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Staff Education to Streamline Congestive Heart Failure Education

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Walden University

College of Nursing

This is to certify that the doctoral study by

Shannon Hunter

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
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Executive Summary: Staff Education Project
Staff Education to Streamline Congestive Heart Failure Education
by
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Executive Summary Submitted in Partial Fulfillment
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Doctor of Nursing Practice

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Summary

Congestive heart failure (CHF) is a progressive disease that affects a diverse population. Patient-centered education is key to lowering rehospitalizations and mortality rates. Although nurses are essential providers of patient-centered education, those in acute care settings often have unclear directions for implementing and documenting CHF education. Multiple educational materials within electronic health record (EHR) systems further complicate the process and highlight the practice gap. The aim of this Doctor of Nursing Practice (DNP) project was to streamline CHF education by clarifying the role of nurses in education delivery and documentation, potentially enhancing nurse confidence and improving patient health outcomes, with implications for health equity and diversity.

The project-focused question was, Does a CHF-focused tip sheet and educational Microsoft PowerPoint presentation, highlighting American Heart Association (AHA)-compliant educational topics and patient identification criteria, improve acute care nurses' knowledge of CHF patient education, as measured by pre- and posttest results? A normalized Likert score was used to standardize the maximum values for the statistical analysis. The 54% learning gain indicated that both products, the educational presentation and tip sheet, were effective resources for improving the confidence and knowledge of acute care nurses. A recommendation is for nursing leaders to apply educational tools to support the nursing profession with a streamlined, equitable, and inclusive process for patients. Therefore, engaging patients with a structured, patient-centered education on CHF positively impacts social change by encouraging patient participation and accountability in their health and wellbeing.

Background

Acute care nurses in the tertiary setting provide patient-centered education for CHF patients (Mattina et al., 2021; Tian et al., 2023). Streamlining the CHF education process for acute care nurses supports effective patient-centered education during every shift. At the local organization, this involves identifying patients, educating them on AHA-suggested topics at the patient's bedside, locating the CHF handbook, and documenting the education accordingly (American Heart Association, 2025).

The patient population requires clarification for nurses about who should receive CHF-focused education, including those with a new diagnosis, primary diagnosis, or secondary diagnosis of CHF (Tian et al., 2023). When the provider uses an order set to diagnose CHF, the technology within the EHR automatically integrates patient-centered CHF education into the patient's discharge instructions. However, EHR technology does not integrate this education unless the provider uses the order set. Patients with CHF, where the order set is not used, must be identified manually by the heart failure navigator (HFN) and the heart failure coordinator (HFC), as reported by the HFN. Therefore, patients with similar diagnoses, like fluid-volume overload with hypoxia, will not trigger the integrated CHF education. These patients must be found, resulting in an additional practice gap that is addressed through this DNP project.

CHF patients require patient-centered education, as recommended by the AHA, which encompasses six specific topics. These topics must be documented for compliance and include signs and symptoms, daily weights, diet, activity, medications, and follow-up appointments (AHA, 2025). However, several educational options for nurses to document

CHF education within the EHR create confusion and increase the risk of noncompliance.

Additionally, not all acute care nurses provide CHF education; instead, they often defer to the discharge process. Therefore, important CHF educational topics are not reviewed daily, which can cause patients to become overwhelmed at discharge and lead to reduced comprehension (Marshall et al., 2022). Although specialized nurses are aware of CHF requirements, many acute care nurses are not. The HFC and HFN screen patients for CHF and non-diagnosed CHF, but screenings may be omitted in certain situations on acute care units, such as admissions and discharges over the weekend (Aliyev et al., 2023). Addressing this practice gap may encourage participation with acute care nurses and advocate for patient-centered education to reduce the risk of CHF exacerbations in the outpatient setting. This practice gap directly influenced the development of the DNP project, the aim of which was to standardize CHF education and clarify nurses' roles in patient identification, education, and documentation.

