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The Nurse's Role in Patient Preparation for Discharge to Optimize Patient Outcomes and Reduce Readmissions

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College of Nursing

This is to certify that the doctoral study by

Marie-Antoinette Chevrin

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University

2025

Executive Summary: Staff Education Project

The Nurse's Role in Patient Preparation for Discharge to Optimize Patient Outcomes and
Reduce Readmissions

by

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MS, State University of New York, 2001

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Executive Summary Submitted in Partial Fulfillment
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Doctor of Nursing Practice

Walden University

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Summary

For this Doctor of Nursing Practice (DNP) project, I created a staff education initiative aimed at enhancing nurses' understanding of heart failure (HF) and clarifying their role within clinical pathways for managing decompensated HF. HF is a common and complex condition, accounting for 1-2% of hospital admissions. According to the *2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines/ Circulation*, effective prevention and management require nurses to understand causes, risk factors, and pathophysiology of HF, along with their role in patient-centered care. Nurses routinely provide patient education in inpatient and outpatient settings, but may be limited in terms of providing adequate instruction due to a lack of comprehensive knowledge of HF. The purpose of the project was to develop an evidence-based education program for nurses to increase their knowledge of HF. The project involved answering the question: What is the effect of implementing a staff education program based on an evidence-based practice (EBP) approach to discharge education for HF patients on nursing staff knowledge? To assess the effectiveness of the program, I employed a pretest-posttest design and analyzed the data using descriptive statistics along with the normalized learning gain metric. Results showed a slight increase in staff knowledge. Effective discharge education enables nurses to help heart failure patients manage their care and reduce readmissions, underscoring nursing's role in cost-effective, coordinated care. The project also addressed social challenges such as isolation and poor self-care after discharge.

Background

According to Chi et al (2021), the increase in HF is strongly associated with high mortality and rehospitalization rates, significantly diminishing patients' quality of life. Nearly one in four patients with HF is readmitted within 30 days of discharge, and about half are readmitted within six months. Several factors, such as low health literacy, lack of understanding about HF management, and nonadherence to treatment plans, often contribute to high readmission and mortality rates.

The diagnosis of HF is guided by established clinical protocols, which involve a combination of specific tests and procedures to assess cardiac function and determine the type and severity of the condition (Harrington et al., 2023). These tests and procedures can also help determine the most effective treatments. Nursing staff whose focus is the clinical care of patients with HF must demonstrate proficiency in the identification of major dysrhythmia, obtaining 12-lead EKGs, and initiating care in life-threatening emergencies. Furthermore, they should demonstrate knowledge of stress testing, cardiac biomarkers, pathophysiology, and treatment of Acute Coronary Syndrome (Fraser et al., 2024).

HF is a complex and debilitating condition that places a significant financial strain on healthcare institutions. An increase in 30-day readmission rates not only escalates healthcare costs but may also jeopardize a facility's accreditation status (Fraser et al., 2024). This is a critical concern for the project site, currently seeking HF Accreditation. As a candidate for accreditation, elevated readmission rates pose a substantial risk of losing both reimbursement and accreditation eligibility for HF care.

Due to its complexity, its debilitating nature, and financial consequences, HF management requires structured and organized evidence-based education programs to reduce hospital admissions and mortality (Heidenreich et al., 2024). Nurses play a pivotal role in providing education for HF patients (Dalfo-Pibernat et al., 2019).

A gap in clinical practice has been identified: the facility lacks standardized, evidence-based discharge instructions and protocols for patients with HF. This deficiency results in some patients being discharged without appropriate planning. Additionally, nurses have not received specialized education in HF discharge procedures. The lack of knowledge and training among nursing staff contributes to inadequate patient education on self-care, which may negatively impact recovery and increase the risk of readmission (Shoji et al., 2024).

