Self-care in Heart Failure Hospital Discharge Instructions—Differences Between Nurse Practitioner and Physician Providers

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ABSTRACT

Patients with heart failure (HF) are at risk for frequent readmission potentially due to self-care deficits. Medical doctors (MDs) and nurse practitioners (NPs) both provide discharge instructions. However, each type of provider may emphasize different elements of care. The aim of this study was to analyze and compare the content of the documentation of 50 discharge instructions of heart failure patients written by NPs and MDs. Compared with MDs, NPs placed greater emphasis on symptom identification, and were more likely to advise and schedule follow-up appointments with primary care and cardiology providers rather than advising an appointment was needed without scheduling one.

Keywords: discharge instructions, heart failure, nurse practitioner, self-care
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INTRODUCTION

Heart failure (HF) exacerbation is the cause of nearly 80,000 unplanned hospital readmissions each year.[1] Unplanned all-cause readmissions cost Medicare $26 billion per year.[2] HF is also Medicare's greatest area of spending with annual expenditures of $31 billion.[3] Although only 14% of Medicare beneficiaries are diagnosed with HF, they account for 43% of Medicare spending.[4] Consequently, readmission of patients with HF is costly and places a pronounced burden on the resources of the health care system and on the patients and families who contend with the disease.[5] HF management is complex and requires coordination between patients, nurses, nurse practitioners (NPs), and medical doctors (MD) to overcome barriers and optimize the transition to the postdischarge environment.[6] Predischarge interventions include enhanced patient education, discharge planning, medication reconciliation, and scheduling a follow-up appointment prior to discharge.[7] Patients admitted for HF who have a follow-up appointment within 7 days after discharge reduce the odds of being readmitted by 44%.[8] A vital component of this process is successful communication of discharge instruction between provider and patient.

Multidisciplinary provider training programs that emphasize discharge instructions have shown reduced 30-day HF readmissions.[9] Discharge education has been strongly associated with reduced 30-day HF readmission and mortality.[10,11] Patients with the highest level of comprehension of HF discharge instructions were significantly less likely to be readmitted within 30 days.[12] HF patients receiving instruction that required them to teach-back contents to a member of an interprofessional health care team had a reduced 30-day readmission rate.[13] Furthermore, patients who had timely outpatient follow-up with providers showed reduced 30-day readmissions.[14] Use of interventions, delivered individually or as part of a bundle of care, have shown significant reductions in 30-day hospitalization, ranging from 3.6% to 28%.[7]

Documentation of discharge instructions varies depending on the perspective of the provider. Patient

decision-making and self-care play a vital and yet under-emphasized role in health care delivery.[15] Practice of self-care skills in patients with HF has been identified as an important component of transforming passive health care consumers into active health-seeking problem-solvers.[16] Self-care includes HF wellness behaviors that support physiologic stability (eg, low-salt diet, exercise, adhering to prescribed medication), recognizing HF-related symptoms when they occur (eg, weight gain, breathing difficulty, swelling, fatigue), and acting on them (eg, taking a diuretic, seeking support from health care providers).[17] Historically, medical and nursing providers approach care from different perspectives.[18] Within the medical model curriculum, the MD investigates and treats physiologic dysfunction using a logical, problem-solving approach, based on the pillars of basic and clinical science.[19] In contrast, NP training emphasizes holistic, patient-centered models with evidence-based practice that incorporates patients' priorities, their environment, and health.[20] Furthermore, medical perspectives initially focused on reducing mortality and readmissions are turning to patient self-management, symptom management, and increasing quality of life.[21] These domains are consistent with patient priorities and are the conceptual origins of self-care in nursing science.[22]

As patients are discharged from the hospital environment, *both* NPs and MDs provide discharge instructions to assist patients in their disease management as they transition home. The premise of this secondary analysis of existing records is that NPs and MDs advise patients from different perspectives, with these differences manifested in the documentation of discharge instructions. The primary hypothesis is that discharge instruction written by NPs will incorporate more concepts of self-care in HF that theoretically have the potential to reduce HF readmissions.

RESEARCH QUESTIONS

1. What elements of HF self-care are emphasized in the documentation of discharge instructions?
2. How do NP and MD providers differ in the self-care content they include in the documentation of HF discharge instructions?

METHODS

A descriptive comparative design using mixed methods was used to analyze documentation of discharge instruction. Discharge instructions were written by the NP or MD primarily responsible for directing care. A paper copy was given to the patient and documented in the electronic medical record. Fifty inpatients who were admitted to the intensive care unit with the primary diagnosis of HF were included in the study. A retrospective medical records review was conducted to analyze content of instructions written by NP (n = 31) and MD (n = 19) providers.

The 50 documents analyzed represent a subset from a larger cardiovascular study published elsewhere.[20] Briefly, the larger study investigated rehospitalization outcomes of individuals with an admitting diagnosis of HF or acute coronary syndrome. The original sample contained medical records from 185 participants who were admitted to a cardiac intensive care unit, transferred to the floor, and received care directed by an MD or an NP. In the current study, a secondary analysis of the parent study, only participants with a primary admitting diagnosis of HF were included.

Both advance practice providers performed similar roles under the supervision of an attending physician. Providers directed care throughout the patient's stay on the telemetry floor through discharge. The providers met with each patient individually daily, monitored their progression, adjusted medications, followed labs, assessed patient readiness for discharge, and offered discharge instruction, which was documented in the medical record and provided to the patients.

After institutional review board approval, discharge instructions were extracted from medical records of patients with HF who participated in the parent study. Discharge instructions were written by the MD or NP directing the patient care. Providers instructed patients to perform certain self-care behaviors. Documentation of the discharge instructions was entered in the electronic medical record and printed on a paper copy for patients and family members as they transitioned to the outpatient setting.

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