Evidence Supporting Streamlined CHF Patient Education

Evidence supports a streamlined and clarified patient-centered educational process. Synthesized evidence from 13 good-quality rated research studies provided a robust foundation for this DNP project. Structured, nurse-led CHF patient education improves health outcomes, research shows (Clements et al., 2023; Dizdarevic-Hudic et al., 2025; Tian et al., 2023). The AHA-recommended topics, facilitated by this DNP project, including a teach-back method (Oh et al., 2023), improved patient satisfaction and lifestyle modifications, promoted knowledge retention, and reduced 30-day hospital readmissions by up to 44% (Tian et al., 2023); one study reported a drop from 23.4% to

15.5% (Oliver et al., 2022). Additionally, the streamlined and clarified process within the EHR promotes nursing efficiency, minimizing cumbersome documentation processes that impair nurse workflow (Jacques et al., 2025; Strudwick et al., 2022).

Using a clarified process and evidence-based tools, such as interactive electronic modules or tip sheets, enhances nurse comprehension and engagement (Armour et al., 2025; Shaw et al., 2023). Improved nurse confidence is associated with enhanced patient comprehension (Gonzales & Nielsen, 2024) and a substantial educational effect (Mattina et al., 2021; Zaman et al., 2021). Therefore, the organization that supports streamlined education and documentation requirements facilitates CHF intervention strategies that reduce 30-day CHF rehospitalization rates and improve patients' lives.

Staff Education Project Development

Developing the DNP staff education project involved researching educational tools and evidence-based patient-centered education topics for CHF, as well as consulting with the HFC and HFN. Direct instruction from the HFC provided insight into the organization's requirements, including AHA-recommended topics, documentation, patient population, and CHF handbook acquisition. The HFN highlighted nuances of direct patient education. Multiple research articles were synthesized to support staff education, CHF topics and streamlining nurses' roles and responsibilities in patient education and documentation. I developed a PowerPoint presentation (see Appendix A) and a CHF-focused tip sheet (see Appendix B) based on this research. Additionally, the educational tools and pre- and posttests (see Appendix C) were reviewed by the organization's key stakeholders, including the research nurse scientist, HFC, clinical

nurse specialist, and director of nursing innovation and outcomes, as well as by faculty from Walden University. Their feedback helped me to refine the final version of the educational tools used for this DNP project.

Participants in the DNP project were key stakeholders involved in the organization's Acute Care Practice Council (ACPC). These acute care nurses represent a sampling across several acute care units and participate in a scheduled monthly meeting, collaborating either in person or virtually via Microsoft Teams. Due to weather-related constraints, the meeting was changed to a virtual format. I delivered the education virtually and administered the pre- and posttest via Microsoft Forms. The tests were anonymous; the pre- and posttests were not linked to the respondents. The DNP staff education project totaled 40 min, including a pretest, educational presentation, and posttest.

The project's effect was analyzed by measuring the results of both the pretest and posttest (see Figure 1). Microsoft Forms integrates analysis for pre- and posttests, identifying answer correlations for statistical analysis. Analytics provided measurable outcomes related to six learning objectives and assessment of learning gain. Three pre- and posttests measured nursing confidence using a Likert scale ranging from 1 (*not confident*) to 5 (*extremely confident*). To standardize the Likert scores for statistical analysis, I used a normalized Likert score with linear mapping to convert the scores from one to five, providing a consistent maximum value (see Karelmas et al., 2025). Microsoft Excel was used for statistical analysis. Mean scores were calculated for each question (see Gray & Grove, 2021). Percentage learning gain was calculated by

comparing changes between the pretest and posttest scores (see Brigham and Women's Hospital Center for Nursing Excellence [BWH CNE], n.d.). Group normalized gain accounted for ceiling effects and clarified educational impact (Musaeus & Musaeus, 2024). Standard deviation showed greater consistency in posttest scores ($SD = 0.18$) versus pretest variability ($SD = 0.30$), indicating improved accuracy following the DNP staff education presentation (see Gray & Grove, 2021).

Results

According to the statistical analysis of the posttest results, the education was effective, but it did not meet all the measurable learning objectives. This provides an opportunity for educational refinement for future educational presentations. Eight participants completed the pretest, and seven completed the posttest causing a discrepancy with the total tests. Because the tests were anonymous and unpaired, all results had to be considered, calculated, and analyzed, since the extra pretest could not be matched to a participant who did not complete the posttest.

