

# Tailored Education for Patients with Heart Failure

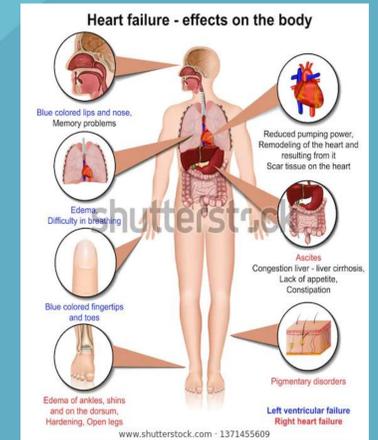
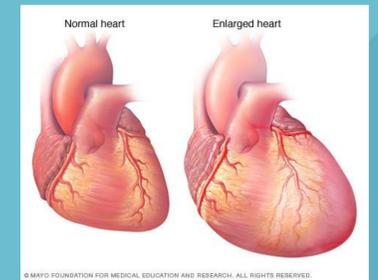
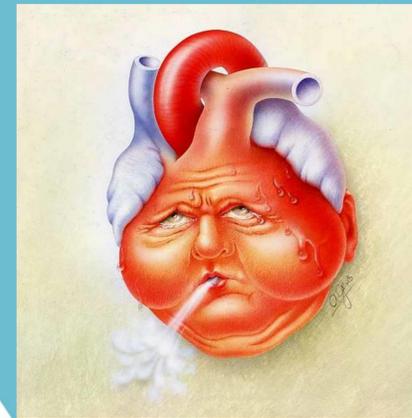
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## Purpose

The purpose of this project is to improve outcomes in patients with heart failure through the use of an individualized, tailored educational binder. Interventions include providing information on the disease process, providing a list of foods that is safe for heart failure, and the creation of medication logs, dietary log, daily weight log, dietary journal, and vital signs log.

## Background/Literature Review

- Heart failure affects over 5 million Americans, and is the reason for admission to the hospital for more than 1 million Americans (Chamberlain et al., 2018).
- The pathophysiology of heart failure makes it easy to be readmitted within 30 days of discharge because it affects more than just the heart; it can affect the lungs, liver, and kidneys making this a complex disease to self-manage (Yu et al., 2015).
- One commonality that is present is that further, in-depth education is needed for the patient to have success at self-managing heart failure. Comprehensive patient education is needed in patients with heart failure. Education that is individualized and tailored to the patient is a way to provide thorough education and help improve outcomes (Meng et al., 2016).
- Certain themes emerged from the review of literature including medication compliance, dietary compliance, self-care, and health literacy (Meng et al., 2016).
- The theme of health literacy is important as it is crucial for medication compliance, dietary compliance and self-care (Meng et al., 2016).



## Nursing Theory

- Dorothea Orem's Theory of Self-Care was first published 1971. This nursing theory has been changed numerous times through the years, however, the original theory still remains largely intact to this day (McEwen & Willis, 2019).
- Orem's Theory of Self-Care is a focus on self-care management of the patient with heart failure. This theory states the actions of a patient directly relates to being able to provide self-care for management of a disease (Artinian et al., 2002).
- Orem's Theory of Self-Care is used widely in the ambulatory settings, including specialty areas such as cardiology, to structure the care for the patient on an individual level (McEwen & Willis, 2019).
- Orem believed that humans partake in continuous communication and interchanges not only with themselves, but the people around them, and their environment to function and stay alive (McEwen & Willis, 2019).

## Methods

- Based on the review of literature, patient education is paramount for optimizing outcomes in patients with heart failure. In this project, the student developed an individualized, tailored patient educational binder.
- The binder has different tabs that consists of a basic overview of the disease process, a food list that is acceptable for patients with heart failure, daily weight log, an individualized medication list, dietary log, and vital signs log.
- This binder assists the patient to be an active participant in the care that is being guided and directed by providers and is written at a fifth to sixth grade level.
- The individualized, tailored education binder serves as a reference for the patient, as well as helping the patient monitor for symptoms of an exacerbation.
- It was decided to first implement the binder to the patients in the emergency department who are being admitted for an exacerbation of heart failure.
- The provider in the emergency department will go over the use of the binder with the patient, with the nurse presenting the binder to the patient, and further explaining the contents of the binder. The nurse will use the teach back method to help ensure that the patient is retaining the information being taught (Almkuist, 2017).
- Once the patient is admitted, the inpatient providers and nurses will fill out the home medications for the patient since changes will likely be made during the hospital stay. The binder will be taken to every appointment because the binder is a central location for information for both the patient and the provider.

## Outcomes

- The expected outcome is that the patient with heart failure will have an increase in self-care and management of the disease.
- The way to measure this is to keep track of 30 day readmissions into the hospital for an exacerbation of heart failure.
- The electronic health record of the rural hospital has a column that alerts providers if the patient had a visit to the emergency department within 30 days of discharge which is a way to evaluate the results of implementing the binder.
- This alerts the provider to check what the reason was for admission within those 30 days of discharge.
- The reason for implementing the binder on patients who are admitted to the hospital from the emergency department is not because that is where the diagnosis of heart failure is made, it is because that is where patients present when an increase in exacerbation symptoms likely requires admission.
- The emergency department is the first step in providing patients with heart failure the individualized, tailored educational binder. The goal is to be able to provide binders to primary care offices to dispense binders to patients with heart failure when this proves to be successful.

## Implications

- Proper education provided to patients with heart failure can decrease the amount of emergency department visits and readmissions (Bader et al., 2018).
- Decreasing emergency department visits and readmissions increases the chance of reimbursement for hospitals which, in turn, keeps the hospital afloat financially and allows the staff members to have job security and a paycheck (Chamberlain et al., 2018).
- Increasing education that is individualized and tailored to the patient with heart failure increases the chances of self-care and management of the disease that is effective (Toback & Clark, 2017).

## Conclusion

- This project was to increase the outcomes in patients with heart failure. After the literature review, it was evident that tailored, individualized education was needed not only to improve the outcomes in the patients with heart failure, but to also decrease the readmission rate for patients with an exacerbation of heart failure (Gilotra et al., 2017).