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“I should have come sooner...”:

A Qualitative Study Describing Care Preferences of Elders with Heart Failure

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No Disclosures

The Heart Failure Epidemic

United States: 5.7 million patients; 10 million in 2037

South America: 6.3% of deaths



Europe: 6.5 million patients

Asia: incidence 3.8%

Africa: 3-7% of hospital admissions due to HF



Background

- Heart failure (HF) remains the leading cause of hospitalization among adults over age 65.
- The majority of these hospitalizations originate in the emergency department (ED).
 - 75% of ED visits result in hospitalization
- Hospitalized patients with HF are more likely to experience negative health outcomes than outpatients with HF.
- Experts have suggested that many patients with HF may be safely given treatment in the ED with discharge home and close follow up.



Purpose

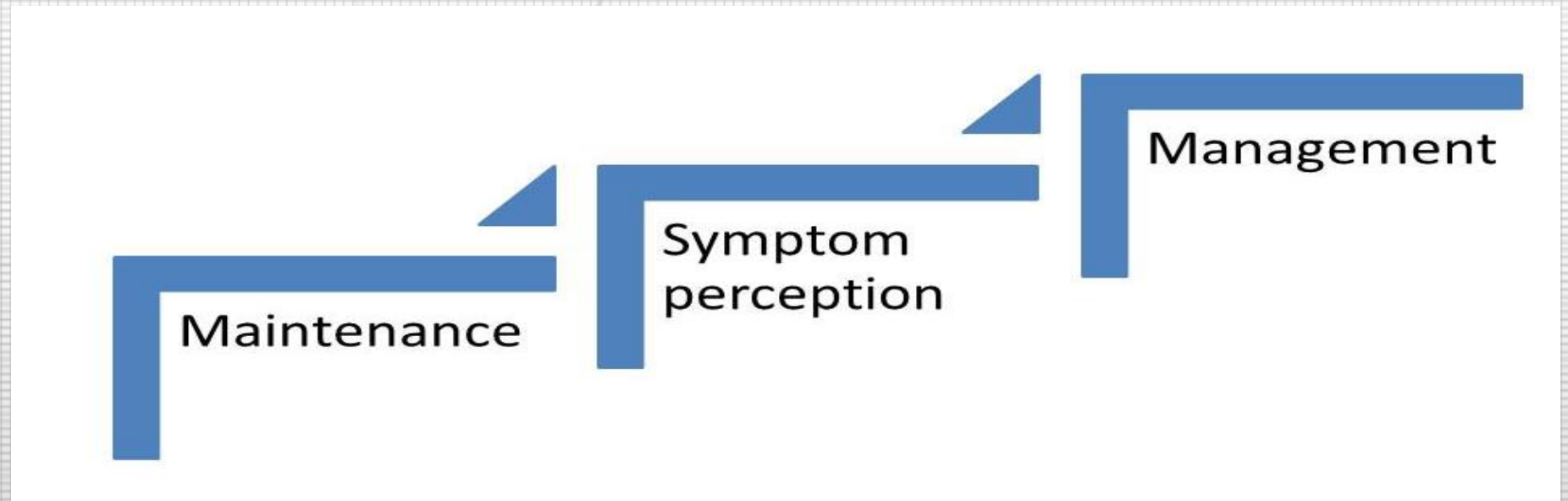
- To describe the reasons that elder HF patients present to the ED
- To explore care preferences
- To describe barriers and facilitators to home discharge





The Situation-Specific Theory of Heart Failure Self-Care Revised and Updated

Barbara Riegel, DNSc, RN, FAHA, FAAN; Victoria Vaughan Dickson, PhD, RN, FAHA, FAAN;
Kenneth M. Faulkner, MS, RN, ANP-BC



Methods

- Qualitative Aim of Mixed Methods Study
- 25 patients and caregivers
 - Recruited during ED visit
 - Six-Item Screener to Identify Cognitive Impairment
 - Caregiver consent
- Data Collection
 - In-depth interviews
 - “Tell me about your heart failure...”
 - Sociodemographic data
 - Self-care of Heart Failure Index

