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Are Core Measures Improving Health Outcomes?

Alyssa Bajkowski

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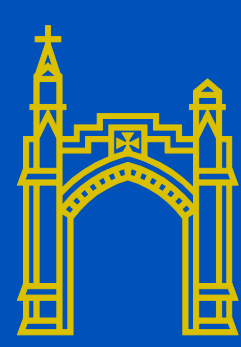
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Are Core Measures Improving Health Outcomes?

Alyssa Bajkowski

INTRODUCTION

- Heart Failure results in the inability of the heart to provide sufficient blood to meet the oxygen needs of tissues and organs (Lewis, 2017, p. 737).
- There is a defect in either ventricular filling (diastolic dysfunction) or ventricular ejection (systolic dysfunction) are key manifestations (Lewis, 2017, p. 737)
- HF is associated with numerous cardiovascular diseases (CVDs), particularly long-standing hypertension, coronary artery disease (CAD), and myocardial infarction (MI). (Lewis, 2017, p.737)

SIGNIFICANCE

- Approximately 25% of patients discharged with a primary diagnosis of Heart Failure are readmitted within 30 days. (Lewis, 2017, p. 737)
- American Heart Association estimates more than 650,000 new cases of HF are diagnosed each year. (Lewis, 2017, p. 737)
- CHF annual incidence approaches 10 per 1,000 population after 65 years of age. (Emory Healthcare, 2017)
- HF is responsible for 11 million physician visits each year. (Emory Healthcare, 2017)

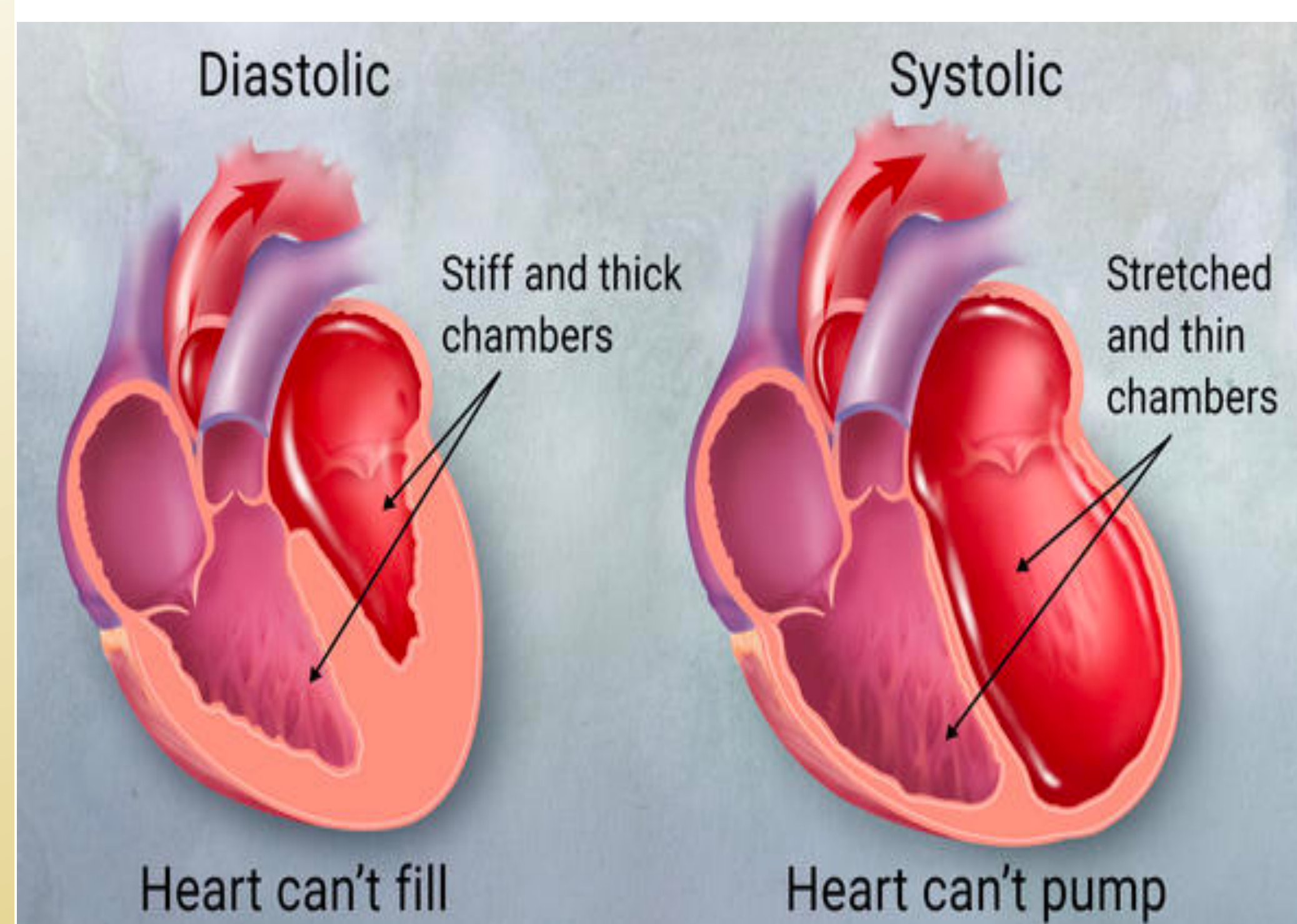
POSITION STATEMENT

Core measures such as discharge instructions does improve the outcomes for a patient with Congestive Heart Failure.

