A Multi-Disciplinary Initiative to Improving Management of Heart Failure Patients on a Medical Telemetry Unit

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Introduction

Heart Failure (HF) is becoming more prevalent in the U.S. and is costly in terms of mortality rates and health care services. It is one of the most common causes of hospitalization and readmission.

A collaborative approach among RNs, PCTs, and providers initiated a heart failure project on a medical telemetry unit that focused on education for patients, families, and staff.

Why Make A Change?

- Inconsistent intake and output documentation
- Inconsistent daily weight documentation
- Difficulty in identifying heart failure patients and creating educational plans
- Increase in heart failure 30-day readmission rates

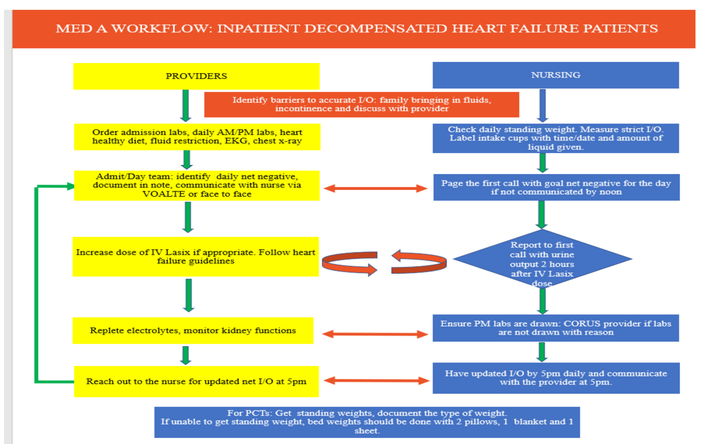
Objectives

- Enhance documentation of intake and output and daily weights
- Enhance staff understanding of roles in disease management
- Improve patient and family understanding of disease through adequate education and resources
- Improve inpatient management for this patient population
- Reduce hospital readmission rates for HF exacerbations

Interventions and Methods

Staff Education

Nursing and Providers



Interventions & Methods

Nursing and provider education continued

- A heart failure registry was created in electronic health record, EPIC to identify patients with HF. A red, heart-shaped sticker is placed on their door name tags.
- Patients were assigned HF education within 24 hours of admission on to the unit.

Patient Care Technician (PCT) Education

- PCTs recorded I&O Q4H on all heart failure patients.
- RNs communicated with PCTs about patients who are on HF education program. Night shift PCT obtains standing weight in morning, encourage and educate patients on how to accurately obtain their weight at home.

Patient and Family Education Resources

Folders

- Within 24 hours of admission, each patient receives a HF education packet that contains information on the disease, nutrition, exercise, medications and logs for keeping track of weight and fluid intake. Patient education is performed at every interaction, when it is most relevant to the patient.

Fluid Intake

- Patients can be provided with measuring cups in order to help keep track of fluid intake.

Weight

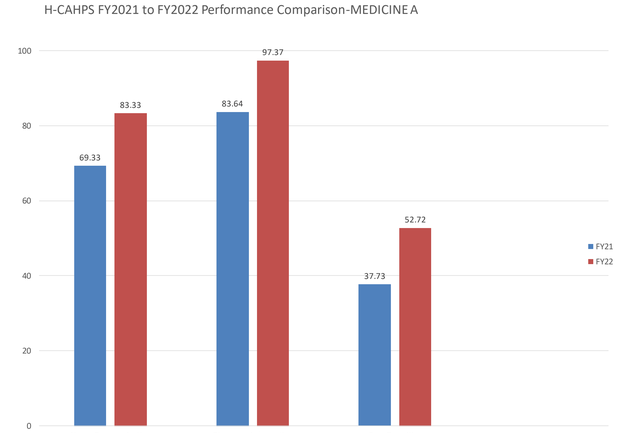
- Scales provided upon discharge to patients that were financially unable to obtain them. This will help promote self-management of their disease at home.

Outcome

Heart Failure Survival Skill education documentation

Outcome continued

HCAHPs–A closer look at FY2021 to current performance in the following metrics showed improvements in the following:



Significance

- Outcomes suggests improvement in HCAHPs and documentation compliance on patient education since the start of the project which supports objectives.
- HF survival skill education documentation is influenced by recent COVID pandemic.
- Future data should focus on hospital readmission rates.

References

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