Inclusion Criteria

- Over age 65
- Clinical diagnosis of heart failure
- Medically stable



Qualitative Analysis

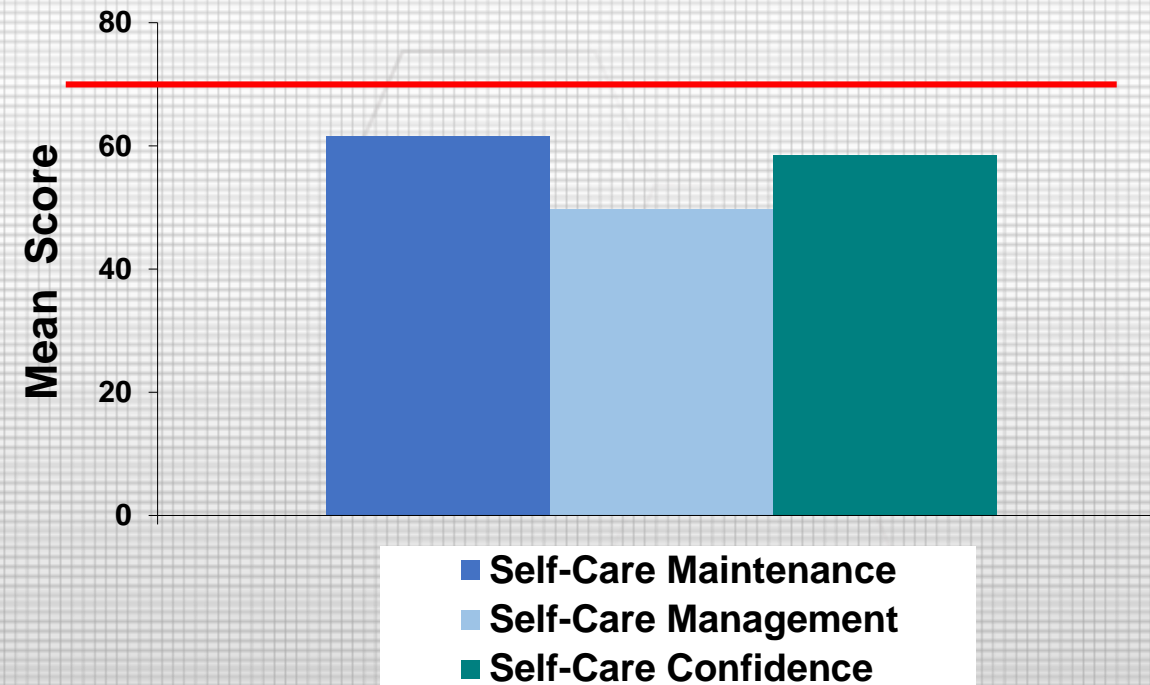
- Preliminary coding based upon *a priori* codes
 - Atlas ti 7.0
 - Content analysis
 - Inter-coder consistency 95%
- Informational matrix
 - Similarities and differences across sample
- Methodological rigor



Sample

- 70% male
- 17% African American
- 18% Hispanic
- Mean age 81 ± 8 years
 - range 67-93 years
- 68% NYHA Class III-IV
- 84% Inadequate Self-Care
 - <70 SCHFI

Self-Care Heart Failure Index

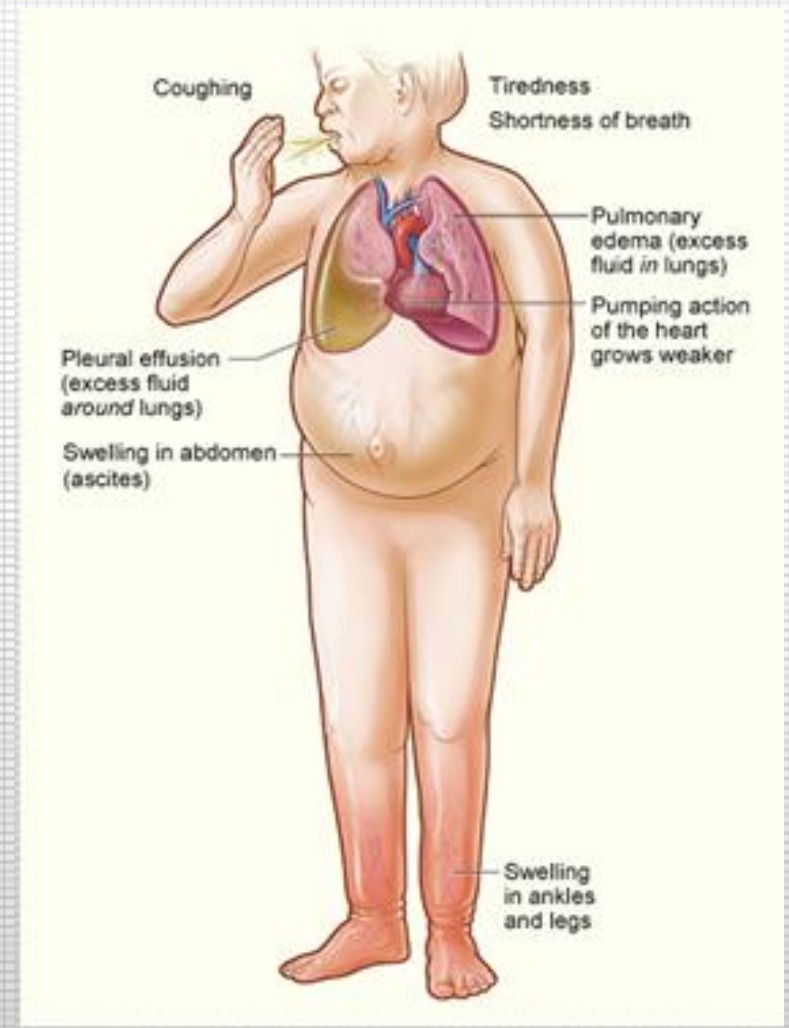


Results: Reasons for Emergency Department visit

- Most common symptoms
 - Dyspnea
 - Edema
- Poor medication adherence
- Failed symptom monitoring

