

MINIMIZING CONGESTIVE HEART FAILURE READMISSIONS FROM THE NURSING
HOME THROUGH FOCUSED NURSING EDUCATION

A Doctor of Nursing Practice Project Report

by

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Submitted in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF NURSING PRACTICE

Texas A&M University-Corpus Christi
Corpus Christi, Texas

August 2019

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This Doctor of Nursing Practice Project Report meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

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August 2019

DEDICATION

I would like to dedicate this work to the steadfast nurses who choose to work tirelessly in the specialty of long-term care nursing, providing nursing care for a vulnerable population, many of whom once cared for us, some of whom served our nation.

ACKNOWLEDGEMENTS

I would like to thank my committee chair, Dr. Elizabeth Sefcik, my committee members, Dr. Theresa Garcia, Dr. Bunny Forgione, and my content expert, Dr. Daniel Cano for their guidance and support throughout the course of this quality improvement project.

Grateful thanks go to my husband, Chris, for his unwavering support, love, and patience always. I offer special thanks to my children, parents, and colleagues who have taken this journey with me in so many ways and share in the excitement of my accomplishments and beginning of a new chapter.

Finally, I want to thank my amazing nursing mentors, for instilling in a girl, the seven nursing ethical principles and the expectation for selfless responsibility to those we care for and serve. I thank Dr. Lynne Voskamp for teaching me reserve while graciously ordering me to never lose my passion.

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ABSTRACT

The purpose of this quality improvement project was to determine if congestive heart failure (CHF)-specific education and protocols for nursing home (NH) staff could improve their knowledge and reduce hospital readmissions through nursing knowledge application for patients 65 years of age or older residing in a nursing home. The project took place in two nursing homes in South Central Texas. The project used a quasi-experimental, two-group, design with retrospective chart review. Nursing CHF knowledge was measured at the intervention ($n=15$) and control ($n=12$) facilities using the Nurses' Knowledge of Heart Failure Education Principles Survey Tool (NKHFEP) pre- and post-education intervention. The education program consisted of a 2.9 Continuing Education unit, Texas Nurses' Association approved, course on CHF management in the nursing home setting. Chart reviews for hospital readmissions and nursing application of CHF-specific interventions were performed 3-months pre- and post-education program. Nurses at the intervention facility demonstrated improved CHF knowledge when compared to the control group: Treatment $M=94$, Control $M=79.3$ ($t(25)=4.785$, $p<.001$, $d=1.91$). Readmission rates decreased at the intervention facility and remained equivocal at the control facility. Nursing documentation of interventions improved at the intervention facility and remained low at the control facility. An evidence-based, CHF-specific educational program provided to front line NH staff of a central Texas NH, significantly improved nurse knowledge and resulted in clinically significant improvements in nurse application of CHF interventions and decreased CHF-related readmissions to the hospital, when compared to a control group.

Minimizing Congestive Heart Failure Readmissions from the Nursing Home Through Focused Nursing Education

Introduction

It is expected that by 2050 nearly 89 million Americans will be 65 years of age or older (The Centers for Disease Control and Prevention [CDC] 2013). The prevalence of congestive heart failure (CHF) has been estimated to affect greater than 5.8 million individuals in the United States and this number is increasing as our population ages (Komanduri, Jadhao, Guduru, Cheriya, & Wert, 2017). CHF has been established as the number one cause of readmissions for Medicare age patients in the United States (Chamberlain, Sond, Mahendraraj, Lau, & Siracuse, 2018). Twenty-five percent of the 15,459 patients hospitalized with CHF at 149 different sites, were discharged to nursing homes (NH) instead of home (Jung, Yeh, & Pressler, 2012). A significant issue contributing to hospital readmissions from the NH is the lack of a specific education curriculum with associated guidelines for nurses working in the NH. The World Health Organization (WHO) recognized that many NH staff were not prepared for the demands required to work with this population and that they lack adequate training (WHO, 2015). This quality improvement project addressed the problem of high CHF readmission rates and inadequate CHF-specific education for nurses in a South Texas NH by providing a CHF-focused education program to NH nurses and evaluating changes in nursing knowledge, practice, and number of CHF-related readmissions to the hospital.

Of the 25% of the nearly 6 million Medicare-aged Americans affected annually by CHF and discharged from the hospital to NH's, there is a reported 76% increased risk of mortality within one year due to inadequate diagnosis-related education and training for nursing home staff (Jung, Yeh, & Pressler, 2012). Focused CHF education and protocols for nursing home staff

could help in reducing current readmissions for patients with CHF, improve quality of care, mortality, and decrease exponential and unnecessary costs to Medicare.

The purpose of this project was to determine if CHF-specific education and protocols for nursing home staff can improve their baseline knowledge and reduce hospital readmissions for patients 65 years of age or older residing in nursing homes. The clinical question guiding this project was: In individuals age 65 or older residing in a nursing home, can CHF-specific education and protocols provided for nursing home staff, over a three-month period, in comparison to no education and protocols for a comparative facility, increase nursing CHF knowledge and practice, and reduce hospital CHF readmissions.

The major DNP Essentials addressed by this project were Essentials I and II (American Association of Colleges of Nursing, 2018). Essential I was addressed as science-based concepts were used to describe advanced strategies to enhance, alleviate, and ameliorate health and health care delivery as appropriate and evaluate the outcome. Essential II was addressed as care delivery approaches were developed and evaluated to meet the current and future needs of patient populations based on scientific findings in nursing and other clinical sciences.

In the nursing home setting, front-line staff caring for patients consists of registered nurses (RNs), licensed vocational nurses (LVNs) and certified nursing assistants (CNAs). LVNs are in charge of managing the majority of the patients' care and supervising the CNAs. RNs perform administrative roles, and although they are ultimately responsible for all of the nursing care delivered and processes in the nursing home, their numbers are few and they are rarely the primary caregivers.

Review of the Literature

There is an abundance of literature supporting the need for CHF specific education and protocols in the NH to reduce CHF-related hospital admissions. According to a study performed by Ouslander et al., (2016), out of 1044 transfers from the NH to the hospital, 40% could have been managed at the NH if front-line staff had more disease-focused education. Jung, Yeh, and Pressler (2012) performed an observational retrospective study to evaluate the knowledge in NHs specific to heart failure. The study found that there were no heart failure specific guidelines available in the NH setting. Linden and Butterworth (2014) performed a parallel-guided stratified randomized controlled trial in order to determine if care interventions reduced readmissions for Medicare participants with CHF. The study revealed that a large number of CHF readmissions were occurring from the NH, further supporting the need for specific education and protocols for NH staff.

Barents et al., (2008) performed a prospective cross-sectional study in order to investigate the 1-year mortality predication of B type natriuretic peptide (BNP) and N terminal proBNP in institutionalized elderly individuals with multiple medical co-morbidities. The study concluded mortality risk increases with elevating BNP concentrations. This finding confirmed the prevalence of CHF in the NH population, and the need for CHF specific education for nurses working in this setting in order to prevent CHF related readmission.

Feltner, et al., (2014), performed a systematic review and meta-analysis of randomized trials in order to analyze the compared risks and benefits of transitional care interventions as they related to reducing readmission and mortality rates for adults hospitalized with CHF. The study supported CHF specific education and protocols for nursing staff reduced hospital all-cause readmissions and it was determined that implementation of CHF specific education could be just

as effective in reducing readmissions from the NH setting. Lambrinou, et al., (2012) performed a systematic review and meta-analysis of randomized controlled trials in order to determine the effect of a heart failure management plan with a nurse-driven phase. This study supported the unanimous findings that specific heart failure nursing education and protocols can reduce heart failure readmissions. According to Ouslander et al., (2014), INTERACT (Interventions to Reduce Acute Care Transfers) was initially developed and was supported by CMS through a contract related to the Medicare Quality Improvement Organization in Georgia with a goal of decreasing high hospitalization rates. INTERACT is a program that was developed to promote interventions that would reduce admissions to hospitals from the NH setting through the early identification, evaluation, and management of acute changes in condition of patients residing in the NH. The nurse practitioner driven implementation and guidance of this “tool kit” has been associated with a 50% reduction in hospitalizations and a 36% reduction in avoidable hospitalizations. The literature revealed a multitude of additional studies indicating a positive outcome in the reduction of CHF readmissions from the NH setting after focused education and protocols were provided and implemented.

Conceptual Framework

The conceptual framework for this quality improvement project was Imogene King’s Conceptual System as it relates to Critical Thinking and the Theory of Goal Attainment. This theory is linked to the nursing process but is pulled from King’s personal and interpersonal concepts including perception, communication, role, interaction, and growth and development. King offered that nursing knowledge was a result of systematic use as well as the validation of knowledge regarding concepts specific to nursing situations (Alligood, 2010).

King’s framework is based on the interaction of elements within a system (Zaccagnini &

White, 2017). The NH setting is full of processes and collaborative services. Everything must run like a well maintained and oiled machine. Critical thinking and the nursing process played tremendous roles in the implementation, outcome and overall success of the quality improvement project. The literature review revealed that many attempts have been made to put various tools in place in the NH but the educational component for the staff has been missing. Once nurses became comfortable with looking at every issue according to the nursing process (Assessment, Nursing Diagnosis, Planning, Implementation, Evaluation), they were able to plan proactive interventions based upon their assessment and were successful in recognizing acute changes in condition, implementing appropriate interventions and evaluating those interventions. This process guided the QI project in the reduction of CHF readmission from the NH.