Recognizing this gap in practice helped me formulate the project question: What is the impact of implementing an evidence-based staff education program on nursing knowledge related to discharge education for patients with HF? The purpose of this project was to develop a comprehensive, evidence-based education program aimed at enhancing nurses' knowledge of HF and improving the quality of discharge education provided to patients (Zare-Kaseb et al., 2024).

For this project, I performed a comprehensive literature search using a combination of search engines. The search was facilitated using PubMed, ProQuest, and the Cumulative Index of Nursing and Allied Health Literature. I selected studies according to their relevance to the project topic and their level of evidence. To support the need for improvement and the gap in practice, I selected a total of fifteen articles that

met the eligibility criteria for this project. Using the Johns Hopkins Research Evidence Appraisal tool, four Level I articles were found to consistently outline the vital role of nurses in improving patient outcomes with HF. In addition, three Level III and two Level II articles strongly recommend that nurses' knowledge of HF be periodically assessed and that evidence-based staff education be implemented to improve routine care as well as the discharge process of patients with HF (Kleman et al., 2024). All articles included in this project were written in English and primarily published in peer-reviewed journals.

Staff Education Project Development

Because HF readmission rates are high and costly and may affect reimbursement, improving clinical outcomes for patients with HF is essential (Kuchenrither, 2021). I developed a comprehensive staff education program using the ADDIE framework to ensure the training was evidence-based, goal-oriented, and aligned with organizational needs (see Appendix A). The staff education program focused on enhancing nurses' knowledge and clinical competencies in HF care. It covered nursing roles in inpatient care, including assessment, monitoring, care coordination, patient education for self-care, the clinical pathways for decompensated HF, and discharge planning to reduce readmissions.

Participants involved in the project were 18 full-time nurses working 12-hour shifts on a cardiac inpatient unit and four virtual nurses. Following approval from the department and unit leaders, the project was implemented both in the unit and online. A PowerPoint presentation was used to deliver the content (see Appendix B). To evaluate participants' knowledge, a pretest/posttest design was utilized, incorporating the Nurses'

Knowledge of HF Education Principles Survey (NKHFEPS), originally developed by Albert et al. (2002) and used with permission (see Appendix C). The instrument consists of 20 items (addressing self-management education principles related to diet (three items), fluids and weight (seven items), signs or symptoms of worsening conditions (six items), medications (two items), and exercise (two items)). All participants completed an evaluation of the program (see Appendix D). After data collection, I analyzed the results using descriptive statistics and the normalized knowledge gain metric.

Results

I used a pretest/posttest design was used to evaluate the effectiveness of the education program in improving staff knowledge of HF self-management principles. I analyzed the results using descriptive statistics and the normalized knowledge gain metric.

Descriptive Statistics

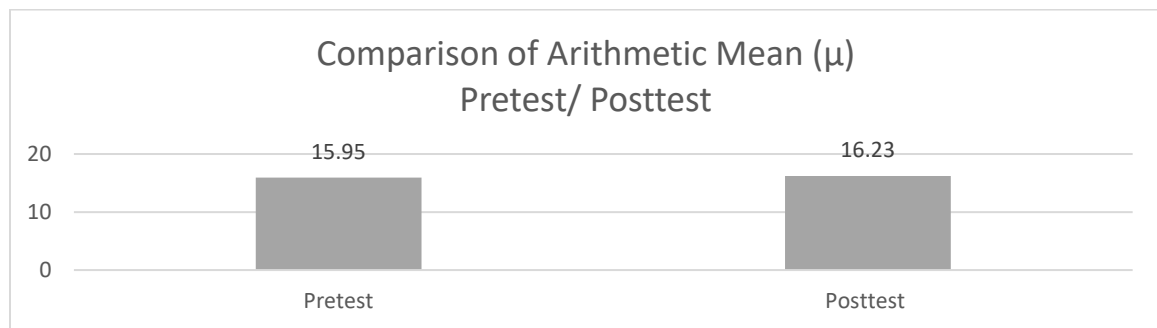
Twenty-two nurses participated in the education sessions. The participants completed a 20-question pretest/posttest assessment. Scores on the pretest were grouped into percentage tiers ranging from 65% to 100%, with each tier representing the number of individuals who achieved that score. I manually tallied the data and converted it into relative percentages to show the proportion of participants within each performance tier. My analysis revealed that the most common score was 80%, accounting for about 36% of the total participants. No one achieved a perfect score of 100%, and most scores fell within the 75% to 85% range. This indicates a generally moderate-to-high level of performance across the group.

