

Improving Cardiac Functional Status Through Self-Care Assessment and Education

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Problem Statement

- Heart failure (HF) and poor self-care is associated with high mortality, readmission rates, and poor functional status
- At a transitional care heart failure clinic (HFC), the 30-day readmission rate is 14% for HF patients who attend the clinic post-discharge
- 70% of HFC patients are New York Heart Association (NYHA) functional class III or IV

Purpose & Goals

Purpose: To implement self-care assessment with the Self-Care in Heart Failure Index (SCHFI) and nurse-led HF self-care education (SCE)

Goals:

- 100% of all eligible patients will be assessed with the SCHFI
- 100% of all enrolled patients will attend five sessions of SCE
- 100% of all patients who attend 5 sessions of SCE (1) achieve post-education SCHFI scores >70, (2) meet criteria for NYHA class I-II, and (3) have no re-admissions to the hospital within 30 days of discharge

Methods

Setting: Nurse practitioner-led HF clinic at a large tertiary urban academic medical center

Population: New patients with outpatient decompensation or recent hospital discharge

Intervention:

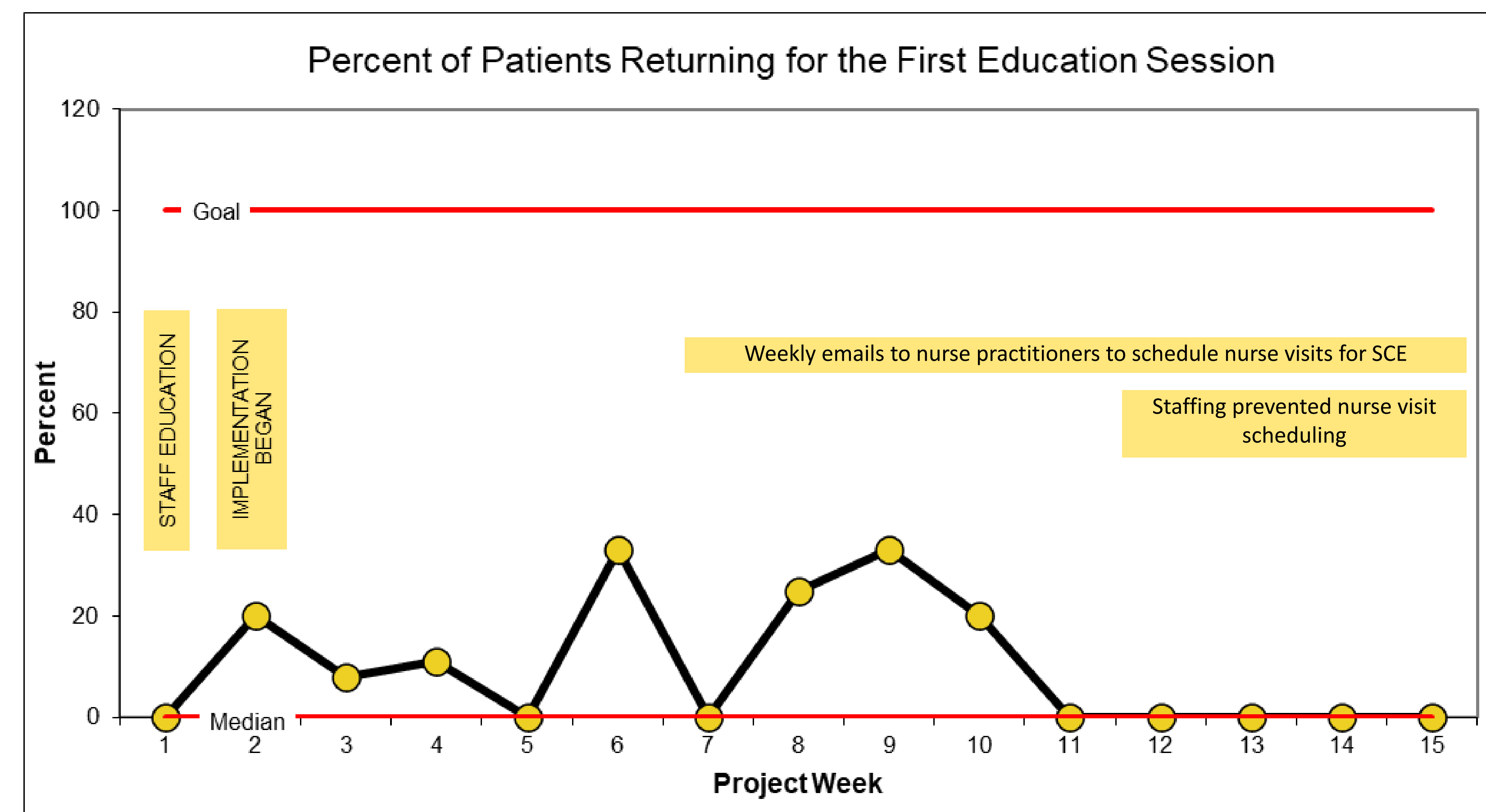
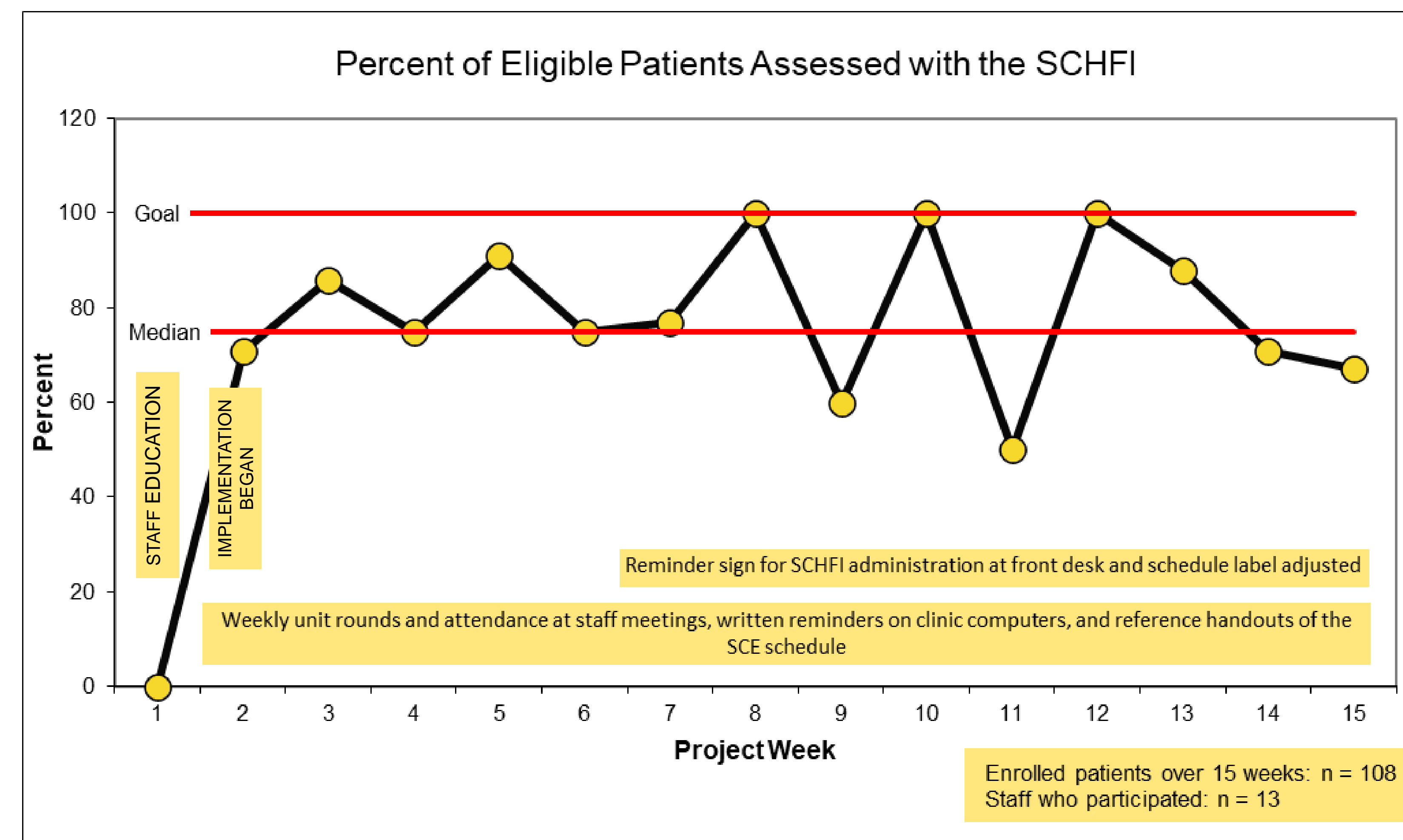
- Five SCE sessions administered at nurse-led visits
- Pre- and post-intervention SCHFI
- SCHFI and evidence-based SCE content schedule:



Tactics:

- Reminder signs
- Weekly unit rounds and monthly staff meetings
- Reference handouts of education schedule
- Weekly email reminders for nurse visit scheduling

Results



- An average of **75% of eligible patients completed the pre-education SCHFI**
- The median **pre-education SCHFI score was 76**
 - SCHFI score > 70 indicates adequate self-care
- 10 patients completed the first SCE session**
 - No patients completed five sessions

Discussion

Successful integration of the SCHFI assessment and SCE into HF clinic workflow

- SCHFI scores indicate that not all patients may need SCE
- Goal of 5 sessions of SCE was not achieved due to multiple barriers including staffing, patient transportation, and comorbidities

Of the ten patients who attended one session of SCE, results are consistent with the literature^{1,2,3,4}

- 10% re-admitted within 30 days of discharge for HF-related reason
- 70% had improved or unchanged NYHA functional status; none worsened

Unlike the results of other studies, SCHFI scores decreased for all three patients who completed the SCHFI after the first education session^{1,2,3,4,5,6,7}

Limitations:

- Difficult for patients to attend five SCE sessions
- Unable to provide SCE to all new patients and hospital discharges
- Nurse visits were limited to one day a week

Conclusions

- The SCHFI is a suitable tool for assessing self-care in HF patients in a transitional care setting
- Self-care assessment can target vulnerable patients who could benefit from further nurse-driven support
- SCE can empower patients and increase high value care

Sustainability:

- Target SCE to patients with low SCHFI scores
- Decrease number of SCE sessions to 1-2
- Expand nurse visits to multiple days per week

References & Acknowledgements