Specific Aims

Specific Aim #1: To improve CHF knowledge for front line nurses in the NH facility following a focused CHF education program as evidenced by a significantly higher Nurses' Knowledge of Heart Failure Education Principles (NKHFEP) post-intervention score in the intervention group when compared to the control group;

Specific Aim #2: To reduce CHF readmissions from the NH as evidenced by retrospective chart reviews resulting in a significant decrease in readmissions in the treatment facility when compared to the control facility at the end of the project (three months post-education intervention).

Specific Aim #3: To improve nurses' application of CHF knowledge as evidenced by retrospective chart reviews resulting in a significant increase in CHF-related nursing interventions comparing the treatment group to the control group.

Evaluation Plan and Framework

The educational content was provided using the HIRAID (History, Identify Red flags, Assessment, Interventions, Diagnostics, Reassessment, and Communication) framework, which was designed specifically as a systematic guide to improve nursing assessment performance (Munroe et al., 2016). Nursing knowledge prior to and after implementation of the educational program was measured using the NKHFEP.

According to White et al., (2016) evaluation designs with paired grouping measures the same outcome in a specific cohort at two or more points in time. The measurements for comparison are within a certain cohort; however, the measurements are indicative of a time period from prior to cohort exposure to the intervention and the comparative “post” time period of when the cohort had been exposed to the intervention.

The evaluation method/framework used for this project was Imogene King’s Theory of Goal Attainment (Alligood, 2010). With King's Theory of Goal Attainment, nursing is defined as a process of action, reaction, and interaction (Nursing Theory, 2016). With this theory nurses use already obtained specialized skills and knowledge to collect data during the initial patient assessment phase. Once the accurate assessment data is collected, an appropriate nursing diagnosis is made. In order to create appropriate goals, problems are identified and a collaborative care plan of nursing interventions is created. King's theory is about "meeting goals and the effectiveness of nursing care"(Nursing Theory, 2016).

King’s first dimension in this method was the Nursing Process – Assessment, Diagnosis, Planning, Intervention, and Evaluation. The 2nd phase is a conceptual focus in which King promotes a focus on critical thinking in nursing through the skills of perception, communication, interaction, transaction, and growth development. The final and 3rd dimension of this model is

Human Interaction. This dimension is about transactions occurring based upon perception and situations and the nurse being able to adapt and re-evaluate. The most critical element for this project was King's first dimension and her inclusion of the nursing process. The nursing process is a framework established for nursing to be seen as a system that is intentional, critical, reflective and individually corrective (Chinn & Kramer, 2015). The NH staff utilized the nursing process as they identified and assessed residents with CHF, implemented the planning and intervention phases then re-evaluated. The nurses used the CHF specific education to apply critical thinking skills and human interaction to coordinate and work alongside other NH team members, including CNA's in order to recognize residents who may have been exhibiting early signs of a CHF exacerbation. See figure 1 in the Appendices.

Methods Project Design

The project used a quasi-experimental, two-group, design with retrospective chart review. Two NHs with similar resident population acuity and nursing staff participated in the study. The intervention facility had a general daily census of 161 patients while the comparison facility had a general daily census of 93 residents. CHF baseline nursing knowledge was assessed at both facilities before and after a CHF education program was provided for the nurses at the intervention nursing facility. Chart reviews were performed on all NH residents admitted with an active diagnosis of CHF at both facilities. Chart reviews were performed for the 3-month period prior to the CHF education program (October 2018- through December 2018) and for the 3-month period following the education program (January 2019 through March 2019). As part of the chart review, nursing care plans were reviewed at both facilities for the addition of specific nursing CHF interventions. Chart reviews also included information regarding hospital readmissions at both facilities.

Protection of Human Subjects and Confidentiality

This DNP project was focused on quality improvement. The purpose of this project was to expand the knowledge of nurses working in the intervention and control facilities through the contribution of diagnosis specific evidence-based nursing education. It was proposed that success in this effort would minimize hospital Congestive Heart Failure (CHF) admissions/readmissions from these facilities and improve the quality of care for patients residing in this south Texas nursing home. A Determination of Non-Human Subjects was obtained from the Texas A&M University-Corpus Christi Institutional Review Board (IRB). Protected Health Information was collected in the form of patient age, gender, ethnicity, diagnoses, medical history, and treatment plan. Permission to collect this information and support for the project at the two South Texas nursing homes (intervention and control facility) was obtained from the administrators of the participating facilities (See appendices B and C). No IRB approval was required at the facilities where the project was conducted.

Participants

Nursing home Directors of Nursing, Assistant Directors of Nursing, MDS nurses, and clinical staff including Registered Nurses (RN) and Licensed Vocational Nurses (LVN) participated. Data was reviewed on all intervention and control facility patients over the age of 65 who had experienced a recent acute exacerbation of CHF or had a new diagnosis of CHF. The charts of patients on palliative care, Hospice or residents declining treatment or further management of their CHF symptoms were excluded from review. Certified Nursing Assistants (CNAs) participated indirectly as they were not instructed formally through the project or evaluated; however, they received in-service training and direction from their administrative staff

and charge nurses on signs/symptoms to report and obtaining accurate weights, as well as intake/output recording.

Setting

The project took place in two separate nursing homes in South Central Texas. The intervention took place in a NH with 200 Medicare/Medicaid certified beds. The control facility was a NH with 133 Medicare/Medicaid certified beds. Both facilities cared for short-term skilled and long-term skilled and non-skilled residents of similar acuity. Both facilities received and transferred patients from and to two local hospitals, as well as the independent rehabilitation and long-term acute care facilities. The nursing staff from both facilities consisted primarily of LVN's with a set number of RN's (less than five including administrative staff) on staff daily. Each facility staffed one clinical RN daily. The intervention facility staffed 33 CNA's daily with census comparable staffing at the control facility.

Intervention

Participating nurses at the intervention facility were provided with 2.9 hours of Texas Nurses' Association approved continuing education units (CEU's) on congestive heart failure education specifically related to the nursing home setting via powerpoint lecture with content obtained from the Veterans Administration Quality Enhancement Research Initiative (QUERI), the American Heart Association, and the American Association of Heart Failure Nurses. The educational content was approved by the medical content expert for the project, a physician. The educational content included documentation, care plan implementation, assessment/skills and CHF monitoring/tool utilization. The educational content was provided using the HIRAID (History, Identify Red flags, Assessment, Interventions, Diagnostics, Reassessment, and

Communication) framework, which was designed specifically as a systematic guide to improve nursing assessment performance (Munroe et al., 2016).

In-house leadership team members received 1 hour of project overview, as the expectation was for them to provide the daily promotion and implementation of the project. The Project Director (PD) was in close contact with the in-house leadership team members and was available around the clock for support. The content expert was available Monday – Friday from 8-5 for any program content questions. The Project Director collected hospital transfer and nursing home admission data once a week. The in-house leadership team provided clinical support to the nursing staff using the HIRAID framework. Additionally, this team monitored the utilization of implemented CHF tools. The control facility did not receive the educational intervention and operated as usual.

Barriers

The nursing home setting is a tremendously challenging environment with a multitude of ongoing simultaneous processes by numerous disciplines. Nurses are challenged daily to meet the needs and demands of patients, family members, employers and state/federal agencies. Staff often feel overwhelmed and are resistant to any form of change that will complicate their routine and their perceived ability to complete the many tasks expected of them. As with most nursing homes, the care is driven primarily by LVN's who are tasked with managing an advanced- age patient population with multiple co-morbidities in this challenging and fast-paced environment. These barriers were deflected through consideration of scheduling when planning the educational intervention, program offerings at numerous dates and times, and demonstration of consistent support, respect, and recognition of the demands faced by the nurses in their specialty daily.

Data Collection

Measurement tools. The first goal for this project was to demonstrate improved CHF knowledge for nursing home LVNs and RN's after they received a focused CHF nursing education program. In order to determine the effectiveness of that educational program the nursing home nurses' heart failure knowledge at both facilities was evaluated pre-intervention and post-intervention at the completion of the project. This knowledge was measured using the Nurses' Knowledge of Heart Failure Education Principles Survey Tool (NKHFEP) developed by Albert et al. (2002). Sundel & Ea, (2018) performed a one-group pretest-posttest intervention to determine if nurses' knowledge, specifically of heart failure, could be improved through the implementation of an educational intervention. Descriptive statistics were utilized to summarize the findings of this quantitative NKHFEP survey tool. A paired *t* test was used to compare the pre and post-intervention scores. A *p* value of < 0.05 was obtained indicating data significance. Hart, et al., (2011) performed a two-phase non-experimental psychometric study in order to evaluate the psychometric features of the Nurses' Knowledge of Heart Failure Self-Management Principles Survey. Internal consistency and reliability for the scored version of the survey was assessed with the Kuder-Richardson method. Cronbach's alpha was utilized to evaluate internal consistency for the Likert format survey, revealing that the internal consistency reliability of the dichotomously scored version of the survey was 0.27 and 0.70. The above noted literature and studies revealed that focused education and protocols provided and implemented in the NH could reduce hospital readmissions significantly, providing evidence to support the intervention in this project.

The second goal for this project was to demonstrate a reduction in CHF readmissions from the NH. The reduction in NH facility readmissions was measured using the Point Care

Click electronic health record (EHR) software at the intervention facility and the Matrix EHR software at the control facility. Readmissions were measured at both facilities for a period of three months prior to the intervention and for the 3- month intervention period. Individual chart reviews were performed for all EHR reported hospital transports from both facilities for these specified periods, as neither EHR has the capability of differentiating diagnosis specific discharge data.