Learning Objectives

I compared the pre- and posttest results to determine whether the education met the learning objectives I had formulated. The pre- and posttest guidelines set forth by BWH CNE (n.d.) provided a lens for interpreting the results. The objectives and their outcomes were as follows:

1. Identify patients who require patient-centered CHF education with at least 80% accuracy; this was associated with Question 8 of the posttest. Four respondents answered correctly, resulting in 57% accuracy and a 51%

learning gain.

2. Identify six out of six CHF education topics that require documentation with 100% accuracy on a posttest; this was associated with Question 7 of the posttest. Six participants answered correctly, with 86% accuracy and a 43% learning gain.
3. Identify the nurse's role in providing CHF education with 100% accuracy on a posttest; this was associated with Question 4 of the posttest. Seven participants answered correctly, meeting the learning objective and resulting in 100% learning gain.
4. Identify the purpose of cardiac medications with at least 80% accuracy; this was associated with three questions on the posttest. Question 5 had seven correct answers with a 100% learning gain, and Question 6 had seven correct answers with a 100% learning gain, thus meeting the learning objective. However, Question 9 had six correct with a 43% learning gain. Averaging the correct number of responses, 20 out of 21 produces 95% accuracy average for Learning Objective 4, meeting the outcome goal of 80%.
5. Identify three out of three options for obtaining a CHF patient education handbook, as measured on a posttest; this was associated with Question 10 of the posttest. Five participants answered correctly, indicating a 71% accuracy and 71% learning gain.
6. Identify behaviors CHF patients should avoid with 100% accuracy, as measured on a posttest; this was associated with Question 7 on the posttest.

Although the question does not directly focus on what to avoid, the answers indicate direct learning. Six responses were correct, indicating an 86% accuracy and 43% learning gain.

Organizational Impact

Streamlining patient-centered CHF education in the acute care setting benefits the organization. By clarifying the AHA-compliant expectations for nurses, including their role in patient education and documentation, the organization facilitates consistent bedside patient education. Staff demonstrated a 54% normalized gain in learning. Consistent discharge education has been shown to significantly improve patient knowledge, reduce 30-day hospital readmissions, and increase adherence to treatment plans (Hodge et al., 2025). Additionally, nurses recognize enhanced work satisfaction with clarified expectations that reduce their workload burden and improve patient outcomes (Donohue-Ryan et al., 2023). This DNP staff education project reinforces the evidence-based practices that minimize CHF exacerbations in the outpatient setting, potentially leading to reduced hospital 30-day readmission rates and improving nurse satisfaction and confidence with their practice.

Limitations of the Education Presentation

Although the DNP project focuses on acute care nurses within the tertiary health care setting, limitations are present and must be identified. The sample size and population create potential variability related to the results. For instance, a smaller sample size, with eight participants in the pretest and seven in the posttest, minimizes the transferability of this single presentation and result analysis (Gray & Grove, 2021). A

larger sample size would produce a more robust and rigorous approach to data collection. Additionally, the virtual presentation reduced the sample vetting process and supported variability with the pre- and posttests. Anonymous participants from the ACPC may include other members of the interdisciplinary team. Although the presentation instructions specified that the sample population focused on acute care nurses, professionals with varying education levels may have participated in the pre- and posttests. The anonymous design reduces specificity with the sample size, further limiting the control of the target population (Gray & Grove, 2021).

Other limitations of the virtual setting introduced variability in the test quantities; the pretest had eight responses, and the posttest had seven, indicating that a participant did not complete the education or the posttest. An in-person presentation approach would reduce these variabilities by encouraging full completion of the presentation and enhancing the specificity of the sample population. The virtual presentation setting reduced engagement and participation, and it could be speculated that an in-person approach would foster a more welcoming learning environment (McCabe et al., 2025). Although the DNP student provided opportunities within the presentation to clarify the content and answer questions, the virtual setting highly limited this engagement, with zero participants asking for clarification. An in-person presentation may address these limitations by creating a more conducive learning environment and reducing sample size discrepancies with the pre- and posttests.