In the posttest results, 85% was the most common score, achieved by 9 participants (about 41%). This reflects a shift from the pretest dataset, where 80% was the most frequent (36%). No participants scored a perfect 100% in either set, and most scores fell within the 75% to 85% range, indicating consistent moderate-to-high performance. The stronger clustering at 85% in the posttest data suggests a slight improvement or more uniform outcomes among participants.

The comparison of the pretest and posttest arithmetic mean (μ) showed a slight difference between the two correct response datasets (see Figure 1).

Figure 1

Comparison of Arithmetic Means Pretest/Posttest



Note: There were 20 questions on the pretest/posttest.

Normalized Knowledge Gain

To measure knowledge gain, I used the Normalized Knowledge Gain formula: $(\text{Posttest} - \text{Pretest}) / (100 - \text{Pretest})$. Individual scores ranged from -2.00 to $+0.60$, with an average of -0.06 . This suggests that, on average, participants did not improve when considering their starting point. While some showed notable progress, others experienced declines or no change.

The pretest-posttest results demonstrated proficiency in some areas but showed consistent knowledge deficiency in others. Most nurses in the cardiac unit were knowledgeable in key areas such as the need for daily weight monitoring and reporting worsening fatigue. However, a significant proportion of nurses were unable to recognize that non-steroidal anti-inflammatory drugs (NSAIDs) and potassium-based salt substitutes are contraindicated in patients with HF, highlighting a critical gap in clinical knowledge and practice. This finding underscores the need for targeted staff education to enhance nurses' understanding and improve patient care outcomes.

Evaluation of the Education Program

All participants completed an evaluation of the education program. The results indicated that the education program was well-received and offered valuable content to enhance professional practice. Participants rated the overall quality of the program as 'good to excellent,' with an average score of 3.77 on a 4-point Likert scale. Additionally, the majority (20 out of 22) reported an intention to change their practice behaviors because of participating in the program. All qualitative feedback was overwhelmingly positive. One participant commented: "It's a good refresher for HF education." Another participant mentioned: "Information was clear, organized, and detail-oriented."

Evaluating the project is essential for determining its impact and relevance to the organization. The findings provide valuable insights that can inform the development and implementation of future nurse-led HF education programs. The effectiveness of this initiative is highlighted by its evidence-based approach, which delivered substantial educational benefit to the staff and organization.

Limitations such as staff shortage, time constraints, conflicting scheduling, and a lack of engagement of some staff members affected the implementation of the project. Recognizing these challenges is essential to minimizing their potential negative impact on future nursing education initiatives (Westlake et al., 2024).

Although the scope of the project was limited to the practicum site, it holds significant potential for broader application. By promoting the vital role of nurses in educating patients with HF on self-care principles, symptom management, and strategies to improve quality of life, the project can contribute to reducing hospital readmissions and expanding nursing knowledge of HF across various healthcare settings (Bekelman et al., 2023).

Conclusions

Hospital readmissions within 30 days for patients with HF are influenced by multiple factors, including the quality of patient education and nurses' understanding of the disease and discharge instructions. Enhancing staff knowledge through targeted education can help mitigate these risks by improving nurses' ability to deliver effective discharge teaching and increasing patient awareness of self-management strategies (Calefi et al., 2025).