The third goal for this project was to evaluate the nurses' recognition of patients at high risk for CHF exacerbation and readmission, as well as their utilization of CHF guidelines for implementation of diagnosis specific care plans and supportive nursing interventions. Chart reviews were performed at both facilities to assess nursing documentation including implementation of a CHF care plan with CHF specific nursing interventions, follow-through on the care planned interventions and documentation/appropriate intervention for recognized CHF exacerbations. A point system ranging from 1-4 was used for the chart reviews and was based on a CHF Intervention Algorithm created for the intervention facility by the project director through collaboration with the physician content expert. See figure 8. Each facility earned 1 point upon chart review for acknowledging a new or active diagnosis of CHF upon patient admission or readmission to the facility. A second point was achieved through the initiation of a CHF specific careplan. A third point was given for implemented CHF specific nursing interventions. A 4th point was awarded for nursing documentation reflective that the CHF implemented nursing interventions were being followed. Admissions and readmissions for eligible patients were measured at both facilities for a period of three months prior to the intervention and for the 3 - month intervention period. Individual chart reviews were performed for all EHR reported hospital admissions/readmission from both facilities for these specified periods. Electronic chart

reviews for eligible patients were performed at the intervention facility as this facility has ninety percent electronic charting capability. A combination of electronic and manual chart reviews were performed at the control facility as this facility has less than minimal electronic charting capability at this time.

Data Analysis and Management

The analysis methods for this project are quantitative and measured at the microsystem level through the measurement of post nursing CHF knowledge survey scores, measurement of CHF readmissions, and measurement of scores related to nursing CHF intervention application. Data was analyzed using the Statistical Program for Social Sciences (SPSS), version 25.0.

The first outcome objective was determining the NKHEP scores pre and post intervention. Paired samples t-test was used to compare the intervention group NKHEP scores pre and post-intervention. Independent samples t-test was used to compare the intervention group to the control group post-intervention NKHEP scores.

The second outcome objective was measuring the number of heart failure readmissions from the nursing home using the Point Care Click electronic health record (EHR) software at the intervention facility and the Matrix EHR software at the control facility. Weekly run charts were created for comparison of the readmission rates at both facilities. Results and variations were displayed on a run chart so that the results and variations can be displayed over time in a time sequence (Holly, 2014).

The third outcome objective was chart reviews which were performed on charts for all eligible NH residents admitted or readmitted with a diagnosis of CHF to both the control and intervention facilities in order to show changes/trends over time. A point system ranging from 1-4 was used for the chart reviews and was based on the provided facility CHF Intervention

Algorithm. The differences between the documentation 3 months pre-intervention at the control and intervention facilities were compared to the documentation 3 months post intervention at both facilities using run charts.

Results

The last date for the project was 4/15/19. Post intervention NKHEP surveys were completed by the nurses at both facilities. Out of the 22 nurses (20 LVN and 2 RN) that took the pre-intervention NKHEP survey at the intervention facility, 15 (13 LVN and 2 RN) completed the post-intervention NKHEP. Out of the 14 nurses (13 LVN and 1 RN) that took the pre-intervention NKHEP survey at the control facility, 12 (11 LVN and 1 RN) completed the post-intervention NKHEP. An independent samples t-test was performed to compare the intervention group to control group post-intervention NKHEP scores. Nurses at the intervention facility demonstrated improved CHF knowledge when compared to the control group: Treatment $M=94$, Control $M=79.3$ ($t(25)=4.785$, $p<.001$, $d=1.91$). The paired sample test also revealed statistical significance with a $p < .01$ with a large effect of 1.55. See Appendix O.

Weekly run charts were created for comparison of the readmission rates at both facilities. Readmissions remained consistent at the control facility but were noted to have decreased at the intervention facility in the 3-month period after the intervention. See Figure 5.

Retrospective chart reviews comparing application of nursing knowledge pre and post-intervention at the control and intervention facilities, revealed that the nursing application of CHF specific interventions increased consistently at the intervention facility and remained decreased and inconsistent at the control facility. The control facility scored lower pre and post intervention as they did not set up CHF focused careplans upon patient readmission/admission to the facility with an active or recently active diagnosis of CHF. The intervention facility

consistently set up CHF specific care plans upon admission/readmission of eligible patients. Pre-intervention evaluation revealed that nursing diagnosis specific interventions were implemented but followed-through inconsistently at both facilities. Post intervention evaluation revealed increased consistency with implementation and re-evaluation of the established interventions at the intervention facility.

Discussion

Project results revealed improved CHF nursing knowledge at both facilities after the nursing home nurses received specific nursing education. With the implementation of focused nursing education and protocols in the intervention facility, there was improved nursing application of CHF specific nursing interventions and a reduction in CHF acute care admissions. With these findings, it is anticipated that Medicare costs generated by the patient and both project facilities will be significantly reduced, facility (acute and NH) costs will be reduced, NH revenue will increase, patient/family satisfaction will improve, employee confidence, job satisfaction and retention will improve, and most importantly, the quality of life and quality of patient care will improve.

Budget and Feasibility

The direct cost of this quality improvement project was \$804.92, with the majority of the cost generated from the purchase of participation incentives for the staff, including door prizes and snacks. An additional expenditure was the one-time \$130.00 continuing education application fee. All staff education costs were offset through projective staffing and utilization of allowed budgeted educational hours. Future costs for the continuation of this CHF program would be minimal for the facilities and limited primarily to occasional copies for staff visual aids. The potential facility savings and opportunity for CMS incentives are enormous. A CMS

admission rate of greater than 36% per year could equal an annual facility cost of greater than \$250,000 per year. This does not include imposed state/federal penalties or the loss of CMS incentive payments.

Limitations

Study limitations included the utilization of different methods for project data retrieval. Data was retrieved 90% electronically from the intervention facility and 10% manually through chart review. Data was obtained 85% manually through chart review and 15% electronically for the control facility. Neither facility had the capability of tracking readmissions by diagnosis. The requirement of accessing the data through numerous queries to detect readmissions within 48-72 hours required persistence and consistency in order to prevent the omission of readmissions or admissions charts that were eligible for review.

Conclusion

It is anticipated that once the quality and financial impact for this project is demonstrated, a requirement of specialized education for nurses in these facilities will be implemented. Based on H.R. 4302 Protecting Access to Medicare Act of 2014, NH's began receiving their first incentive payment from the Centers for Medicare and Medicaid on October 1, 2018. The payment amounts are based on the SNF's performance standards in respect to the measures applied for a fiscal year performance period. This program also assembles the information obtained on the NH's performance and disseminates the findings to the public on the Nursing Home Compare Medicare website (Congress.gov, 2014). Texas Senate Bill 1050 was introduced this year proposing quality of care payment incentives for nursing homes as well. There is little doubt that this will actuate NH owners and administrators to look closer at the impact focused nursing education can have on the bottom line. (What about more info?) (Tables)

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Figure 1: Imogene King's Conceptual System with 3 Dimensions