System-Wide Implications

Initial staff education within the localized tertiary setting provides a transferable

approach to system-wide application. Education tools, including a PowerPoint presentation and a CHF-focused tip sheet, were explicitly created to support system-wide alignment goals. The CHF-focused tip sheet is branded and ready for system-wide access on the organization's intranet, pending authorization. The presentation requires branding compliance and further authorization from key stakeholders. However, these resources encompass EBP and clarify the role of acute care nurses in CHF education and documentation (AHA, 2025). Figure 1 summarizes the pre- and posttest results. A 54% improvement in overall learning gains, observed in this DNP project, provides a scalable and attainable path for system-wide dissemination (Hetemi et al., 2025).

Figure 1

Statistical Analysis of Pre- and Posttest Results

Participant #	Pretest score Sample Size = 8	Posttest score Sample Size = 7	% Learning gain
1	0.47	0.61	26.05
2	0.44	0.61	30.16
3	0.31	0.61	42.86
4	0.88	1.00	100.00
5	0.75	1.00	100.00
6	0.75	1.00	100.00
7	0.75	0.86	42.86
8	0.13	0.57	51.02
9	0.75	0.86	42.86
10	0.00	0.71	72.43
Mean score	0.52	0.78	60.72

Group Normalized Gain 54.44

Additionally, nurse confidence increased by 26% in identifying patients with CHF who require education, by 30% in providing patient-centered CHF education, and by 43% in documenting CHF education. Enhancements, including patient-centered education and clarified processes, support this high-risk patient population and the nurses who care for

them. As a health care organization with a system-wide approach to streamlined processes, this DNP project aligns with leadership goals, is attainable, and evidence-based.

Conclusions

Overall, the evidence supports streamlining CHF education for acute care nurses while clarifying expectations and documentation requirements. This DNP project entailed the implementation of a structured approach to disseminating patient-centered CHF education, enhancing nurse confidence and defining their role, while providing educational resources for system-wide application. The 54% improvement in learning gain indicates that the educational presentation was effective but also has opportunities for improvement. An in-person approach versus a virtual setting, and future modifications to the presentation may promote greater learning gains. The DNP project supports that CHF patients are high-risk, challenging to identify, and encompass a diverse population. Therefore, after participation in this DNP project, acute care nurses will reach and consistently educate CHF patients, impacting health care equity and inclusion, while supporting diversity. The organization has an opportunity to adopt the resources provided in this DNP project to enhance the delivery of consistent, evidence-based, patient-centered education while supporting the acute care nurses within the tertiary setting.

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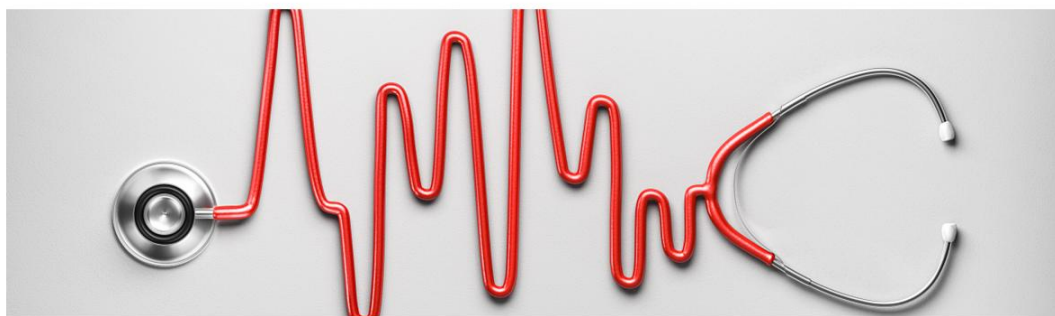
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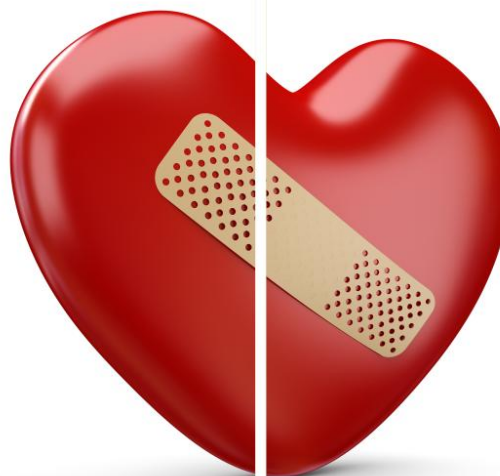
Appendix A: PowerPoint Presentation