Nurses have a crucial role in providing educational support to patients with HF. Integrating novel approaches to nursing education, specifically in chronic diseases, is imperative. This integration would complement traditional education methods and keep pace with technological advancements. To improve the health outcomes of discharged patients with HF, future studies should consider the inclusion of pre-discharge planning,

which could further assess patients' knowledge and lifestyle, social support, and reliable means to access essential health services. Incorporating this key element into the discharge plan can strengthen self-care education for older HF patients, who are at increased risk of social isolation and poor post-discharge management (Son et al., 2020). Providing evidence-based education empowers nurses to support HF patients in managing their condition, reducing readmissions, and reinforces nurses' role in delivering coordinated, cost-effective care. The project also addressed social challenges faced by HF patients, including isolation and poor self-care after discharge.

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Appendix A: ADDIE Model

Design

HF Education Curriculum

Learning Objective	Detailed Course Content	Sources of Evidence	Delivery Method(s)	Assessment Tools and Method(s)
1. State the definition of HF.	Understanding HF (HF) - Determine nurses' knowledge of HF (HF) self-management education principles	Chi, 7/31/2021 Nurses' knowledge of HF self-care education: A systematic review	In-person learning Traditional Lectures via PPT	Question #16 Question#10
2. Describe the causes and risks of HF.	Review incidence and prevalence of HF and common causes and risk factors.	Rizzuto, 08/2022 Decreasing 30-day Readmission rates in patients with HF	In-person learning Traditional Lectures via PPT	Question #2 Question#5 Question#10 Question#12
3. Identify common clinical manifestations and assessment findings in patients with HF	Review common signs and symptoms of HF	Oh, 1/20/2023 Effects of discharge education using teach-back methods in patients with HF.	In-person learning Traditional lectures via PPT	Question # 3 Question#17 Question#18 Question#19
4. Discuss pharmacologic and non-pharmacologic management of HF.	Review current and updated HF Treatment. Review latest pharmacologic and non-pharmacologic interventions.	Caluya, 9-10/2021 Impact of educational intervention in reducing 30-day HF readmission	In-person learning. Traditional lectures via PPT	Question #7 Question #8 Question#14

5. Describe current diagnostic approaches used in the evaluation of HF.	Present/Review latest technological approaches to diagnose HF.	Jideofor, 10/2024 Nurses' knowledge, attitude, and practice of implementing HF management guidelines.	In-person, learning, Traditional lectures via PPT	Question #6 Question#13
6. Recognize signs of acute decompensation.	Review decompensated HF (HF) clinical pathway.	Bekelman, 1/16/2024 Nurse and social worker palliative telecare team and quality of life in patients with COPD, HF, or Interstitial lung disease. The ADAPT Randomized Clinical Trial	In-person learning, Traditional lectures via PPT	Question #6 Question#11 Question#20
7. Describe and apply the key inpatient clinical pathway for decompensated HF, including assessment, monitoring, multidisciplinary care coordination, patient education for self-care, and preparation for discharge to	Present/Review nurses' roles in applying best practices to manage patients with HF including self-care principles post discharge.	Nakahara-Melo, 5/4/2021 Transitional care from the hospital to the home in HF: implementation of best practices	In-person learning, Traditional lectures via PPT	Question #1 Question #2 Question#4 Question#9 Question#15

optimize patient outcomes and reduce readmissions				
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Appendix B: PowerPoint Presentation

Staff Education Program: Evaluating Nursing Knowledge on Heart Failure

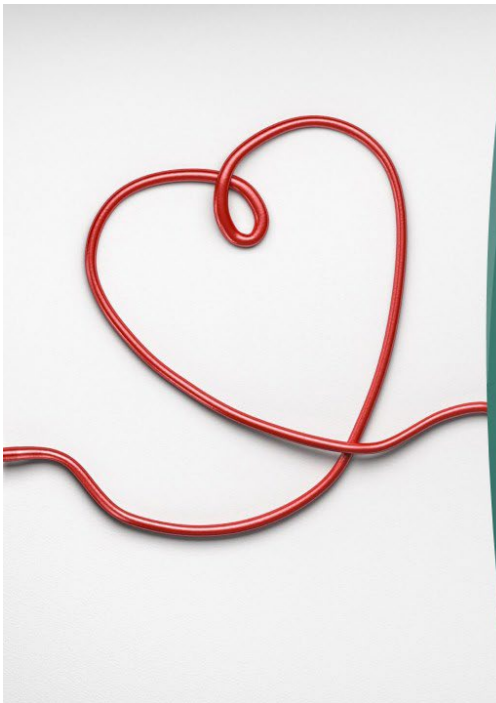
Presented by:
Marie-Antoinette Chevrin, DNP student
Walden University