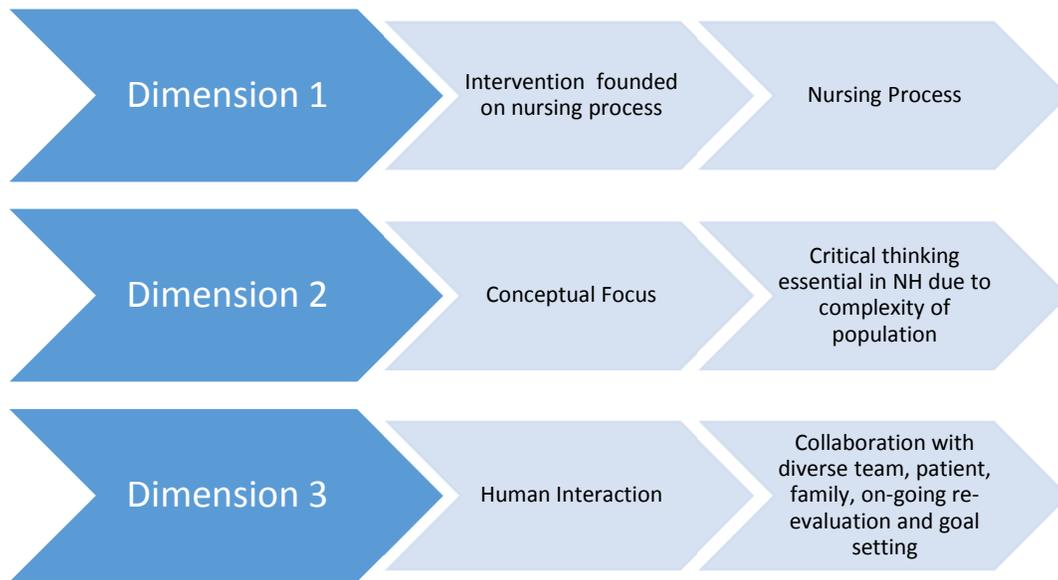


Figure 2: CHF Readmission Quality Improvement Project Timeline

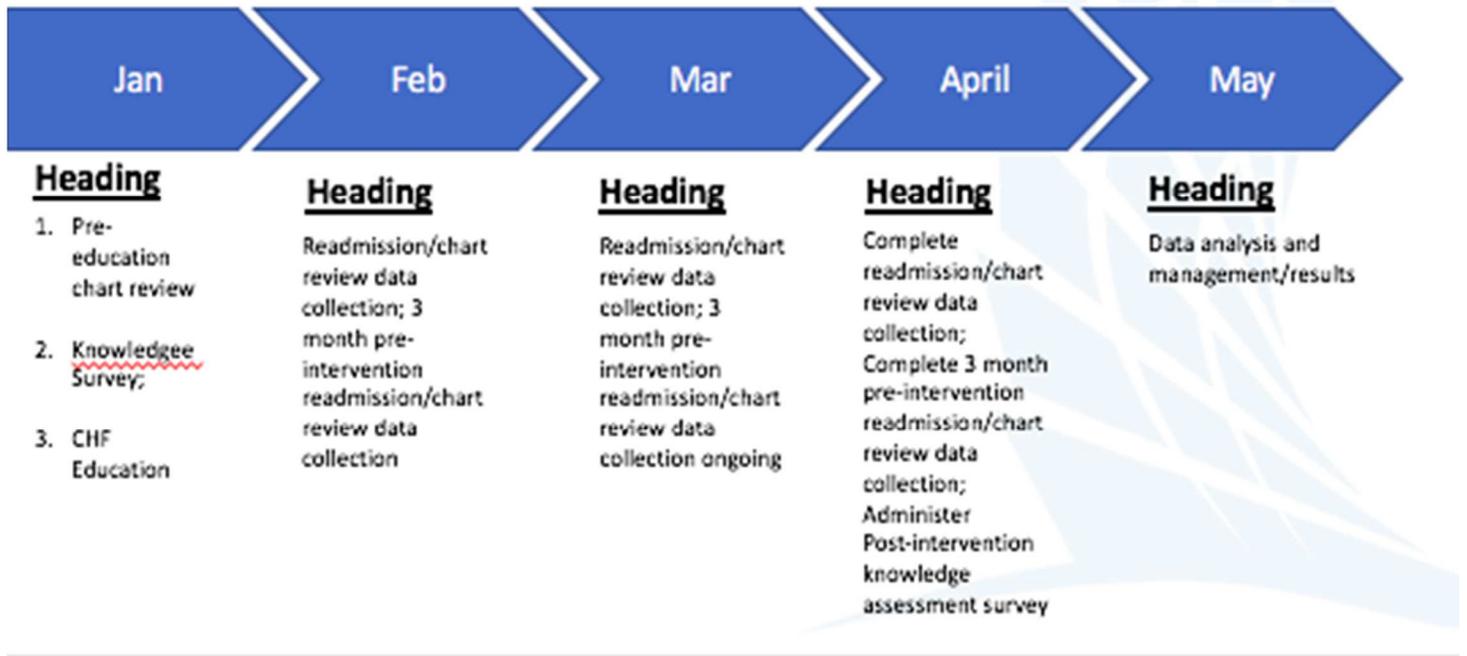


Figure 3: Knowledge Survey scores pre- and post-intervention comparing Intervention group to Control group

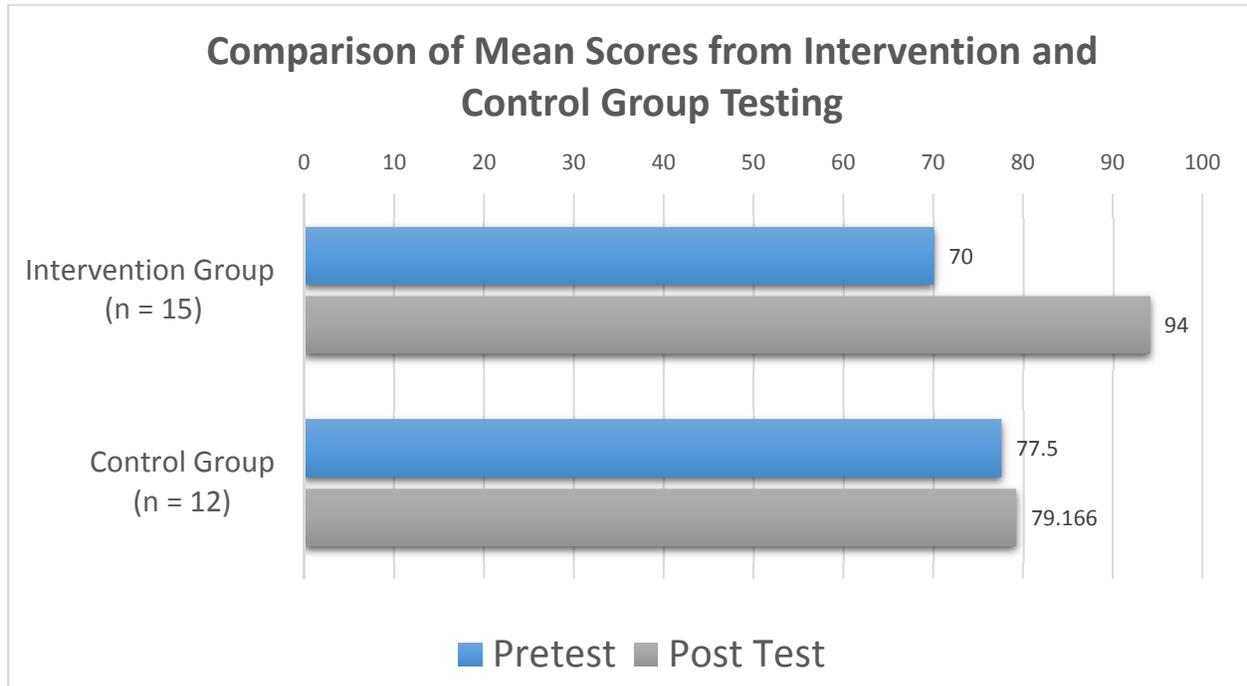


Figure 4: Post-intervention Mean comparison scores

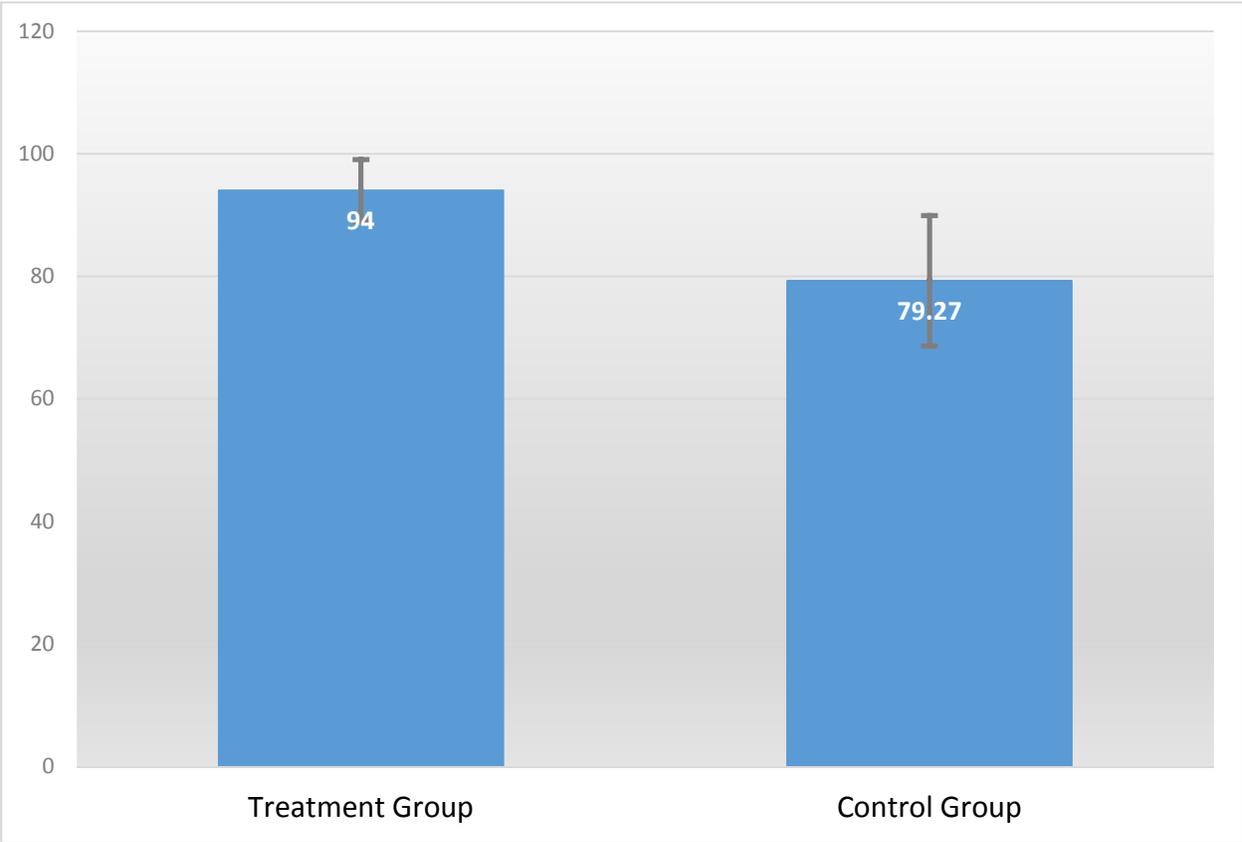


Figure 5: CHF readmission pre and post intervention control and treatment facility comparison