STREAMLINING CHF EDUCATION
SHANNON HUNTER, BSN, RN, CMSRN
DOCTOR OF NURSING PRACTICE STUDENT




OUTLINE: NURSES WILL LEARN

1. Identifying patients who require patient-centered CHF education:
 - Acute (primary diagnosis)
 - Secondary diagnosis
 - Right Heart Failure
 - Systolic Heart Failure
 - Diastolic Heart Failure
2. The six American Heart Association-required CHF education topics
 - Which nurses and how frequently to provide education
 - Scripting example
3. Medications for CHF
 - Scripting examples
4. How to obtain a CHF education handbook
5. CHF patients should avoid



PRE-TEST: 10 MINUTES
10-QUESTIONS
PLEASE FOLLOW THE LINK BEFORE CONTINUING
PRE-TEST: STREAMLINING CHF EDUCATION

Pre-Test: Streamlining CHF Education



MEASURABLE LEARNING OBJECTIVES

1. Identify patients who require patient-centered CHF education with at least 80% accuracy.
2. Identify 6/6 CHF education topics that require documentation with 100% accuracy on a post-test.
3. Identify the nurse's role in providing CHF education with 100% accuracy on a post-test.
4. Identify the purpose of cardiac medications with at least 80% accuracy.
5. Identify 3 out of 3 options for obtaining a CHF patient education handbook, as measured on a post-test.
6. Identify behaviors CHF patients should avoid with 100% accuracy, as measured on a post-test.



CHF-FOCUSED TIP SHEET

CHF Education Tip Sheet: Every Nurse, Every Shift!

HEART-F

H- Home weighing: "Weigh yourself every morning after using the bathroom, before eating. Call your doctor if you gain 3 pounds in a day or 5 pounds in a week."

E- Eat (Diet): Limit salt to 2 grams/day, 2 liters of fluid a day."

A- Activity: "Intentional walking 3-4x per day, 5-10 minutes"

R- Recognize symptoms: "Increased swelling in your legs or belly. Trouble breathing and sleeping flat."

T- Take medications: "Take your medications as prescribed".

Nurse: Explain the purpose of the medications at the bedside

F- Follow-up (Appointments): "See the doctor within one week of leaving the hospital."

Nurse: Ensure appointment is scheduled at discharge or contact the case manager"

Identifying CHF Patients:

Acute on chronic, acute CHF, and secondary CHF diagnosis. Look on the patient's "Problem List"

S-Systolic- Squeeze is weak (EF <40)

D- Diastolic- Doesn't relax (EF can be normal, 55-60%)

R- Right- Rest of the body backs up with fluid (EF variable)

Documenting HF Education in Epic

- Heart Failure
- Heart Failure
 - Heart Failure: A Patient Guide ...
 - Signs & Symptoms
 - Daily Weights
 - Diet
 - Activity
 - Medications
 - Follow-Up Appointments

BEAS: Medications

B-Beta Blocker (Metoprolol, Carvedilol, Bisoprolol)

"Helps your heart pump slower and stronger."

E- Entresto- (Sacubitril/Valsartan- ARNI; Lisinopril, Losartan ACE-I)

"Helps your heart relax and pump better."

A-Aldactone (Spironolactone- Aldosterone receptor antagonist)

"Protects your heart and gets rid of extra fluid."

S- SGLT2 Inhibitor (Jardiance, Farigla)

"Removes extra fluid and sugar to take the strain off your heart."