“...I stopped that pill because it gave me <pain>”

“...they used to monitor me at home...and I did OK...but that stopped...now I am back again...”



Results: Reasons for Emergency Department visit

- Poor symptom awareness
- Inadequate resources
- Fragmented care

“...I should have paid more attention to the swelling ... then it really got bad...but looking back it was that way for a couple of days...”

“...It’s complicated... I could not get him to doctor by myself...then I was trying to find the time when the ambulance company wouldn’t give me a hard time...”

“...this doctor was doing a little bit of this... and this doctor was doing a little bit of that...they said he needs a geriatrician...”



Results: Heart Failure Care Preferences

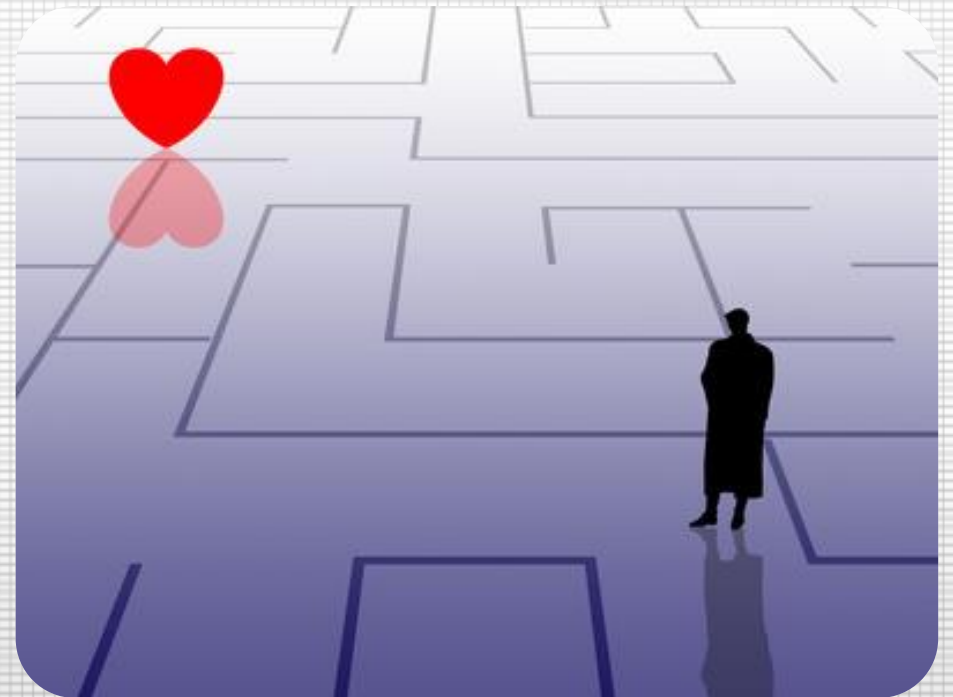
- Prefer discharge to home (n=4)

“...just get the fluid out...let me go home...”

- Perceived need hospitalization to manage symptoms (n=11)

“...they have to fix it...change the medication or something...”

“...I’m not a doctor...they know what to do ... that’s why I come to the ED...”



Results: Barriers and facilitators to home discharge

- **Facilitators**

- Social support

“... <family and friends> will help me...”

- Past experience

“...I need a tune up...I can take it from there...”

- **Barriers**

- Lack of tangible support

“...there’s only me at home...”

- General physical deconditioning

“...I need help with everything...”



Limitations

- Small sample size
 - 70% male
- One setting
- 50% of those identified were medically unstable and did not have caregivers



Discussion

- Self-care is challenging for many elders with HF, especially with recognizing HF symptoms.
- Inadequate support may delay treatment and lead to emergency situations.
- Care preferences of patient should be incorporated into shared decision-making to support safe discharge to home for some.



Implications

- Develop and test shared decision-making models.
 - Test ED-to-home interventions that may allow patients to safely return home.
- Evaluate cost-benefit of longer telemonitoring or in-home services.
- Develop and test interventions across multiple conditions and test innovative healthcare coordination models.



Thank you!