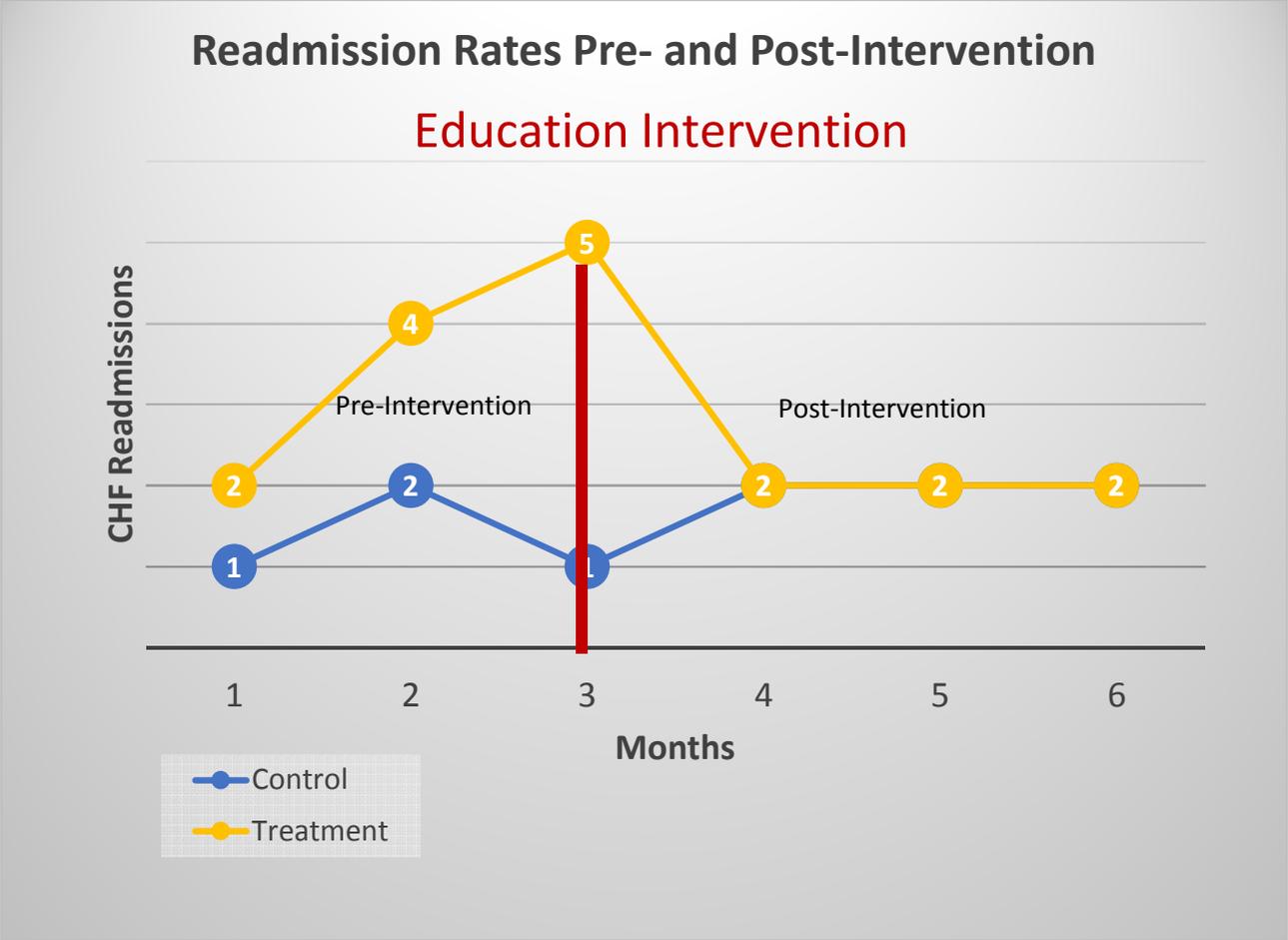


Figure 6: Pre-Intervention quality of care chart reviews intervention and control facility comparisons

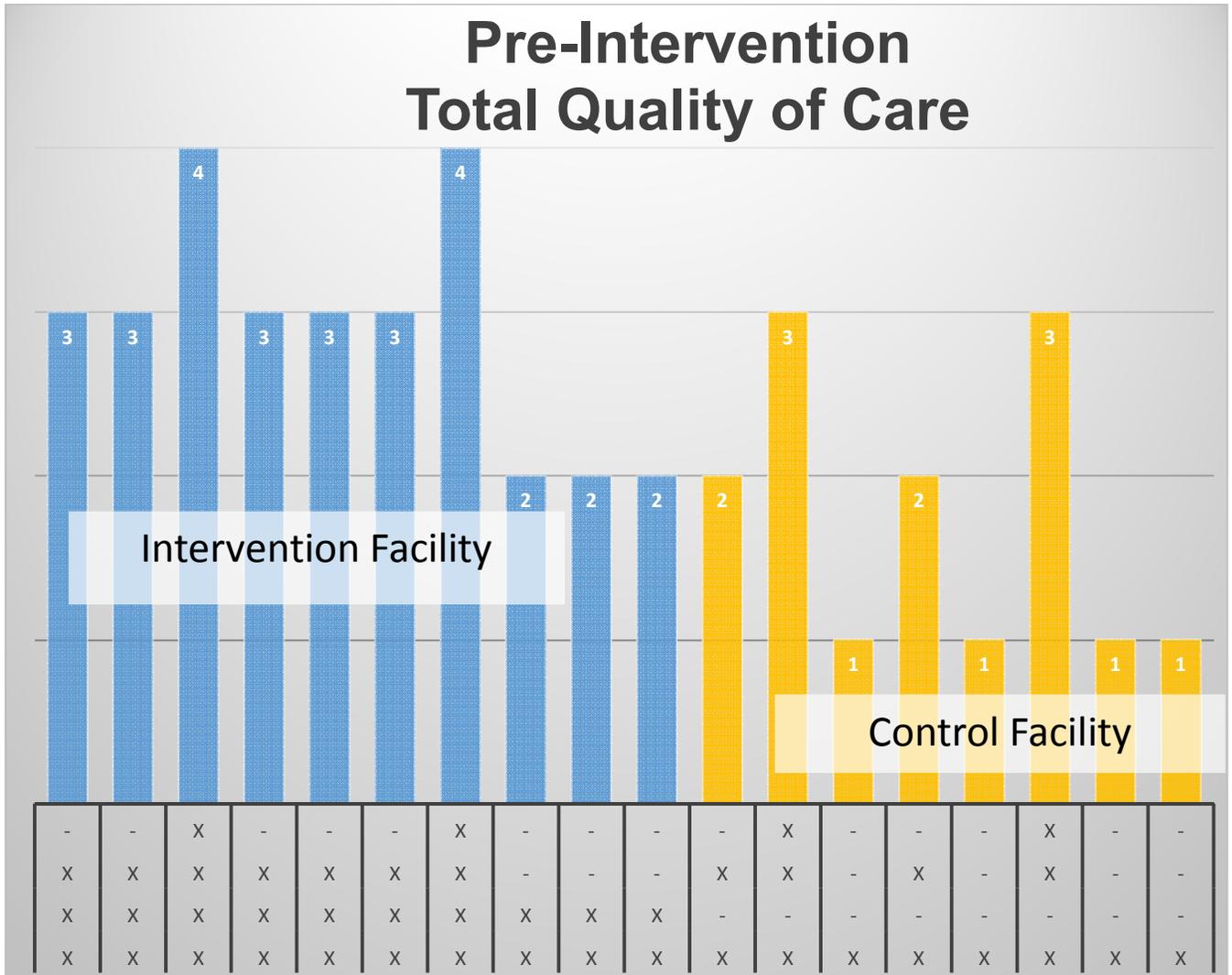


Figure 7: Post-Intervention quality of care chart reviews intervention and control facility comparisons