How to get a CHF Handbook: Cardiac Unit 55187; Call or Epic chat the HF Navigator or HF Coordinator



MEASURABLE LEARNING OBJECTIVE: #1

Identify patients who require patient-centered CHF education with at least 80% accuracy.

- Acute on chronic, acute CHF, and secondary CHF diagnosis.
 - Look at the patient's "Problem List"
- **S**-Systolic- Squeeze is weak (EF <40)
- **D**- Diastolic- Doesn't relax (EF can be normal, 55-60%)
- **R**- Right- Rest of the body backs up with fluid (EF variable)

(American Heart Association [AHA], 2025a)

PATIENT SCENARIOS- 1

Patient with a primary diagnosis of CHF and **EF of 35%**

- Diagnosis of CHF: Possible systolic, diastolic, or right CHF


Patient admitted with pneumonia and shortness of breath, and an **EF of 42%**

- Secondary CHF diagnosis, pneumonia is the primary diagnosis
- EF is reduced

Patient with a history of CHF and **EF of 38%**

- Diagnosis of CHF: Possible systolic, diastolic, or right CHF
- EF is reduced

Patient with hypertension and **EF of 55% with grade I diastolic dysfunction**

- **Diastolic dysfunction indicates CHF**
- Normal (preserved) EF  Right CHF

PATIENT SCENARIOS- 2

A patient with a primary diagnosis of CHF and **EF of 45%**

- Diagnosis of CHF: Possible systolic, diastolic, or right CHF

A patient with a secondary diagnosis of CHF and **EF of 42%**

- Secondary CHF diagnosis
- EF is reduced

A patient with diabetes and **EF of 55% with no diastolic dysfunction**

- This patient does not require CHF education
- EF is normal, but it could be Diastolic CHF
- **No diastolic dysfunction (DISTINCTION). No CHF present** (AHA, 2025a)

A patient recently discharged from the cardiac unit with CHF and **EF of 30%**










- Primary CHF diagnosis. Reduced EF



MEASURABLE LEARNING OBJECTIVE: #2

Identify 6/6 CHF education topics that require documentation with 100% accuracy on a post-test.

(Epic Systems Corporation, n.d.)

- ▼  Heart Failure
- ▼  Heart Failure
 -  Heart Failure: A Patient Guide ...
 -  Signs & Symptoms
 -  Daily Weights
 -  Diet
 -  Activity
 -  Medications
 -  Follow-Up Appointments

EDUCATIONAL TOPICS

HEART-F



- H- Home weighing:** “Weigh yourself every morning after using the bathroom, before eating. Call your doctor if you gain 3 pounds in a day or 5 pounds in a week.”
- E- Eat (Diet):** “Limit salt to 2 grams/day, 2 liters of fluid a day.”
- A- Activity:** “Intentional walking 3-4x per day, 5-10 minutes.”
- R- Recognize symptoms:** “Increased swelling in your legs or belly. Trouble breathing and sleeping flat.”
- T- Take medications:** “Take your medications as prescribed.”
 - Nurse: Explain the purpose of the medications at the bedside
- F- Follow-up (Appointments):** “See the doctor within one week of leaving the hospital.”
 - Nurse: Ensure appointment is scheduled at discharge or contact the case manager

(Clements et al., 2023; Oh et al., 2023)



MEASURABLE
LEARNING
OBJECTIVE: #3

Identify the nurse's role in providing CHF education with 100% accuracy on a post-test.

When should patients have CHF education?

- **Every primary nurse**
- **Every shift**
- CHF patients: acute, primary, secondary, history
- At the bedside
- During routine care
- Medication administration
- Discharge
- The six topics are required with the AHA
- The handbook is an excellent resource, but not required

(Clements et al., 2023; Oh et al., 2023; Tian et al., 2023)



MEASURABLE
LEARNING
OBJECTIVE: #4

Identify the purpose of cardiac medications with at least 80% accuracy.

BEAS

B- Beta Blocker (Metoprolol, Carvedilol, Bisoprolol)

- "Helps your heart beat slower and stronger."

E- Entresto (Sacubitril/Valsartan- ARNI; Lisinopril, Losartan ACE-I)

- "Helps your heart relax and pump better."

