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“Exploration of Self-Care Following Distribution of Acute Management Tool for Elder Heart Failure Patients in Clinic Setting”

Abstract

The aim of this study was to develop a broad understanding of heart failure patients’ perceptions about their lived experiences. An acute symptom management tool, Red Flags I Need to Know: Heart Failure Action Plan (Health Net Federal Services, 2011), was distributed to the patients prior to initiation of the project.

The problem of heart failure rehospitalization is significant. Cost of treatment for heart disease in the United States exceeds all other conditions. The national excessive 30-day readmission rate in elders post-discharge is 24.8%. Pay-for-performance initiatives will reduce reimbursement for excessive readmissions beginning FY 2013.

The project was a mixed method, qualitative, and quantitative study. Psychometric quality-of-life outcome measures from the Patient Care Outcome Scale (POS) provided empirical data. An ANOVA analysis determined differences between patients, caregivers, and staff in outcome measures. Glaser and Strauss’s (2009) grounded theory guided the qualitative analysis of elder HF patients (N = 10) in a clinic setting. The transactional model of stress and adaptation (Lazarus, DeLongis, Folkman, & Gruen, 1985) gave meaning to patient adherence.

Quantitative comparisons of patient, staff, and caregiver scores were not significantly different; patients and caregivers did not check overwhelming symptoms. However, when only patient and staff responses were compared, patients reported experiencing significantly higher scores of severe symptoms than staff, $F(1, 9) = 6.644, p = .03$. Patient scores of three individual questions were significantly higher than staff. This result suggested staff was not recognizing all symptoms patients experienced. Several main themes that emerged from qualitative findings were extreme fatigue, anxiety, and fragmented healthcare systems.

Staff was not recognizing all the pain and other symptoms experienced by patients in this sample. Limitations were small sample size and all patients did not have caregivers. It is recommended that the study be replicated with (a) a larger sample of more diverse participants, (b) all participants do in fact have caregivers, and (c) the project be conducted over a longer period of time. It is also recommended that care and watchfulness will be practiced when assessing patient symptoms in the future. Dissemination of the acute management tool is recommended for all HF patients at discharge transition.