

Abstract

Veteran Centered Heart Failure Self-management Education Program

Self-management education and support improves survival and quality of life and reduces re-hospitalization admission rates for heart failure (HF) patients. American Heart Association (AHA) and the Heart Failure Society of America (HFSA) guidelines highlight the importance of patient education to self-management of HF. Educating both patients and staff across the continuum of care about self-care and HF management, according to current evidence-based guidelines, contributes to better patient outcomes. Successful transitions following hospitalization require a focused, consistent educational intervention.

The purpose of this interdisciplinary evidence-based quality improvement project was to improve heart failure patient self-management through standardized education across care settings.

Specific aims were to develop an interdisciplinary HF self-management education protocol for use across care settings (discharge from hospital, 2-day post-discharge call, post-hospital primary care or specialty visit, specialty care follow-up); educate staff and providers about the process and content of patient education about HF and to institute structure and processes to support documentation of patient education (delivery and understanding) and patient outcomes at key points across care settings.

Following a retrospective chart review confirming variability in HF education an interdisciplinary team was created to develop the standardized educational intervention for Veterans with heart failure across care settings. Following the creation of a template in electronic health record inpatient RN's were educated on the new HF education protocol. Six month process and outcome measures were collected to measure consults to HF nurse case manager, education provided to Veteran, 2-day follow up call made by primary care, 30 day readmission rates, and return ED visits related to HF.

Managing Veteran HF education across settings is complex and involves many stakeholders. Inpatient process and education is being standardized and next steps are to evaluate the process outcomes in primary and transitional care. Using an ongoing interdisciplinary approach is paramount to the sustainability of standardization across settings.