A- Aldactone (Spironolactone- Aldosterone receptor antagonist)

- "Protects your heart and gets rid of extra fluid."

S- SGLT2 Inhibitor (Jardiance, Farxiga)

- "Removes extra fluid and sugar to take the strain off your heart."

(Clements et al., 2023; Hodge et al., 2025)



MEASURABLE LEARNING OBJECTIVE: #5

Identify 2 out of 3 options for obtaining a CHF patient education handbook, as measured on a post-test.

- Cardiac Unit- In person or call the unit, ext 55187
- HF Navigator- call x58944 or EPIC chat
- HF Coordinator- Geri Montelongo BSN, RN

MEASURABLE LEARNING OBJECTIVE: #6

Identify behaviors CHF patients should avoid with 100% accuracy, as measured on a post-test.

- Smoking- Damages the body and cardiovascular system
- Alcohol- Medication interactions, limited amounts may be ok
- Exercise- Must be approved by provider
- Dietary- High fat, high salt: prepackaged or frozen meals, fast food, canned vegetables (no salt-added or low salt is ok).
- Excessive fluid intake- 2L is acceptable
- **NSAIDs- Cause fluid retention and strain the kidneys**
- **Non-prescribed medications, including homeopathic supplements**

(Clements et al., 2023; Hodge et al., 2025; Senturk et al., 2021)



KEY TAKE AWAYS

- CHF education is required for
 - Acute (primary diagnosis)
 - Secondary diagnosis
 - Right- Rest of the body backs up with fluid (EF variable)
 - Systolic- Squeeze is weak (EF <40)
 - Diastolic- Doesn't relax (EF can be normal 55-60%)
- HEART-F (6 required AHA education)
 - Document and educate: EVERY NURSE, EVERY SHIFT
- BEAS (Cardiac medications- Beta blockers, Entresto, Aldactone, SGLT2-I)
- CHF Handbook is available from the Cardiac unit, HF Navigator/Coordinator
- NSAIDs and unapproved medications should be avoided



(AHA, 2025; Clements et al., 2023; Hodge et al., 2025)

POST-TEST

10-questions
Please follow the link to complete the post-test.

- You may use the CHF-focused tip sheet during this post-test.
- Hit submit to complete this training.
- Answers are available at the end.
- [Post-Test: Streamlining CHF Education](#)

Post-Test: Streamlining CHF Education



THANK YOU

As a DNP student, I appreciate your support and participation.

I look forward to advancing EBP through this educational doctoral project.



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Appendix B: Tip Sheet

DNP Project

CHF Education Tip Sheet: Every Nurse, Every Shift!

HEART-F

H- Home weighing- "Weigh yourself every morning after using the bathroom, before eating. Call your doctor if you gain 3 pounds in a day or 5 pounds in a week."

E- Eat (Diet): Limit salt to 2 grams/day, 2 liters of fluid a day."

A- Activity: "Intentional walking 3-4x per day, 5-10 minutes"

R- Recognize symptoms: "Increased swelling in your legs or belly. Trouble breathing and sleeping flat."

T- Take medications: "Take your medications as prescribed".

Nurse: Explain the purpose of the medications at the bedside

F- Follow-up (Appointments): "See the doctor within one week of leaving the hospital."

Nurse: Ensure appointment is scheduled at discharge or contact the case manager"

Identifying CHF Patients:



Acute on chronic, acute CHF, and secondary CHF diagnosis.
Look on the patient's "Problem List"

S-Systolic- Squeeze is weak (EF <40)

D- Diastolic- Doesn't relax (EF can be normal, 55-60%)

R- Right- Rest of the body backs up with fluid (EF variable)

Documenting HF Education in Epic

- ▼  Heart Failure
- ▼  Heart Failure
 - Heart Failure: A Patient Guide ...
 - Signs & Symptoms
 - Daily Weights
 - Diet
 - Activity
 - Medications
 - Follow-Up Appointments

BEAS: Medications

B-Beta Blocker (Metoprolol, Carvedilol, Bisoprolol)

"Helps your heart pump slower and stronger."

