

“Core measures work...as long as we put in the time”

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INTRODUCTION

- Lewis (2017) defines heart failure (HF) as an inability of the heart to provide oxygen-rich blood to the tissues and organs of the body and Systolic Dysfunction as an inability to eject blood properly into circulation
- Lewis (2017) states that symptoms depend on which side is failing:
 - Right-sided: jugular vein distension, peripheral edema, weight gain, ascites, hepatomegaly and splenomegaly
 - Left-side: crackles, restlessness, confusion, decreased O2 exchange, pulmonary edema and paroxysmal nocturnal dyspnea
- In 2002, the Joint Commission (TJC) created a standardized list of discharge instructions to reduce HF readmissions (Regalbuto, Maurer, Chapel, Mendez, & Shaffer, 2014, p. 2)
- Accredited hospitals use TJC's measures or “core measures” for specific diseases, including HF (VanSuch, Naessens, Stroebel, Huddleston, & Williams, 2006).
- Regalbuto et al., (2014) states:
 - “Standard HF-1, requires that HF discharge instructions address 6 areas related to HF management” (p. 2)
 - Developed following expert opinion and research that supports adherence decreasing likelihood of readmission within one year of discharge

SIGNIFICANCE

- The American Heart Association (AHA) “estimates over 650,000 new cases of HF are diagnosed each year” and is “most common reason for hospital admissions in adults over age of 65” (Lewis 2017, p. 737)
- “National 30-day readmission rate for Medicare patients admitted with HF in 2010 was 24.6%” (Regalbuto et al., 2014, p. 2)
- Fitzgerald (2012) states “HF has high prevalence affecting an estimated 5.7-6.6 million adults in the US. Elderly Medicare patients hospitalized for HF have a higher readmission rate within 30 days, more than 26% than any other medical condition” (p. 132)

POSITION STATEMENT

“Core measures improve health outcomes for HF patients”

SUPPORT FOR POSITION

- Regalbuto et al., (2014) states:
 - Proficient discharge teaching keeps patients from readmission within next 30 days
 - “no patients with perfect understanding of teachings were readmitted within 30 days” (p.6)
 - Understandings of discharge instructions were limited, lack of sufficient knowledge directly affected patient readmission to hospital within 30 days of previous discharge (p. 1)
 - Comprehension of discharge instructions were inadequate:
 - Those with limited education and non-English speaking- had poorer discharge understanding and higher rates of 30-day readmissions (p. 641)
 - Showed importance of education, symptom understanding, and self care in preventing readmissions (p. 642)
- Schell, (2014) states:
 - In-person communication using “teach-back” and follow up phone calls/appointments significantly reduced readmission rates
 - “saw 50% reduction in readmission when utilizing teach-back and follow-up post-discharge” (p. 231)
- AHA trial found “strong correlation between processes of care and outcomes, with every 10% increase in adherence to core measures associated with a 10% decrease in in-hospital mortality” (Chatterjee & Joynt, 2014, p. 3)
- “Readmissions of patients following hospitalization are most often HF at 35.2%” and “occurring within 15 days of discharge may be avoidable, linked to first admission” (House, 2016, p. 251)

IMPLICATIONS FOR PRACTICE

- Discharge teaching is part of a nurse's scope of practice and needs high priority (House, 2016, p. 254)
- Regalbuto et al., (2014) showed HF patients have difficult time understand the disease = need more time dedicated to teaching (p.5)
 - Verbal and printed handout teaching needs incorporation.
 - Follow-up phone calls aided in continuing education.
 - Evidence shows: more instruction given = more understood = less likely to readmit
- Better discharge instruction is cost saving to hospital and patient (House, 2016, p. 252)
- Lewis (2017) states discharge instruction topics should include:
 1. Diet
 2. Exercise
 3. Follow-up appointments
 4. Weight monitoring
 5. Worsening symptoms
 6. Medications



The infographic is titled "Self-Check Plan for HF Management" and is divided into three color-coded sections: Excellent (green), Pay Attention (orange), and Medical Alert (red). Each section lists symptoms and actions to take.

- Excellent - Keep Up the Good Work!** (Green background):
 - ✓ No new or worsening shortness of breath
 - ✓ Physical activity level is normal for you
 - ✓ No new swelling, feet and legs look normal for you
 - ✓ Weight check stable
 - ✓ No sign of chest pain
 - ✓ Daily Weight Check
 - ✓ Meds as Directed
 - ✓ Low Sodium Eating
 - ✓ Follow-up Visits
- Pay Attention - Use Caution!** (Orange background):
 - ⚠ Dry, hacking cough
 - ⚠ Worsening shortness of breath with activity
 - ⚠ Increased swelling of legs, feet, and ankles
 - ⚠ Sudden weight gain of more than 2-3 lbs in a 24 hour period (or 5 lbs in a week)
 - ⚠ Discomfort or swelling in the abdomen
 - ⚠ Trouble Sleeping
 - ⚠ Your symptoms may indicate:
 - ⚠ A need to contact your doctor or provider
 - ⚠ A need for a change in medications
- Medical Alert - Warning!** (Red background):
 - ⚠ Frequent dry, hacking cough
 - ⚠ Shortness of breath at rest
 - ⚠ Increased discomfort or swelling in the lower body
 - ⚠ Sudden weight gain of more than 2-3 lbs in a 24 hour period (or 5 lbs in a week)
 - ⚠ New or worsening dizziness, confusion, sadness or depression
 - ⚠ Loss of appetite
 - ⚠ Increased trouble sleeping; cannot lie flat
 - ⚠ WARNING! You need to be evaluated right away.
 - ⚠ Call your physician or call 911

(American Heart Association, 2019)

CONCLUSION

HF affects millions of Americans. TJC standards on discharge instructions for HF patients has been found to decrease rate of 30-day readmissions. Improvement in discharge teachings reduces mortality, rate of readmissions, overall cost and patient satisfaction. Nurses are in the best position to deliver discharge teaching because they spend the largest amount of time with patients daily. Teaching should be done for all patients prior to discharge, ensuring time is taken to address all concerns, and provide additional educational resources. HF patients need continuing support and education in order to reduce the number of readmissions seen in hospitals.

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