

**Title:**

The Experience of Illness Control and Hospital Readmission in Adults With Chronic Heart Failure

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**Session Title:**

Readmissions in Heart Failure Patients

**Slot:**

F 02: Monday, 30 October 2017: 9:30 AM-10:15 AM

**Scheduled Time:**

9:30 AM

**Keywords:**

Acute care, Chronic heart failure and Chronic illness

**References:**

Dharmarajan, K., Hsieh, A., Lin, Z., Bueno, H., Ross, J., Horwitz, L., ...Krumholz, H. (2013). Diagnoses and timing of 30-day readmissions after hospitalization for heart failure, acute myocardial infarction or pneumonia. *JAMA*, 309(4), 355-363. Guest, G., MacQueen, K., & Namey, E. (2012). *Applied Thematic Analysis*. California: Sage. Turrise, S. (2015). Illness representations, treatment beliefs, medication adherence and 30-day hospital readmission in adults with chronic heart failure: A prospective correlational study. *Journal of Cardiovascular Nursing*, epub ahead of print. Retrieved from <http://dx.doi.org/doi:10.1097/JCN.0000000000000249>

**Abstract Summary:**

This presentation will provide the attendee with the results of a qualitative study investigating the experience of illness control adults with chronic heart failure and how hospital readmission effects that control.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Explain how patients with chronic heart failure describe their experience with controlling and managing their disease.	Power point presentation
Describe how a 30-day hospital readmission affected patients with chronic heart failure illness control.	Power point presentation
Identify two themes that emerged from this qualitative study on the experience of illness control in adults with chronic heart failure.	Power point presentation, handouts
Describe how this information could be used in practice to improve the patient experience of people with chronic heart failure that get readmitted.	Power point, discussion and question and answer period.

**Abstract Text:**

**Background:** Heart failure (HF) is a progressive, chronic condition that has become a significant public health problem affecting 5.1 million Americans (Go et al., 2014). Despite advances in the treatment of chronic HF, there has been little improvement in hospital readmission among these patients (Ross et al., 2010). Controlling HF requires that patients adhere to a complex treatment plan of dietary changes, medications, and symptom monitoring. Counterintuitive findings have been reported about an individual's belief about their illness control (Ross et al., 2004; Turrisi, 2014). However, exactly how individuals define illness control and in what ways hospital readmission affects their perceptions of illness control are not known.

**Purpose:** The purpose was to explore the experiences of chronic HF patients with illness control and understand the impact of hospital readmission on their perceptions of illness control.

**Methods:** A qualitative approach, applied thematic analysis (Guest, MacQueen & Namey, 2012) was used. Purposive sampling was used to identify participants via chart review while they were hospitalized for a HF readmission. Semi-structured interviews were conducted. Ongoing, concurrent and comparative data analysis is being utilized. ATLAS.ti® data management software supplements data coding and analysis.

**Results:** Ten interviews were conducted with eight male and two female participants. They ranged in age from 53-to over 90 years old and have had HF from two months to ten years. Half of the participants lived alone, but had support systems in place. Two themes emerged, strategies for controlling HF and barriers to controlling HF.

**Conclusion:** All participants noted the importance of medication, diet and symptom monitoring to the control of their illness; however not all realized that this would be a lifetime commitment and that there is not a "fix" for their HF. Additionally, what they were told and how they interpreted the information varied greatly. While individuals realized the importance of medications and diet to controlling their illness, there were barriers to doing so. Finally, there appeared to be an underlying element of experience or time living with HF that relates to their knowledge and control of it that needs to be further explored and analyzed.