E- Entresto- (Sacubitril/Valsartan- ARNI; Lisinopril, Losartan ACE-I)

"Helps your heart relax and pump better."

A- Aldactone (Spironolactone- Aldosterone receptor antagonist)

"Protects your heart and gets rid of extra fluid."

S- SGLT2 Inhibitor (Jardiance, Farxiga)

"Removes extra fluid and sugar to take the strain off your heart."

How to get a CHF Handbook: Cardiac Unit 55187;
Call or Epic chat the HF Navigator or HF Coordinator

Appendix C: Pre- and Posttest

Key: Congestive Heart Failure (CHF) Education Pre-test and Post-Test

Please complete the following pre-test to assess your current confidence and knowledge related to CHF patient education. This will help us measure learning progress after the training.

1. How confident are you in recognizing which patients require CHF education?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not | Slightly | Moderately | Very | Extremely |
| confident | confident | confident | confident | confident |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. How confident are you in providing the required CHF education to patients?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not | Slightly | Moderately | Very | Extremely |
| confident | confident | confident | confident | confident |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. How confident are you in accurately documenting CHF education in Epic?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not | Slightly | Moderately | Very | Extremely |
| confident | confident | confident | confident | confident |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Which statement best reflects the nurse's role in providing CHF education?

- A. CHF education should be completed only by the heart failure coordinator before discharge.

- B. Only the charge nurse is responsible for providing CHF teaching.
- C. Every nurse should reinforce CHF education at the bedside during routine care, medication administration, and throughout the hospital stay.**
- D. CHF education should only be reviewed on the day of discharge.
5. What is the effect of Beta Blockers (e.g., Metoprolol, Carvedilol) in CHF care?
- A. Eliminate fluid and sugar
- B. Slow and strengthen heartbeats**
- C. Expand blood vessels
- D. Lower blood pressure
6. The nurse knows a patient understands their teaching about SGLT2 Inhibitors (Jardiance, Farxiga) when the patient says:
- A. "This medicine opens my arteries for better blood flow."
- B. "This medicine helps my body get rid of extra sugar and fluid to take the strain off my heart."**
- C. "This medicine relaxes my heart muscle."
- D. "This medicine lowers my cholesterol."
7. Which of the following topics are required American Heart Association components of CHF patient education that must be documented in the EHR? (*Select all that apply.*)
- a. Daily weights (home weighing)
- b. Low-sodium diet and fluid management
- c. Take an NSAID every day for pain management

- d. Physical activity and exercise with intention**
 - e. Recognizing signs and symptoms of worsening heart failure**
 - f. Taking homeopathic herbal supplements as indicated by the internet
 - g. Taking medications as prescribed**
 - h. Attending follow-up appointments after discharge**
8. Which of the following patients should receive patient-centered CHF education?
(Select all that apply)
- a. A patient with a primary diagnosis of CHF and EF of 35%**
 - b. A patient admitted with pneumonia and shortness of breath, and an EF of 42%**
 - c. A patient with a history of CHF and EF of 38%**
 - d. A patient with hypertension and EF of 55% with grade 1 diastolic dysfunction**
 - e. A patient with a primary diagnosis of CHF and EF of 45%**
 - f. A patient with a secondary diagnosis of CHF and EF of 42%**
 - g. A patient with diabetes and EF of 55% with no diastolic dysfunction
 - h. A patient recently discharged from the cardiac unit with CHF and EF of 30%**
9. The nurse knows a patient understands their medication teaching about Entresto (Sacubitril/Valsartan) when the patient says:

- A. "This medicine helps my heart beat faster and harder."
 - B. "This medicine helps my heart relax and pump better."**
 - C. "This medicine helps get rid of extra fluid."
 - D. "This medicine lowers my blood sugar."
10. How can nurses obtain a CHF patient education handbook? *(Select all that apply)*
- a. Print one from the Source
 - b. Pick one up from the Cardiac Unit**
 - c. Request one from the HF Coordinator**
 - d. Call or EPIC chat the HF Navigator at 58944**
 - e. Obtain one from the unit's nurses' station