### Background
- Healthcare organizations are strategically working to identify educational methods that may reduce the burden of heart failure (HF) in the adult population.
- The Heart Failure Society of America (2010) and AHA (2009) assert that patient education and promotion of self-care that focuses on signs and symptoms of worsening condition, diet, weight, medications, and exercise are priorities for the self-management of HF.
- Teaching HF self-care to patients underscores the importance of patient participation in daily self-care decisions and allows patients to perform self-management.
- There is a lack of data and literature specific to the knowledge of nurses in the post-acute care healthcare setting regarding evidence-based HF self-management principles.

### Aim/Objectives
- Assess nurses’ knowledge of five evidence-based practice HF self-management principles including diet, fluids/weight, signs and symptoms of worsening condition, medications, and activity level.
- Characterize knowledge scores of nurses regarding evidence-based practice HF self-management principles.
- Describe whether the level of HF knowledge varies by years of experience, educational preparation, or licensure.

### Methodology
- This descriptive, correlational study assessed nurses’ knowledge of evidence-based practice HF self-management principles.
  - Knowledge of HF principles was assessed using the Nurses Knowledge of Heart Failure Principles (NKHFP) survey.
  - Descriptive statistics and graphical methods define the distributional characteristics of knowledge scores and sample’s demographics including years of experience, educational preparation, and licensure.
  - Group differences for RN’s and LPN’s for scores was evaluated using a two group t-test. Group differences with selected demographics was be evaluated using analysis of variance (ANOVA).

### Theoretical Framework
- The transitional care model (TCM), developed by Mary Naylor, addresses the vulnerable components of transition for patients while moving from one level of care to another (Naylor, 2011).
  - The TCM is designed to ensure health care continuity and prevent poor preventable outcomes for at risk populations, namely those with chronic illness (Naylor, 2011).
  - The model identifies five major issues that occur during care transitions, which include a high level of medication errors, serious unmet needs of patients, poor satisfaction with care, high rates of preventable readmissions, and tremendous human and cost burden (Naylor, 2011).
  - The theory focuses on eight distinct needs of patients during the transitional care period.
  - Those elements include screening, engaging elders and caregivers, managing symptoms, educating and promoting self-management, collaborating, assuring continuity, coordinating care, and maintaining relationships (Naylor, 2011).

### Results
- A total of 45 RNs and 47 LPNs with varying educational degrees and nursing years of experience voluntarily completed the NKHFP survey within a four-week time frame.
  - The t-test comparison of RN and LPN knowledge scores identified no statistical significance $t(90) = 1.54, (p > 0.05)$.
  - Analysis of variance results did not show statistical significance between knowledge scores and educational degree [$F(4, 85) = 2.236, (p > 0.072)$].
  - Analysis of variance results by knowledge scores and nursing years of experience did not show statistical significance [$F(2, 89) = 1.030, (p > 0.361)$].

### Practice Recommendations
- Develop educational interventions inclusive of evidence-based HF self-management principles for post acute care nurses.
- Develop and implement new knowledge tools that can assess nurses’ knowledge level of HF self-management principles.
- Multi-center study replicating this study to determine nurses’ knowledge of HF self-management principles.
- Incorporate advanced practice clinicians into curriculum development of educational interventions.
- Evaluate education strategies throughout nursing homes to optimize HF education for nurses.
References


