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Education Interventions to Prevent Readmission of Heart Failure Patients

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Education interventions to prevent readmission of heart failure patients

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PATIENT CARE ISSUE

- More than 5.7 billion people in United States have been diagnosed with heart failure (HF) ¹
- Non-adherence to self-care measures necessary to manage HF is associated with exacerbation and readmission ¹
- A 27% 30-day readmission rate for Medicare patients with HF can lead to reduced Medicare payments and penalties ²
- HF hospitalizations contribute to over half of the \$39 million annual HF cost ³
- Almost half of HF admits will be readmitted within six months of discharge ³

EVIDENCE-BASED PRACTICE QUESTION

Question: What is the best heart failure discharge education content and method of delivery in order to promote patient self-care and prevent readmission?

P- Patients diagnosed with HF

I- Best discharge education content and method of delivery

C- Compared to other methods of education delivery

O- Increase patient adherence to self-care measures to reduce readmission ⁴

REGISTERED NURSE INTERVIEW

Nurse stated patients are taught specifics about ⁵

Content

- Daily weights
- Low sodium diet
- When to call physician
- No more than two liters of fluid per day

Method

- HF booklet
- Explanation
- Teach-back session
- Set-up with Specialist Clinical Nurse Practitioner on discharge

METHODS

- Search of PubMed, MEDLINE, CINAHL, and guideline.gov
- Combination of six key terms

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none">• Published in English• Published after 2006• Participants admitted and diagnosed with HF• Study used education intervention• Focus on patient adherence and reduced readmission outcomes	<ul style="list-style-type: none">• Not published in English• Published before 2007• Clinical articles• Pilot studies• Focus on healthcare professional knowledge rather than patient knowledge

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RESULTS

34 relevant sources narrowed to nine based on inclusion and exclusion criteria

- Two systematic reviews
- One randomized control trial
- Two cohort studies
- Two integrative reviews
- Two guidelines

SYNTHESIS OF EVIDENCE

Content

- Daily weights ^{6, 7}
- HF knowledge ^{6, 7, 8}
- Fluid management ⁸
- Medication knowledge ^{6, 7}
- Social interaction and support ⁸
- Identifying signs and symptoms ^{6, 7,}
- Diet and activity recommendations ^{6, 7, 8}

Method

- Individualized ^{6, 7, 9, 10}
- One-on-one ¹⁰
- Blend of media ^{7, 10}
- Teach-back session ^{2, 7}
- Use of questionnaire ^{11, 12}
- More than one session ^{6, 7, 10}
- Counseling and peer support ¹

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

Content

- Continue use of teach-back session ^{7, 10}
- Continue current practice of included content specifics ^{6, 7, 8}

Method

- Consider a more individualized approach ^{6, 7, 9, 10}
- Consider making available a blend of media in addition to booklet ^{7, 10}
- Continue set-up with Specialist Clinical Nurse Practitioner on discharge ⁷

LIMITATIONS

- Use of a combination of education interventions making it difficult to determine best intervention
- Specifics of education interventions were sometimes not included
- Some studies incorporate non-English studies and studies completed outside of the United States

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