Objectives

- ▶ At the end of the presentation, the participant will be able:
 - ▶ State the definition of heart failure
 - ▶ Describe the causes and risk factors of heart failure
 - ▶ Identify common clinical manifestations and assessment findings in patients with heart failure
 - ▶ Discuss pharmacologic and non-pharmacologic management of heart failure
 - ▶ Describe current diagnostic approaches used in the evaluation of heart failure
 - ▶ Recognize signs of acute decompensation
 - ▶ Describe and apply the key roles of nurses in the inpatient clinical pathway for decompensated heart failure, including patient assessment, monitoring, multidisciplinary care coordination, patient education for self-care, and preparation for discharge to optimize patient outcomes and reduce readmissions

Heart Failure: Definition

- ▶ Structural or functional impairment of ventricular filling or ejection of blood causing the heart to work inefficiently
- ▶ Occurs when the heart is unable to pump an adequate supply of blood to meet the oxygen and nutritional needs of the body.
- ▶ The heart muscle is too weak or too thick to pump effectively causing fluids to back up



Heart Failure Definition (cont'd):

- ▶ The heart muscle is too weak or too thick to pump effectively
- ▶ The heart pumps blood to all parts of your body
- ▶ Heart failure means your heart is not pumping as well as it should
- ▶ Heart failure can affect the heart's left side, right side, or both sides
- ▶ The Ejection Fraction is an important measurement used to identify how much blood is pumped to the body from the left side with each heartbeat

Causes of Heart Failure

- ▶ The two most common causes of heart failure are:
 - Blockage in a heart artery leading to a heart attack
 - Damaged heart muscle
- ▶ Other causes:
 - Malfunctioning heart valves
 - Congenital defects
 - Heart attack
 - Cardiomyopathy (enlarged heart)

- Age
- Family History
- Smoking
- Alcohol, Tobacco and Marijuana use
- High cholesterol levels
- High blood pressure
- Diabetes
- Some infections
- Other diseases, such as amyloidosis

Risk Factors

Signs and symptoms

Fatigue

Shortness of breath with activities or while lying down

Rapid Heart rate

Edema

Excessive urination at night

Cold sweaty skin

Restlessness or confusion

Causes of Heart Failure

- ▶ The two most common causes of heart failure are:
 - Blockage in a heart artery leading to a heart attack
 - Damaged heart muscle
- ▶ Other causes:
 - Malfunctioning heart valves
 - Congenital defects
 - Heart attack
 - Cardiomyopathy (enlarged heart)

HF Volume and Perfusion Status



Fluid overload



SOB and/or hypoxia, orthopnea, weight gain, edema, adventitious breath sounds, JVD, cough, ascites, enlarged spleen/liver, nausea, vomiting, S3 gallop, and anxiety



Low cardiac output or Hypoperfusion



Cold extremities, decreased mentation, skin pale/ gray/cyanotic, decreased urine output, poor response to diuretic therapy, fatigue/weakness, myocardial ischemia/injury, pre-renal azotemia, symptomatic hypotension, lactic acidosis, narrow pulse pressure

HF Volume
and Perfusion
Status (cont'd)

Common HF Precipitants

Uncontrolled HTN

Cardiac arrhythmia-Afib

V Tach

Progressive valvular disease

Medication/dietary

Follow-up indiscretions

Uncontrolled sleep apnea

Treatment



Guideline Directed Medical Therapy (GDMT)