SUPPORT FOR POSITION

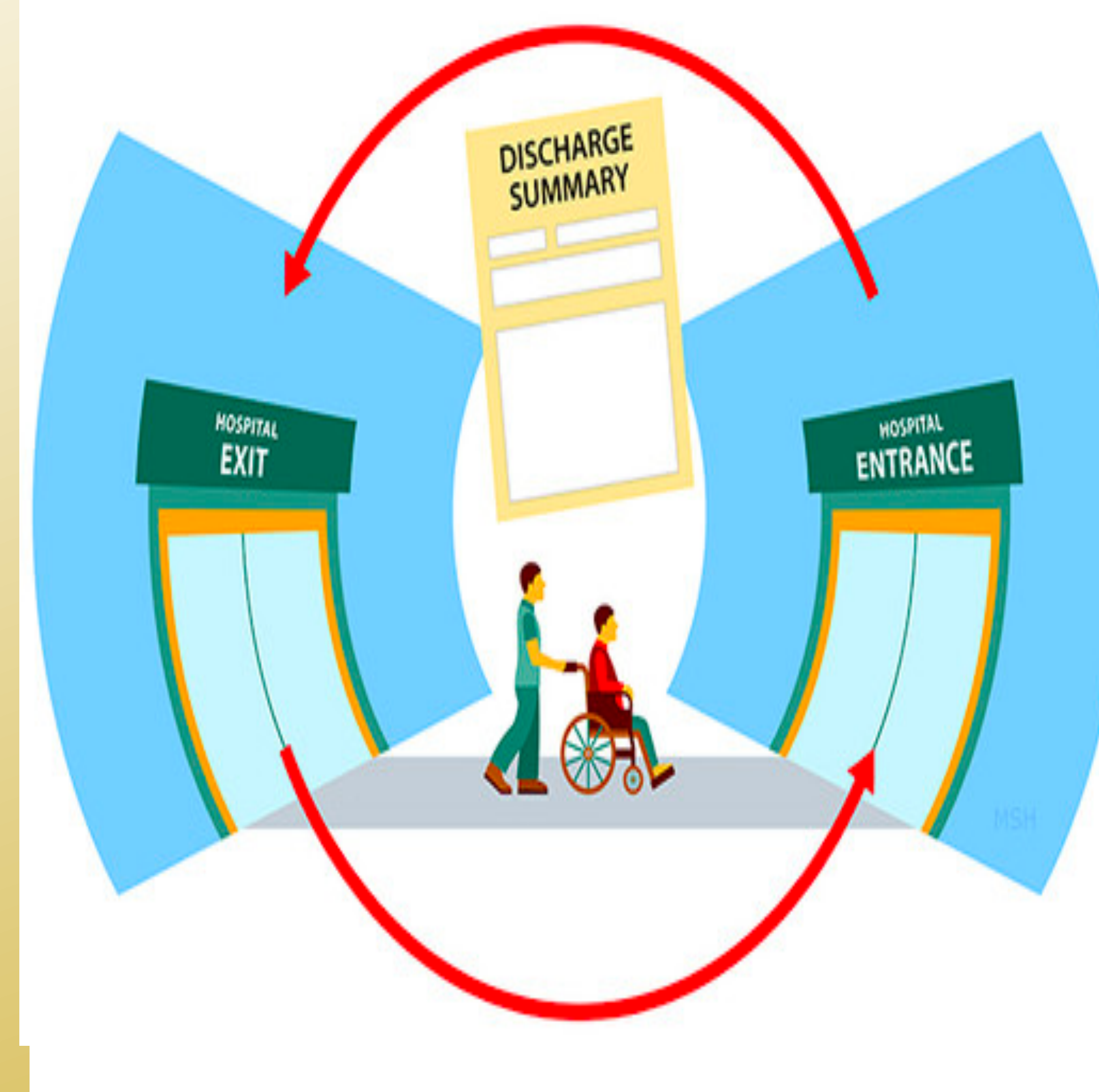
According to Paul (2008),

- “Education of patients at discharge promotes self-care, reduces readmissions, and helps patients identify problems early, increasing the chances for intervention and improved outcomes.”
- According to estimates, 54% of readmissions may be preventable, inadequate discharge planning and patient education or lack of patient follow-up are common factors in readmissions.
- Educational interventions should be specifically tailored for patients and their families. It should target their barriers to learning such as functional and cognitive limitations, misconceptions, low motivation and low self-esteem.



IMPLICATIONS FOR PRACTICE

This information is important for nurses because they are the ones that implement discharge teaching. Discharge teaching should start when the patient is first admitted. To make sure the patient understands the teaching you should use the teach-back method. During teaching the nurse should answer any questions that the patient may have. It is important because the more the patient understands the less likely they will be readmitted to the hospital. The nurse should also provide a written handout with information so the patient can have a copy at home. It should include the activity level, diet, discharge medications, follow-up appointments, weight monitoring and what to do if symptoms worsen.



CONCLUSION

Heart failure is a concern that can affect all ages. Nurses need to make sure that the patients understand the teaching and provide written instructions or educational material that can reflect the teaching. When discharge teaching is effective it will decrease the rate of readmissions. Thus this core measure of patient education improves the outcomes for a patient with Congestive Heart Failure.

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