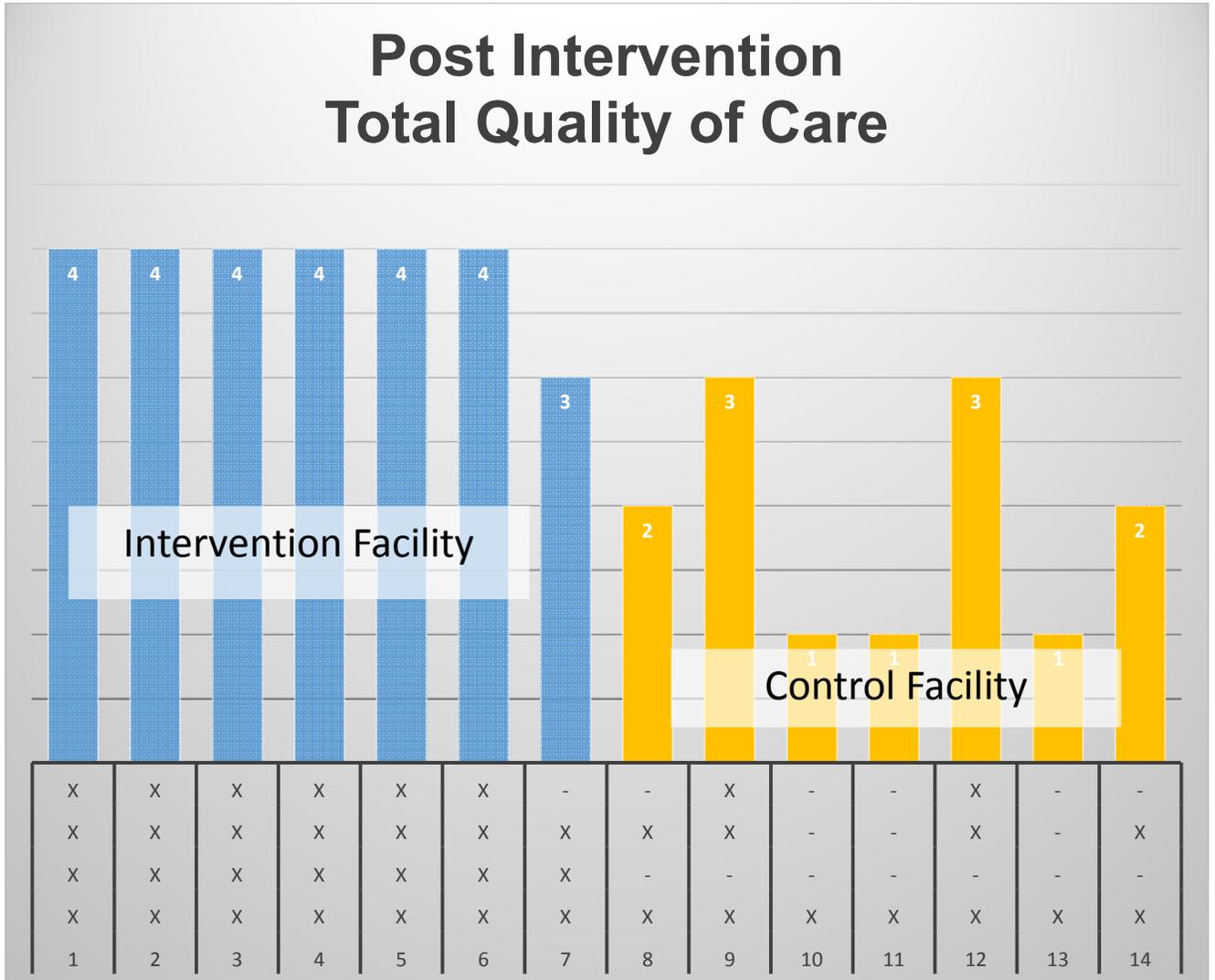


Table 1: Nurse Sample Description

Nurse Sample Description

Table 1	Pre-intervention (n=24)	Post-intervention (n=15)	Pre-control (n=14)	Post-control (n=12)
Mean age (sd)	39	38	47	45
Gender % Females	100	100	93	92
Gender % Males	0	0	7	8
Race % Caucasian	42	47	33	42
Race % Hispanic	46	47	40	42
Race % African American	12	6	20	16
Mean years of Nsg experience	18	12	18	16
Experience in other Nsg settings %	58	67	64	58

Table 2: Sample Description – Patient Chart Review

	Pre-intervention pt readmission/chart reviews (n = 10)	Post-intervention pt readmission/chart reviews (n = 7)	Pre-control pt readmission/chart reviews (n = 8)	Post-control pt readmission/chart reviews (n = 7)
Mean age (df)	85	81	86	85
Gender	55	50	62	70
% Males				
Gender	45	50	38	30
% Females				
Race	36	34	37	29
% Hispanic				
Race % Caucasian	36	33	50	42
Race % African American	28	33	13	29
% with > 3 co-morbidities	100	100	100	100
% with Systolic CHF	55	51	50	84
% with Diastolic CHF	45	34	50	16
% with combines CHF or unknown type	0	15	13	56
% of patients with symptoms identified prior to readmission	27	68	25	28

Table 3: Chart Review Criteria

Patient	CHF Properly Diagnosed	CHF Specific Care Plan	CHF Specific Nursing Interventions	CHF Specific Interventions Charted	Total Score
1	x	x	x	-	3
2	x	x	x	-	3
3	x	x	x	x	4
4	x	x	x	-	3
5	x	x	x	-	3
6	x	x	x	-	3
7	x	x	x	x	4
8	x	x	-	-	2
9	x	x	-	-	2
10	x	x	-	-	2
11	x	-	x	-	2
12	x	-	x	x	3
13	x	-	-	-	1
14	x	-	x	-	2
15	x	-	-	-	1
<u>16</u>	x	-	x	x	3
17	x	-	-	-	1
18	x	-	-	-	1

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APPENDIX A: TAMU-CC Institutional Review Board Not Human Subjects Determination



Human Subjects Protection Program

Institutional Review Board

OFFICE OF RESEARCH COMPLIANCE

Division of Research, Commercialization and Outreach 6300 OCEAN DRIVE, UNIT 5844 CORPUS CHRISTI, TEXAS 78412 O 361.825.2497

DATE: TO:
CC: FROM: SUBJECT:

January 3, 2019
Elizabeth Sefcik, Nursing and Health Sciences Priscilla Layton, Student
Office of Research Compliance
Not Human Subjects Determination

Activities meeting the DHHS definition of research or the FDA definition of clinical investigation and involves one or more human subjects are subject to IRB review and approval.

On January 3, 2019, the Texas A&M University-Corpus Christi Institutional Review Board reviewed the following submission:

Type of Review:	Not Human Subjects Determination
Title:	Minimizing Congestive Heart Failure Hospital Readmissions from the Nursing Home through Focused Nursing Education
Project Lead:	Elizabeth Sefcik
IRB ID:	NHS 01-19
Funding Source:	

	None
Documents Reviewed:	600.02 Form, Not Human Subjects Research Request Submission Layton Final IRB for submission CHF Identification Quality Improvement Tool Final Retama Support Letter and Support Letter from Twin Pines Table I Nurses' Knowledge Heart Failure Survey Tool

Texas A&M University-Corpus Christi Office of Research Compliance determined that the proposed activity does not meet the DHHS definition of research or the FDA definition of a clinical investigation.

Therefore, **this project does not require IRB approval.** You may proceed with this project.

This determination applies only to the activities described in the documents reviewed. **Any planned changes require submission to the IRB to ensure that the research continues to meet criteria for a non-human subject research determination.**

Please do not hesitate to contact me with any questions at irb@tamucc.edu or 361-825-2497.
Respectfully,

Rebecca Ballard, Digitally signed by Rebecca



JD, MA, CIP

Ballard, JD, MA, CIP
Date: 2019.01.03 16:14:07 -06'00'

Rebecca Ballard, JD, MA, CIP
Director, Research Compliance
Division of Research, Commercialization and Outreach

APPENDIX B: Letter of Support – Twin Pines Nursing & Rehab Center

*Twin Pines Nursing & Rehab Center
3301 E Mockingbird Ln
Victoria, TX 77904*

November 13, 2018

Dr. Yolanda Keys
Associate Dean for Academic Programs
College of Nursing and Health Sciences
Texas A&M University – Corpus Christi
6300 Ocean Drive
Corpus Christi, TX 78412

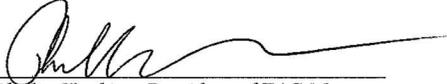
Dear Dr. Keys,

The purpose of this letter is to provide Priscilla Layton, a Doctor of Nursing Practice student at Texas A&M University College of Nursing and Health Sciences, support in conducting a quality improvement project at *Twin Pines Nursing & Rehab Center (Mockingbird Ln)*. The project, Minimizing Congestive Heart Failure (CHF) Readmissions from the Nursing Home entails the presentation of a focused educational program for nursing, assessment of baseline and post intervention nursing CHF knowledge through administration of the Nurses' Knowledge of Heart Failure Education Principles Survey Tool (NKHFEP), implementation of a CHF nursing intervention protocol, nursing chart reviews for all residents with a diagnosis of CHF, nursing care plan reviews for all residents with a diagnosis of CHF, and the measurement of CHF related hospital admissions/readmissions utilizing the Minimum Data Set.

The purpose of this project is to determine if CHF specific education and protocols for nursing home staff can reduce hospital readmissions for residents 65 years of age or older residing in nursing homes. Twin Pines Nursing & Rehab Center was selected for this project because of management's demonstrated commitment for supporting long-term care nursing education and improving the care of nursing home residents with multiple co-morbidities requiring advanced nursing care. Priscilla Layton *is not* employed at this institution but does have an interest in improving care at this facility.

I, Phillip Hopkins, President of TAG Management do hereby fully support Priscilla Layton in the conduct of this quality improvement project, Minimizing Congestive Heart Failure (CHF) Readmissions from the Nursing Home at *Twin Pines Nursing & Rehab Center (Mockingbird Ln)*.

Sincerely,



Phillip Hopkins, President of TAG Management

APPENDIX C: Letter of Support – Retama Manor South

*Retama Manor South
3103 E. Airline Road
Victoria, TX 77901*

November 14, 2018

Dr. Yolanda Keys
Associate Dean for Academic Programs
College of Nursing and Health Sciences
Texas A&M University – Corpus Christi
6300 Ocean Drive
Corpus Christi, TX 78412

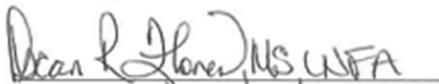
Dear Dr. Keys,

The purpose of this letter is to provide Priscilla Layton, a Doctor of Nursing Practice student at Texas A&M University College of Nursing and Health Sciences, support in conducting a quality improvement project at *Retama Manor South, Victoria, TX (Control Facility)*. The project, Minimizing Congestive Heart Failure (CHF) Readmissions from the Nursing Home entails the measurement of hospital readmissions at the control, as well as at an intervention facility, utilizing the Minimum Data Set. The presentation of a focused educational program for nursing, assessment of baseline and post intervention nursing CHF knowledge through administration of the Nurses' Knowledge of Heart Failure Education Principles Survey Tool (NKHFEPT), implementation of a CHF nursing intervention protocol, nursing chart reviews for all residents admitted with CHF, and nursing care plan reviews for all residents admitted with CHF will be performed at the intervention facility.

