



AAHFN Position Paper

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



Kismet Rasmusson, DNP, FNP-BC, CHFNP, FAHA^{a,*}, Maureen Flattery, ANP-BC, CCTC^b,
Linda S. Baas, PhD, RN, ACNP, CHFNP, 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 life⁵ 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 accreditation¹⁰ 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 teaching⁴³;

* Corresponding author.

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

individualization of the teaching plan^{44–47}; consideration of preferred learning style⁹; 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}	<ul style="list-style-type: none"> Reminders Repetition Engage family/caregiver Follow up calls
Comorbidities ^{37,62–65}	<ul style="list-style-type: none"> 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}	<ul style="list-style-type: none"> Assess learning preference and literacy level Multimedia approach Use teach-back method Teach to goal⁶⁹ Repetition Literacy appropriate tools Education tools in native language
Cognitive dysfunction ^{38,39,53}	<ul style="list-style-type: none"> Assess for cognitive dysfunction (speech therapy for neurocognitive evaluation) Consider cognitive, behavioral interventions Repetition
Lack of social support ^{60,70–72}	<ul style="list-style-type: none"> Support groups Group visits Family support
Caregiver burden ^{41,59,70}	<ul style="list-style-type: none"> Support groups Group visits Educational plan for caregivers
Socioeconomic challenges ⁶⁰	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Assess for patient's preferences Offer options when considering treatment decisions Include culturally relevant content

Table 2
Topics of education.^{7–9}

<ul style="list-style-type: none"> Definition Etiologies Types of HF <ul style="list-style-type: none"> HF reduced Ejection Fraction (EF) (HFrEF) HF preserved EF (HFpEF) Diagnosis Testing Treatments <ul style="list-style-type: none"> Medications, interventions, surgeries Device therapies Managing comorbid conditions Self-care <ul style="list-style-type: none"> 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
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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 discharge⁸²
- 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 visits⁸²
- 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 readmissions¹²
- Use teach-back methods during education⁸³
- 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

Table 3
Evidence-based approaches to education.

Approach	Considerations
Multidisciplinary	Team evidence-based approach in disease management using nurses, physicians, pharmacists, nutritionists, social workers, cardiac rehab specialists who each have unique backgrounds to complement patient education ^{82,84–87}
Multimodal teaching	Multisensory input (visual, auditory, skill practice) enhances retention of information ⁴³ Multisensory input covers more preferred learning styles Use of lecture, group discussion, CD, TV, workbooks may be used ⁸⁸
Telemonitoring interventions	This covers a wide range of intervention including, post discharge telephone calls, home devices with transmission of data to central monitoring site ^{44,89,90}
Coaching	Health care coaches partner with patients to improve health by developing healthy lifestyles. Coaches use self-motivation and self-regulation to facilitate changes while enhancing psychological resources including: mindfulness, positivity, hope, optimism, self-efficacy, and resilience ⁵⁷
Shared medical visits	Provides education in a group setting that can be conducted within an outpatient visit to providers ⁹¹
Enhancing patient engagement & activation	Use of decision aids for shared decision making, targeting education towards skill mastery and empowerment, focus on individualized care with attention to comorbidities ^{24,92–95}
Cognitive based interventions	Cognitive strategies may help memory and spacial problems ^{39,96} (example: computerized cognitive training intervention or “Brain Fitness” was associated with improved memory and recall and performance of activities of daily living ⁹⁷)
Motivational interviewing ^{54,98,99}	Based on cognitive dissonance to move patients to a higher level of change to facilitate learning and behavior change
Including families and caregivers in education	Educating families and caregivers along with patients improves adherence with dietary sodium restriction ¹⁰⁰

teaching as well as evaluation of learning.¹⁰² Effective patient education can positively influence readmission rates. Providing patient education should be considered a priority and based on the most recent HF guidelines. A multidisciplinary approach to patient education by those who are experts in HF care, including nurses, physicians, and other health care professionals should be guided by a disease management structure.^{8,103,104} Nurses typically spend the most time with patients and can best evaluate educational needs as well as identify barriers to learning, and should therefore lead patient education efforts.^{105,106} However, studies have shown that not all nurses possess the knowledge necessary for effective teaching.^{107–110} Formal HF certification provides nurses with advanced knowledge and demonstrates their commitment to a higher level of care for their patients.¹¹¹ In addition, it provides nurses with a sense of accomplishment as well as enhances personal credibility and accountability.^{112,113}

Table 4
Tools and resources.

Professional organizations
<ul style="list-style-type: none"> American Association of Heart Failure Nurses (http://www.aahfnpatienteducation.com/) Heart Failure Society of America (http://www.hfsa.org/heart_failure_education_modules.asp) American Heart Association (http://www.heart.org/HEARTORG/Conditions/HeartFailure/Heart-Failure_UCM_002019_SubHomePage.jsp) <ul style="list-style-type: none"> Get with the guidelines Target HF European Society of Cardiology (http://www.heartfailurematters.org/en_GB) the Joint Commission (http://www.jointcommission.org/heart_failure/) <ul style="list-style-type: none"> A Roadmap for Hospitals: Advancing Effective Communication, Cultural Competence and Patient- and Family-centered Care (TJC, 2010)
Commercial products
<ul style="list-style-type: none"> Milner Fenwick (www.milner-fenwick.com) Krames (www.kramesstore.com) Pritchett and Hull (http://p-h.com)

Health system support for HF nurses to provide patient education should include (see Table 4 for tools and resources):

- Programs that enhance nurses' knowledge of HF self-care through a sound educational curriculum
- Encouragement for nurses to become HF certified
- Provision for adequate staffing that includes sufficient time for discharge teaching
- Evidence based/HF guideline-directed content for HF patient education curriculum
- Ability to provide multimodal education in several languages
- EMR for easy documentation of the education plan and evaluation of learning
- Models that integrate comprehensive patient education as part of overall HF management within a disease management structure
- Provision for a multidisciplinary approach to patient education by those who are experts in HF care, using nurses, physicians, pharmacists, social workers, dieticians, cardiac rehab specialists and other health care professionals.

Conclusion

AAHFN strongly advocates and encourages nurses to support the goal of individualized, comprehensive patient education in both inpatient and outpatient settings. Heart failure care should include a comprehensive approach for educating patients, performed ideally by specialized HF nurses. As a chronic illness, HF is a growing and expensive burden on patients and health care delivery systems and thus efforts to engage patients in self-care are essential. The care required to decrease morbidity and mortality and improve quality of life for HF patients is multi-factorial and includes educating patients in a meaningful, patient-centered manner. Heart Failure patients require education that fosters not just knowledge acquisition, but skill mastery. They must be empowered to interpret symptoms and employ an action plan developed with their health care provider as their condition worsens. Patient engagement, activation, and beliefs in self-management activities form the framework for patient centered care that can lead to improved health outcomes.

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