Heart & Lung 44 (2015) 173–177

Contents lists available at ScienceDirect

Heart & Lung

journal homepage: www.heartandlung.org

AAHFN Position Paper

American Association of Heart Failure Nurses Position Paper on Educating Patients with Heart Failure

Kismet Rasmusson, DNP, FNP-BC, CHFN, FAHA [a,*], Maureen Flattery, ANP-BC, CCTC [b], Linda S. Baas, PhD, RN, ACNP, CHFN, FAHA [c]

[a] Heart Failure & Transplant Program, Intermountain Heart Institute, Intermountain Medical Center, Salt Lake City, UT, USA
[b] Pauley Heart Center, Virginia Commonwealth University Health System, Richmond, VA, USA
[c] University of Cincinnati Advanced HF Center, Cincinnati, OH, USA

Background

Heart failure (HF) affects nearly 6 million Americans, a number projected to increase by 46% in the year 2030.[1] The diagnosis of HF necessitates that patients and families develop self-care skills and adopt lifestyle changes that facilitate controlling symptoms and slowing the progression of the disorder.[2,3] These lifestyle changes include: managing a prescribed medication regimen; recognizing signs and symptoms of worsening HF; making dietary changes and adopting an individually tailored exercise program.[2,3] In order to engage in self-care, persons with HF and their support systems need to acquire knowledge and skills specific to the health problem and the various pharmacologic therapies, devices, and non-pharmacologic interventions that are part of overall HF disease management.[4] The aim of these efforts is to improve quality of life[5] and increase survival. Thus, patient and family education is essential to prepare patients with HF for self-care.

The American Nurses Association (ANA) Scope and Standards of Cardiovascular Nursing identifies patient education as a fundamental responsibility of the nurse.[6] Since its inception in 2004, The American Association of Heart Failure Nurses (AAHFN) has been a participating organization in the development of all editions of the Cardiovascular Scope and Standards that guide HF nursing practice. Furthermore, multidisciplinary guidelines for the treatment of patients with HF include patient education as a highly recommended non-pharmacologic treatment.[7–9] In addition, adherence with national standards that address patient education are required for program accreditation[10] and certification.[11–13] Heart failure discharge instructions for patients has been defined by The Joint Commission to include six topics: diet, exercise, weight monitoring, worsening symptoms, medications and follow up appointments.[10,12] Thus, comprehensive patient education has been solidified as essential to patient care and is a responsibility of nursing.[14]

Heart failure patient education has had increased awareness and efforts to complete documentation of "discharge instructions",[15] yet such education has been performed using varied methods with uncertain effectiveness.[11,12,16,17] Meaningful education will need to go beyond basic education, either verbally or using handouts, and should include methods that help patients gain knowledge, skills and mastery of the content provided.[18–20] Data suggests that outcomes improve when we educate patients with the intent for them to become active participants in their own care.[21,22] Patient activation and engagement are key features of patient centered-care, which is supported through individualized education.[23,24] Un-activated HF patients have higher readmission rates.[25]

Despite extensive support, comprehensive patient education is not consistently incorporated into practice. In 2013, AAHFN conducted a survey of members to assess the status of inpatient education. Respondents ($n = 409$) indicated that nearly 45% of the time patients *rarely* or *never* received 60 min of education. The greatest barrier reported was the lack of time to teach.[26] Health system-related barriers included lack of support from management, problems with documentation in the electronic medical record (EMR), and lack of available and culturally relevant educational materials. Patient-related barriers included low health-related literacy, and patient/family lack of interest. Certified HF nurses reported better outcomes as did those who worked in hospitals recognized for quality programs such as American Nurses Credentialing Center Magnet designation,[27–29] American Heart Association's *Get With The Guidelines*,[30] or program certification/accreditation. Thus opportunities exist to provide comprehensive and individualized patient education.

Over the past four decades, nursing research, based on principles of adult education and theories, has identified and investigated educational approaches that facilitate learning.[16,31] This body of knowledge has become the foundation for providing general health education. Identifying patient-level challenges that limit patient education and the patient's ability to engage in self-care is paramount to success. These factors include age,[32] health literacy level,[33] depression,[34,35] and multiple comorbidities such as sleep apnea,[36] anemia, renal disease and diabetes,[37,38] cognitive decline,[38,39] poor social support,[40–42] and socioeconomic challenges. Including strategies that address these factors by individualizing the patient's educational plan should also ideally include racial, cultural and religious preferences. Recent studies in patients with HF have validated other types of interventions including: effectiveness of multisensory approaches to teaching[43];

* Corresponding author.
E-mail address: Kismet.Rasmusson@imail.org (K. Rasmusson).