Symptom management medications



Diuretics :



reduce accumulation of fluids



assist with the management of heart failure symptoms

GDMT (cont'd)



Beta-blockers: improved survival, control of blood pressure



ACE/ARB: improved survival, improves blood flow



Entresto: used in place of an ACE/ARB



Aldosterone antagonists: used in combination with other GDMT to increase survival and manage symptoms

Decompensated Heart Failure Inpatient Clinical Pathway

- ▶ Initial treatment, Workup, Diagnostic:
 - IV fluids should be used cautiously unless deemed hemodynamically unstable
 - Check CBC, BMP, BNP, Renal function, Troponin (only if not drawn in ER)
 - Consider: Fasting lipid panel, LFT's, TSH, Magnesium, Urinalysis
 - Daily reassessment of electrolytes and renal function (BMP)
 - Serial EKG and Troponins per protocol (only if not performed in ER)
 - Document LVEF (last known or hospital obtained)

- ▶ Consider new LVEF evaluation if not assessed within last 6 months or plans for outpatient evaluation at cardiologist's office
- ▶ Consults:
 - Case Management-discharge needs, HF f/u appointment
 - Cardiology Services (recommended for new HF diagnosis)
 - Consider Palliative
 - Pharmacy
 - Medication Reconciliation- including continuation of all Guideline Directed Medical Therapy (GDMT) as able

Initial
treatment,
Workup,
Diagnostic
(cont'd)

Nursing Specific Care Q-Shift & Daily

Vital signs per protocol and/or more frequently as needed

Weight on arrival, then standing weight daily

Strict, accurate Intake/Output calculated (consider q 2h initially)

Continuous pulse oximetry & telemetry as ordered

HF specific Care Plan addressing goals & trajectory daily

RN to evaluate response to therapy at 60-90 minutes:

-Improved chest discomfort

-Increased in UOP

-Improved SOB

Reassessment
after each 24
hours LOS:
Is the patient
meeting
goals and on
track for
discharge

- ▶ **Plan for discharge**
- ▶ Establish dry weight
- ▶ Follow-up:
 - Appointment with PCP or Cardiologist within 7 days and PRIOR to discharge
 - Follow-up lab work
- ▶ Meds to Bed; CM/SW: home needs, medication access, transportation

Plan for discharge (cont'd)



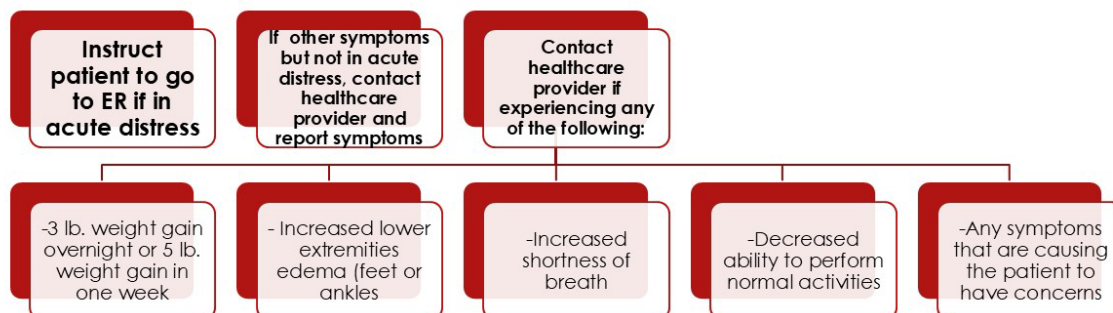
- ▶ - Patient education targeting possible precipitant (cause) for decompensation
- ▶ - Self-care maintenance
- ▶ - Weighing daily
- ▶ - Sodium restriction
- ▶ - Purpose of medications
- ▶ - Symptoms monitoring using the Teach Back method

