

Does an Educational Program specifically for people who live with and care for those with Congestive Heart Failure improve their Knowledge and Understanding of the Disease?

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Purpose

In today's healthcare landscape patients are sent home, sicker, sooner and expected to manage their disease at home. Homecare falls on the shoulders of friends or family members (informal caregivers). The mobilization of family caregivers is a must (Will, Valderrama & Yoon, 2012). The purpose of this research is to evaluate the impact of enhanced education for informal caregivers on their understanding and self management of heart failure.



Discussion

Participants: Informal Caregivers

- 15 informal caregiver of people with Congestive Heart Failure
- Participation in a 2 hour educational class on the knowledge and management of Congestive Heart Failure

Requirements for Selection:

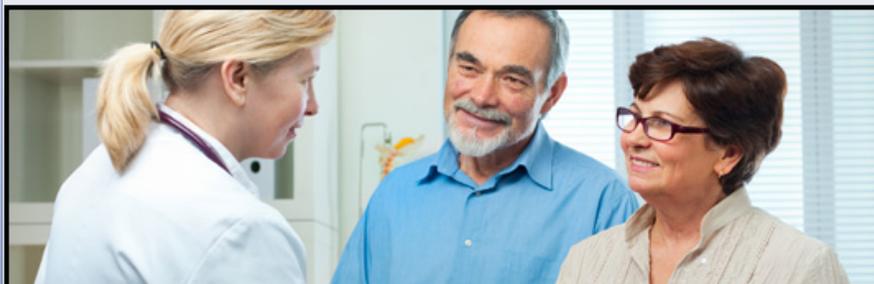
- Caregiver must speak English
- Caregiver be over 21 years of age
- Caregiver must live with patients who have a documented diagnosis of Congestive Heart Failure with a heart failure classification by The American College of Cardiology /American Heart Association of Stage B - Heart disease.

Recruitment Pool :

- (area 25 miles west of Atlanta, GA)
- 100 bed community hospital
- local cardiology practice
- large Internal Medicine Practice
- Community TV announcements and flyers

Abstract

The American Heart Association reports 5.3 million Americans have Congestive Heart Failure (CHF). (Agency for Healthcare, 2006). According to the Center for Medicare & Medicaid Services (2010), heart failure readmissions within 30 days will no longer be reimbursed due to new reimbursement regulations. In the United States CHF devours more Medicare dollars than any other diagnosis. The costs associated with the treatment of heart failure (HF) near \$40 billion in the United States every year and devour more Medicare dollars than any other diagnosis (Coffey, et al, 2012). Knowledge deficit was the most common theme identified in the Heart Failure. Jillings (2004), reports most patients that suffer with heart failure had too little knowledge about the disease and also lacked the tools for ideal self-care. Some of the knowledge gaps were lack of understanding the importance of daily weights, poor diet adherence and compliance with sodium restrictions. Research that targets early disease identification, appropriate treatment and early recognition of worsening symptoms that help reduce hospitalizations, and preserves ejection fraction, will reduce end-of-life costs and have the greatest impact costs and quality of life.



Research Design

A quasi-experimental design using pretest posttest with one interventional group will be utilized. Informal caregivers of CHF patients within the cardiology practices will be recruited by the office staff to attend an educational class on the management of this illness condition. A validated knowledge test, the Atlanta Heart Failure Knowledge Test, was completed by each participant prior to the educational class and immediately following the class to assess for change in knowledge based on test scores. A t test was used to determine if the educational program improved the informal caregiver's knowledge and understanding of CHF. Descriptive statistics will be used to describe the sociodemographic characteristics of the sample. A paired t-test will be utilized to examine if the educational class improves participant knowledge.



Conclusion

An educational program for informal caregivers of those with CHF improves their knowledge and understanding of the disease. It also allows them to discuss concerns about the disease and concerns about their loved one with a trained professional.



References

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