0147-9563/$ – see front matter
http://dx.doi.org/10.1016/j.hrtlng.2015.01.001

individualization of the teaching plan[44–47]; consideration of preferred learning style[9]; using trained volunteers,[48] sensory preparation,[49,50] and attention to self-care skill development.[20,24,32] Consistently teaching key concepts to HF patients in an individualized manner is important to meet their unique needs.

There is no specific published theory to guide education for patients with HF. Heart failure nurses may use various theoretical frameworks while teaching patients that include the following: the Situation-Specific Theory of Heart Failure Self-Care (SST–HFSC) to enhance patient self-care and self-care management,[51,52] Motivational Interviewing,[32,53,54] Cognitive Behavioral Therapy,[39] Theory of Planned Behavior,[55] Stages of Change,[56] Coaching,[57] and the Health Belief Model.[58] The nurse providing patient education has a great opportunity to enhance patient understanding by using relevant theoretical and evidence-based approaches.

Position statement

It is therefore the position of AAHFN that effective HF patient education is a complex endeavor that must meet the unique needs of the individual and the family or caregiver.[59] Patient engagement and activation with self-care needs to be fostered. No single approach will work for all patients,[60] and many factors need to be considered while providing personalized education (Table 1 – special considerations).

Table 1
Factors to consider while educating HF patients.

Special considerations	Specific actions to consider
Elderly population[32,61]	• Reminders • Repetition • Engage family/caregiver • Follow up calls
Comorbidities[37,62–65]	• Consider how comorbid conditions impact self-care • Consider referral to multispecialty clinic that uses mental health professionals • Refer to mental health professional to treat illness and enhance adherence • Support groups
Low health literacy[33,66–69]	• Assess learning preference and literacy level • Multimedia approach • Use teach-back method • Teach to goal[69] • Repetition • Literacy appropriate tools • Education tools in native language
Cognitive dysfunction[38,39,53]	• Assess for cognitive dysfunction (speech therapy for neurocognitive evaluation) • Consider cognitive, behavioral interventions • Repetition
Lack of social support[60,70–72]	• Support groups • Group visits • Family support
Caregiver burden[41,59,70]	• Support groups • Group visits • Educational plan for caregivers
Socioeconomic challenges[60]	• Social work and/or financial counselor consultation • Pharmacy assistance programs • Transportation assistance
Racial,[73,74] cultural,[75–78] gender,[79,80] and religious preferences[81]	• Assess for patient's preferences • Offer options when considering treatment decisions • Include culturally relevant content

Table 2
Topics of education.[7–9]

- Definition
- Etiologies
- Types of HF
  - HF reduced Ejection Fraction (EF) (HFrEF)
  - HF preserved EF (HFpEF)
- Diagnosis
- Testing
- Treatments
  - Medications, interventions, surgeries
  - Device therapies
- Managing comorbid conditions
- Self-care
  - Diet, lifestyle, activity, weight tracking, symptom recognition/management, alcohol recommendations, smoking cessation, influenza/pneumococcal vaccinations
- Preventing readmissions
- Disease progression
- Coping with HF
- Advanced directives
- End-stage therapies, heart transplant and mechanical circulatory support
- Palliative care and end of life preferences

The nurse's approach to HF patient education should be guideline-directed and evidence-based. Comprehensive HF education includes:

- Teach early in the hospital stay, reinforce throughout the stay and at discharge[82]
- Provide education to community-based patients through classes, groups or other creative programming
- Assess patient's health literacy, educational preferences, and knowledge of HF so that education can be tailored to patient's needs
  - Use the patient's preferred language
  - Determine the patient's preference for verbal, visual, and/or multimedia modalities during education
- Assess learning after discharge by phoning patients and repeating information during outpatient visits[82]
- Include all topics relevant to HF management[7–9] (Table 2)
- Provide a minimum of 60 min of HF inpatient education, shown to reduce 30 day readmissions[12]
- Use teach-back methods during education[83]
- Use EMR to communicate education plan to all care providers
- Include family and/or caregivers when at all feasible[19,41,59,70]
- Incorporate evidence-based and novel teaching techniques to enhance knowledge, build skills and confidence (Table 3)
- Tailor education based on the patient's prior experience with self-care skills
- Clarify with patient who will be providing post-hospitalization management and communicate plan to that provider in order to:
  - Coordinate care
  - Reduce polypharmacy
  - Reduce readmissions
- Assess patient's adherence with self-care monitoring at each outpatient visit and address factors that limit adherence; this may require referrals to social work or community resources.

Further, institutions must commit resources to ensure that this standard of care can be accomplished.[2,17,75,101] Resources should include adequate staffing and educational materials or media for inpatient as well as outpatient settings. Furthermore, the EMR should allow for easy and precise documentation of patient