The purpose of this project is to determine if CHF specific education and protocols for nursing home staff can reduce hospital readmissions for residents 65 years of age or older residing in nursing homes. Retama Manor South was selected for this project because of management's commitment for supporting long-term care nursing education and improving the care of nursing home residents with multiple co-morbidities requiring advanced nursing care. Priscilla Layton is not employed at this institution but does have an interest in improving care at this facility.

I, Oscar Flores, Administrator of Retama Manor South do hereby fully support Priscilla Layton in the conduct of this quality improvement project, Minimizing Congestive Heart Failure (CHF) Readmissions from the Nursing Home at *Retama Manor South*.

Sincerely,


Oscar Flores, Administrator

APPENDIX D: Context and Risk Assessment

Risk	Impact	Countermeasure	Facilitators	Barriers
Staff will be unable to attend the educational intervention.	Education would not occur	Considered the nursing schedule when planning the educational program, the program was offered at numerous times that were accommodating to the staff; used pre-registration sign-in sheet system; worked with leadership to offer incentives	Nursing leadership and administrators	Patient care/schedule demands; personal schedule/commitment demands
Lack of facility support to allow the staff to attend the educational intervention aside from previously scheduled work times.	Decreased nurse participation	Considered the nursing schedule when planning the educational program, offered the program at numerous dates and times that were accommodating to the staff; used a pre-registration sign-in sheet system; obtained input from the nurses and from clinical leadership regarding the best times to provide the educational program; Discussed the time (s) allowed for program presentation in the first meeting with nursing home administration, and whether or not any time outside of the staffs' scheduled shift would be permitted.	Nursing leadership and administrators	Patient care/schedule demands
Lack of staff willingness to attend the educational program or "buy-in" to the program goals/objectives.	Non-participation; negative staff perceptions; domino effect and further project compromise	Projected a positive attitude; promoted the importance of the job being performed by the staff and the vulnerable population served. Used creative ideas, such as offering snacks, meals, and door prizes to promote interest in the	Peers, co-workers, nursing leadership and administrators	Personal or prior experience barriers; staff may feel guarded, Defensive or threatened by the project or

		program/activities. Provided all staff attending the intervention with a heart shaped pin that they placed on their employee badge		information being provided
Lack of support from clinical leadership staff	A poor attitude or lack of interest and support by leadership could affect the buy-in of all of the nursing staff and diminish overall program receptiveness	Attempted to accurately interpret staff perception/receptiveness early in the project presentation in order to implement proactive counter measures such as encouraging their input and feedback; provided encouragement regarding the importance of their work and specific population; provided credit for the difficulty of providing care for aged patients with multiple co-morbidities in a long-term care setting; acknowledged long-term care as an unrecognized specialty.	Administrators; Medical director	Defensive or threatened by the project or information being provided
Lack of support from Minimum Data Set nurses due to time constraints.	This risk could impact the reliability and validity of the project	Recognized and supported the MDS nurses from the onset of the introduction of the project. Demonstrated respect for their time and accommodated their schedules when establishing times for meeting/data collection; encouraged their input and demonstrated respect for their experience	Peers, leadership staff, administrators	Heavy work demands; potential resentment toward participation. Different Electronic Health Record systems at the control and intervention facility. Many of the chart reviews for readmission and application were

				performed manually. Access was available to the records at one of the local receiving hospitals but not at the second facility.
Staff lack of receptiveness to the program content	This risk could contribute to poor program attendance and the staff may not have the necessary tools to properly care for residents with CHF	This risk was recognized from the beginning. Promoted and supported the staff for the complicated and complex work they do. Offered the project and learning material in a way that promoted participation and not in a way that was perceived as threatening or intimidating	Peers, leadership staff, administrators	Defensive, resentful, intimidated, or threatened by the project or information being provided
Lack of MDS Nurse receptiveness/cooperation at the comparison facility	This risk could impact the reliability and validity of the project	Recognized and support the MDS nurses from the onset of the introduction of the project. Demonstrated respect for their time and accommodated their schedules when establishing times for meeting/data collection; encouraged their input and demonstrated respect for their experience	Leadership staff; administrators	Heavy work demands; potential resentment toward participation

APPENDIX E: Project Budget

Direct Costs	Cost of Items	Comments
Nurses' Knowledge of Heart Failure Education Principles Survey Tool (NKHFEP) – projected copies x 100 (.35 each)	(\$35.00)	Donated by Citizen Medical Center
SPSS Statistics Grad Pack	\$34.94	Student cost
Queri educational tools (copies) x 500 (.35 each)	(\$175.00)	Donated by Citizen Medical Center and Tag Management Group
Content Expert MD @ \$125/hour x 10 hours	(\$1250.00)	Time donated by the content expert
Staff Education: 21 LVN's \$21/hr x 2 hrs 4 RN's x \$28/hr x 2 hrs 45 CNA's x \$14/hr x 1 hrs	LVN's = (\$882.00) RN's = (\$224.00) CNA's = (\$630.00)	Costs were eliminated by working closely with the scheduler to coordinate the nurses' schedule; other costs were reported in the facility's education budget
Door prizes/snacks/staff incentives (pens and buttons) for education participation	\$480.00	Student cost
Continuing Education Application Fee through the Texas Nurses Association	\$130.00	Student cost
Projector for Power point presentations	\$89.99	Student cost
Projector Screen	\$69.99	Student cost
Total of Direct Costs	\$804.92 + 1000.00 student scholarship	Student Cost

	= -195.08	
Indirect Costs	Cost of Items	Comments
Facility daily operational costs	NA	
Administrative/Supervisor costs	NA	
Total of Indirect Costs	NA	
Projected facility savings for reduced readmission rates		<p>Project facility has a CMS rate of 36.3% for readmissions for a total bed capacity of 142. ("Compare nursing homes," 2018). Projecting (understanding that not all readmissions will be CHF related) that these readmissions stay in the hospital x 3 days with the facility losing \$130/day – this amount totals \$21,518.64 x 12 = \$258,223.68 This does not include penalties imposed by CMS for patient care deficiencies, legal fees related to deficient care practices or lost CMS incentive payments due to readmissions</p>

APPENDIX F: Nurses' Knowledge of Heart Failure Education Principles Survey Tool

(NKHFEF) Survey questions

1. Patients with HF should drink plenty of fluids each day. T or F
2. As long as no salt is added to foods, there are no dietary restrictions for patients with HF. T or F
3. Coughing and nausea/poor appetite are common symptoms of advanced HF. T or F
4. Patients with HF should decrease activity and most forms of active exercise should be avoided. T or F
5. If the patient gains more than 3 pounds in 48 hours without other HF symptoms, they should not be concerned. T or F
6. Swelling of the abdomen may indicate retention of excess fluid due to worsening HF. T or F
7. If patients take their medications as directed and follow the suggested lifestyle modifications, their HF condition will not return. T or F
8. When patients have aches and pains, aspirin and non-steroidal anti-inflammatory drugs (NSAIDs like ibuprofen) should be recommended. T or F
9. It is ok to use potassium-based salt substitutes (like "No-Salt" or "Salt Sense") to season food. T or F
10. If patients feel thirsty, it is ok to remove fluid limits and allow them to drink. T or F
11. If a patient adds extra pillows at night to relieve shortness of breath, this does not mean that the HF condition has worsened. T or F
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 or F
13. Lean deli meats are an acceptable food choice as part of the patient's diet. T or F
14. Once the patient's HF symptoms are gone, there is no need for obtaining daily weights. T or F
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 or F

The following 5 statements reflect signs or symptoms that patients may have. Mark "yes" (T) or "no" (F) to signify that a patient should notify their HF physician of these signs or symptoms:

16. BP recording of 80/56 without any HF symptoms. T or F
17. Weight gain of 3 pounds in 5 days without symptoms. T or F
18. Dizziness or lightheadedness when arising that disappears within 10-15 minutes. T or F
19. New onset or worsening of fatigue. T or F
20. New onset or worsening of leg weakness or decreased ability to exercise. T or F

T, True; F, False.
Albert et al., (2002)

APPENDIX G: Letter of Permission to use NKHFEP

ELSEVIER LICENSE TERMS AND CONDITIONS

—
—

This Agreement between Texas A&M University Corpus Christi -- Priscilla Layton ("You") and Elsevier ("Elsevier") consists of your license details and the terms and conditions provided by Elsevier and Copyright Clearance Center.