Dietary Guidelines

- ▶ Low sodium, low fat
- ▶ Minimize fast foods or processed foods
- ▶ Fluid restriction
- ▶ If you are taking a certain type of diuretic, you may need to increase the potassium in your diet. Your physician will decide if you require a prescription for potassium.
- ▶ Avoid adding salt to your food: pay close attention to sauces and dressings that may have high amounts of sodium
- ▶ Note: A low sodium diet is just as important as taking daily medications



Patient Education



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DOI: 10.1111/nicc. 12758



Questions

Appendix C: Pretest/ Posttest Assessment Tool

Assessment tool

- Nurses' Knowledge of HF Self-Management Education Principles Survey, NKHFEPS
- Reference: Hart, P. L., Spiva, L., & Kimble, L. P. (2011). Nurses' knowledge of HF education principles survey: A psychometric study. *Journal of Clinical Nursing*, 20(21-22), 3020–3028. <https://doi.org/10.1111/j.1365-2702.2011.03717>

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- Psychometric study with strong reliability evidence
- Strong internal consistency reliability
- Shows reliable properties to assess test-retest reliability of the survey over two weeks.
- To identify nurses' knowledge in several areas about HF
- Highlights the strengths and weaknesses of current practices
- Provides opportunities for education and knowledge enhancement on the management of patients with HF.

Pretest/Posttest Assessment Questions

1. Patients with HF should drink plenty of fluids each day (T/F) (Nakahara-Melo et al., 2021)
2. As long as no salt is added to food, there are no dietary restrictions for patients with HF (T/F) (Chew et al., 2021)
3. Coughing and nausea/poor appetite are common symptoms of advanced HF (T/F) (Ali & Sagheer., 2023)
4. Patients with HF should decrease activity and most forms of active exercise should be avoided (T/F) Arjunan & Ramakrishnan., 2021)
5. If the patient gains more than 3 pounds in 48 hours without other HF symptoms, they should not be concerned (T/F) (Rizutto et al., 2022).
6. Swelling of the abdomen may indicate retention of excess fluid due to worsening HF (T/F) (Hayes et al., 2020).
7. If patients take their medications as directed and follow the suggested lifestyle modifications, their HF condition will not return (T/F) (Chi et al., 2022).

8. When patient has aches and pain, aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen should be recommended (T/F) (Kuchenrither, 2021).
9. It is OK to use potassium-based salt substitutes (like No-Salt Sense) to season food (T/F) (Caluya, 2021).
10. If patient feels thirsty, it is OK to remove fluid limits and allow them to drink (T/F) (Roussel, 2015).
11. When a patient adds extra pillows at night to relieve shortness of breath, this does not mean that the HF condition has worsened (T/F) (Sephien et al., 2023).
12. If a patient wakes up at night with difficulty breathing, and the breathing difficulty is relieved by getting out of bed and moving around, this does not mean that the HF condition has worsened (T/F) (Bekelman et al., 2023).
13. Lean deli meats are an acceptable food choice as part of the patient's diet (T/F) (Ali et al., 2025).
14. Once the patient's HF symptoms are gone, there is no need for obtaining daily weights. (T/F) (Caleffi et al., 2025)
15. When assessing weight results today's weight should be compared with the patient's weight from yesterday not the patient's ideal or dry weight (T/F) (Jiang et al., 2021).

Questions 16 – 20 The following five statements reflect signs or symptoms that patients may have. Mark “yes” or “no” to signify that a patient should notify their HF physician of these signs or symptoms.

