic region of the US.
- Intervention: Visit #1 in person: pre-survey completed on paper and HF Survival Skills Tracking Folder provided. Visits #2-4 over telehealth: asked about folder use (Yes/No) and education provided based on identified needs. After Visit #4: post-survey completed over the phone and patient asked to provide verbal report about any readmissions (Yes/No).
- Survey Tool: Self Care of Heart Failure Index (SCFIH), version 7.2, section D in English (Riegel et al., 2019).

Results

- Demographic Characteristics (N = 6)

<table>
<thead>
<tr>
<th>Age, mean (SD)</th>
<th>71.17 (15.97)</th>
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<tbody>
<tr>
<td>Sex, (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3 (50)</td>
</tr>
<tr>
<td>Female</td>
<td>3 (50)</td>
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- Aim #1:
  - At visit #2, 1 (16.67%) reported use of the folder.
  - At visit #3, 0 (0%) reported use of the folder.
  - At visit #4, 0 (0%) reported use of the folder.

- Aim #2:
  - Mean 5-point improvement in scores for the 3 participants who completed pre- and post-survey.

Conclusions

- Despite small sample size and low reported utilization of the folder, demonstrated positive impact on patient self-efficacy in HF and lower 30-day readmission rates than hospital-wide and national averages.
- Serves as groundwork for future iterations and expansion of this intervention.
- Future goals: Expansion of this intervention to other outpatient settings and standardization of documentation for patient education from inpatient to outpatient setting.

References


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