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Appendix H: CHF Quality Improvement Tool

Patient Code _____ Patient age _____ Gender _____

Allergies:

Baseline laboratory tests reviewed (check all that apply): ___CBC ___CMP ___BMP
 ___ **BNP** ___TSH ___HgbA1C ___Lipid Profile

Has the patient had an **Echocardiogram** performed? ___Yes ___No If so, date:

 If so, are results on the chart? ___Yes ___No

If patient has had an echocardiogram performed and results are not on the chart, have the results been requested? ___Yes ___No

Does the patient have a Cardiologist ___Yes ___No

If Yes, provider name and last visit: -

Weight (lb/kg) _____	Please circle: Standing, bedscale, Hoyer	
Blood pressure	Lying _____ Sitting _____ Standing _____	Please circle: Automatic cuff Manual
Heart rate (Apical)	Regular Irregular	
Symptoms of Volume Overload	Please circle if present: Shortness of Breath Fatigue Orthopnea	
Signs of Volume Overload	Please circle if present: Peripheral edema:	

	<p>Trace 1+ 2+ 3+</p> <p>Rales</p> <p>Ascites</p> <p>Jugular Venous Distention</p> <p>Murmur</p> <p>Irregular Heart Rate</p> <p>Extra heart sounds</p> <p>Other:</p> <hr/>	
<p>Currently prescribed:</p> <p>Please circle:</p>	<p>Beta-blocker (lol) Metoprolol, Atenolol, Carvedilol, Toprol-XL, Labetalol</p> <p>ACE Inhibitor (pril) Accupril, Lisinopril, Benazepril, Captopril, Enalapril, Ramipril</p> <p>Calcium Channel Blocker (pine) Amlodipine, Nifedipine, Nicardipine</p> <p>Diuretics Furosemide (Lasix), Bumex</p>	

<p>Anticoagulant:</p>	<p>(Bumetadine), Demadex (Torsemide), HCTZ</p> <p>Xarelto, Eliquis, Warfarin, Pradaxa</p>	
<p>Conditions that can contribute (increase the risks for) Congestive Heart Failure</p>	<p>Circle any of the following diagnoses/conditions currently listed or noted in the past medical history for the patient:</p> <p>Hypertension, Hyperlipidemia, Coronary Artery Disease (CAD), Smoking, Obesity, Myocardial Infarction, Diabetes, Kidney Disease, Sleep Apnea, Congenital Heart Defect, Cardiomyopathy, Atrial Fibrillation, Heart Valve Disease, Thyroid disorder, Alcohol abuse, Illicit drug use, Cancer treatment such as radiation or chemotherapy</p>	

Does the patient have a listed diagnosis of Congestive Heart Failure?

___ Yes ___ No

Does the patient have signs/symptoms of Congestive Heart Failure with no diagnosis listed?

___ Yes ___ No

Is the patient on medications used for Congestive Heart Failure with no diagnosis listed?

___ Yes ___ No

If the patient has a diagnosis of Congestive Heart Failure, are there appropriate care plans in place, i.e. activity intolerance, excess fluid volume, ineffective breathing pattern, decreased cardiac output, or fatigue.

___ Yes ___ No

Appendix I: TNA CNE Approval Letter



May 30, 2019

Priscilla Layton RN, MSN, FNP 324 CRT 132 B
Hallettsville, TX 77964

Dear Ms. Layton:

Two Nurse Peer Reviewers from the TNA CNE Committee have completed the review of your Individual Activity Application. **Congratulations!** It has been approved. Please note the following information:

CNE Activity ID # - 14412-05-19

Title – Minimizing Congestive Heart Failure Readmissions from the Nursing Home Start Date – June 3, 2019

Expiration – May 30, 2021

Contact Hours – 2.9

When contacting TNA regarding this activity, please use the CNE activity ID # as your reference.

You will note that the CNE activity ID #, the contact hours awarded, the title of the activity and an expiration date are referenced above in this letter. CNE approval of this activity is granted for a two-year period from the approval date. There is no retroactive approval.

CNE criteria require that providers of approved activities provide written verification of successful completion to all participants. Please be sure that the Certificate of Successful Completion awarded to participants contains the following information:

- Name and full address of organization providing the activity
- CNE activity ID #
- Name of participant
- Title of activity
- Number of contact hours awarded to the participant
- Day, month and year of activity presentation
- Correct TNA approval statement (SEE BELOW)
- Location of activity presentation – City, State (If Learner Paced, so state)



Texas Nurses Association – Approver is accredited with distinction as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Now that the activity is approved, the following TNA approval statement is the appropriate one to use on all marketing and promotional materials and on the Certificate of Successful Completion. Do NOT use any other statement for your activity.

“This continuing nursing education activity was approved by the Texas Nurses Association - Approver, an accredited approver with distinction, by the American Nurses Credentialing Center’s Commission on Accreditation. “

If the activity’s Nurse Planner changes during the two-year approval time frame, please notify TNA at CNE@texasnurses.org. Please note that the Nurse Planner is ultimately responsible and accountable not just for the activity application but for the duration of the activity’s approval.

Additionally, any changes to the application’s time frame or content may require that the activity be submitted as a new application. Occasionally, the need arises to add new presenters to an educational activity. Should this be necessary, please submit a Conflict of Interest form for each new presenter. This should be done before the new presenter presents. You may email it to CNE@texasnurses.org. Please reference your CNE activity ID # in your email.

There is a requirement for all providers of continuing nursing education activities to submit aggregate data annually to the Texas Nurses Association. In order to comply with this requirement, your organization must collect and submit the following information:

PROVIDER-DIRECTED ACTIVITIES/BLENDED ACTIVITIES

1. 1) The CNE activity ID #.
2. 2) The dates the activity was presented.
3. 3) The total number of RN learners who attended the activity and the total of all learners who attended the activity.
4. 4) The number of contact hours approved/awarded for the activity.
5. 5) The names of any joint providing organizations.
6. 6) The name and amount of any commercial support.

LEARNER-PACED ACTIVITIES

1. 1) The CNE activity ID #.
2. 2) The total number of RN learners who completed the activity and the total number of all learners who

completed the activity.

3. 3) The number of contact hours awarded for the activity each time a learner completed the activity.
4. 4) The names of any joint providing organizations.
5. 5) The name and amount of any commercial support.

As your activity will be offered multiple times (as indicated on the application's title page), you are required to submit your data annually to TNA, no later than February 15th. A copy of the "Individual Activity Log" for a multiple presentation activity and the "Individual Activity Report" are emailed along with instructions on filling it out. These are the required forms to be submitted annually. They may be submitted electronically no later than February 15th. Non-compliance with this requirement may impact review of future activity applications.

Be sure to always check the TNA website for the most recently designed CNE Individual Activity Application to insure you are always using the correct information in development of your activities.

We are interested in obtaining your feedback regarding your experience with the application and approval process. Please take a moment to complete the "CNE Activity Applicant Survey" at <https://www.surveymonkey.com/r/IASurveySpring2018>. Thank you in advance for your time.

Please feel free to give my Program Coordinator, Leann Ayres, a call at 1-800-862-2022, ext. 139 if you have any questions regarding this letter. She will ensure you receive a timely response.

Respectfully, on behalf of the TNA CNE Committee,

Chipu Ndlovu, PhD, RN-BC Director of Education Texas Nurses Association

CERTIFICATE OF SUCCESSFUL COMPLETION

Priscilla Layton RN, MSN, FNP-C

324 CR 132 B
Hallettsville, TX 77964
CNE Activity ID #

Certifies that

has been awarded 2.58 contact hours for successful completion of

**Minimizing Congestive Heart Failure Readmissions from
the Nursing Home**

This the 3rd day of June, 2019
Twin Pines - Mockingbird Victoria, TX

This continuing nursing education activity was approved by the Texas Nurses Association – Approver, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation

Appendix K: Intervention Certificate of Successful Completion

Minimizing Congestive Heart Failure Readmissions from the Nursing Home

This the 3rd day of June,2019
Twin Pines - Mockingbird Victoria, TX

This continuing nursing education activity was approved by the Texas Nurses Association – Approver, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation

Title of Education Activity:
Minimizing Congestive Heart Failure Readmissions from the Nursing Home
Location: Twin Pines Mockingbird Victoria, TX
Date:

Purpose of this activity: To improve the knowledge of nursing home nurses on the management of Congestive Heart Failure (CHF) in the long-term care setting and reduce CHF hospital readmissions

Please complete this evaluation questionnaire. Your anonymous responses will be used to revise this activity and to plan future educational activities. Circle the number that best fits your evaluation of this activity.

1 = Not at all 2 = Somewhat 3 = Almost completely 4 = Completely

Or Rating Scale of Your Choice

1. Rate your achievement of these objectives:
- | | | | | |
|---|---|---|---|---|
| a. Describe the pathophysiology of Congestive Heart Failure (CHF) | 1 | 2 | 3 | 4 |
| b. Explain the symptoms and physical findings of CHF | 1 | 2 | 3 | 4 |
| c. Identify medications used for the management of CHF | 1 | 2 | 3 | 4 |
| d. Explain the purpose and use of the Congestive Heart Failure Identification Quality Improvement Tool | 1 | 2 | 3 | 4 |
| e. Identify specific measures used for the long-term management and recognition of an acute exacerbation of CHF | 1 | 2 | 3 | 4 |
| f. Describe the necessary documentation required for the long-term management and prevention of readmission of residents with CHF | 1 | 2 | 3 | 4 |
| g. Explain the necessary appropriate interventions for the management of a resident | | | | |

experiencing an acute exacerbation of CHF	1	2	3	4
h. Explain the role of the Nursing Process and nursing care plan in the management of residents with CHF and prevention of hospital readmissions	1	2	3	4
2. Rate the expertise/effectiveness of each individual presenter?				
a. <i>Priscilla Layton RN, MSN, FNP-C</i>	1	2	3	4
3. Were the teaching methods/strategies effective?	1	2	3	4
4. Were the objectives relevant to the overall purpose?	1	2	3	4
5. Were the physical facilities appropriate?	1	2	3	4
6. List two (2) ways you will integrate what you learned in this activity into your practice and/or employment environment.				
7. The following were disclosed prior to the beginning of this activity either in writing or verbally?				
a. Requirements for successful completion	Yes	No		
b. Conflicts of Interest	Yes	No		
c. Commercial Support	Yes	No		
d. Non-endorsement of Products	Yes	No		
e. Off-label Use	Yes	No		
8. Did you, as a participant, notice any bias that was not previously disclosed in this presentation?				
If "Yes", please describe who was biased and how.	Yes	No		

Comments: (If you answered (1) to any of the above, please comment.)