16. BP recording of 80/50 without any HF symptoms (Yes/ No)
17. Weight gain of three pounds in five days without symptoms (Yes/ No)
18. Dizziness or lightheadedness when arising that disappears within 10-15 minutes (Yes/ No)
19. New onset or worsening of fatigue (Yes/ No)
20. New onset or worsening leg weakness or decreased ability to exercise (Yes/ No)

HF

Pretest/Posttest

Unique identifier _____

1. Patients with HF should drink plenty of fluids each day.
 - a. True
 - b. False
 - c. I am not sure.
2. As long as no salt is added to food, there are no dietary restrictions for patients with HF.
 - a. True
 - b. False
 - c. I am not sure.
3. Coughing and nausea/poor appetite are common symptoms of advanced HF.
 - a. True
 - b. False
 - c. I am not sure.
4. Patients with HF should decrease activity and most forms of active exercise should be avoided.
 - a. True
 - b. False
 - c. I am not sure.
5. If the patient gains more than 3 pounds in 48 hours without other HF symptoms, they should not be concerned.
 - a. True
 - b. False
 - c. I am not sure.
6. Swelling of the abdomen may indicate retention of excess fluid due to worsening HF.
 - a. True
 - b. False
 - c. I am not sure.
7. If patients take their medications as directed and follow the suggested lifestyle modifications, their HF condition will not return.
 - a. True
 - b. False
 - c. I am not sure.
8. When patients have aches and pains, aspirin and non-steroidal anti-inflammatory drugs (NSAIDs like ibuprofen) should be recommended.
 - a. True
 - b. False
 - c. I am not sure.
9. It is OK to use potassium-based salt substitutes (like No-Salt or Salt Sense) to season food.

- a. True
 - b. False
 - c. I am not sure.
10. If patients feel thirsty, it is OK to remove fluid limits and allow them to drink.
- a. True
 - b. False
 - c. I am not sure.
11. When a patient adds extra pillows at night to relieve shortness of breath, this does not mean that the HF condition has worsened.
- a. True
 - b. False
 - c. I am not sure.
12. If a patient wakes up at night with difficulty breathing, and the breathing difficulty is relieved by getting out of bed and moving around, this does not mean that the HF condition has worsened.
- a. True
 - b. False
 - c. I am not sure.
13. Lean deli meats are an acceptable food choice as part of the patient's diet.
- a. True
 - b. False
 - c. I am not sure.
14. Once the patient's HF symptoms are gone, there is no need for obtaining daily weights .
- a. True
 - b. False
 - c. I am not sure.
15. When assessing weight results today's weight should be compared with the patient's weight from yesterday not the patient's ideal or dry weight.
- a. True
 - b. False
 - c. I am not sure.

The following five statements reflect signs or symptoms that patients may have. Mark, it is true or false to signify that a patient should notify their HF physician of these signs or symptoms.

16. BP recording of 80/50 without any HF symptoms.
- a. True
 - b. False
 - c. I am not sure.
17. Weight gain of three pounds in five days without symptoms.
- a. True

- b. False
 - c. I am not sure.
18. Dizziness or lightheadedness when arising that disappears within 10–15 minutes.
- a. True
 - b. False
 - c. I am not sure.
19. New onset or worsening of fatigue.
- a. True
 - b. False
 - c. I am not sure.
20. New onset of worsening leg weakness or decreased ability to exercise.
- a. True
 - b. False
 - c. I am not sure.

Reference

Hart, P. L., Spiva, L., & Kimble, L. P. (2011). Nurses' knowledge of HF education principles survey: A psychometric study. *Journal of Clinical Nursing, 20*(21-22), 3020–3028. <https://doi.org/10.1111/j.1365-2702.2011.03717>

Appendix D: Program Evaluation Tool

Title of Staff Education Program

Date

Presenter: Marie-Antoinette Chevrin, DNP Student, Walden University

1. On a scale of 1 to 4, how would you rate the overall educational quality of this education program? Please circle your response

Poor	Okay	Good	Excellent
1	2	3	4

Please briefly describe why you selected your response.

2. The content of this program is helpful for my practice or professional development. Please circle your response.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. As a result of your participation in this educational program, do you intend to make changes in your practice behaviors? Yes No Please circle your response.

4. If yes, what changes do you intend to make in practice and performance?

5. I am confident that I can make changes in my practice to improve patient preparation for discharge to optimize patient outcomes and reduce readmissions.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. Please identify any barriers you perceive in implementing these changes.

Thank you for completing this evaluation.