Health Information Technology (HIT)
Experiences of the Person with Heart
Failure: A Descriptive-Interpretive
Phenomenological Mini Study

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Objectives

 At the conclusion of this presentation the learner will be able to describe one opportunity to leverage the use of HIT to optimize care for the adult with heart failure.



Background

- Heart Failure
 - A Chronic Condition affecting nearly 6 million adults
 - 50% five year survival rate
 - Economic Burden of nearly \$31 billion annually (CDC, 2016)
- Effective Self-management
 - Necessary to improve clinical outcomes, reduce the cost of care and enhance the person's quality of life
- Sufficient research has been conducted to explore the lived experience of the person with heart failure
- Gap in the knowledge is in regards to the lived experience of those with repeated hospitalizations and their use of HIT which can support self management



Purpose

 To describe the lived experience of using HIT by the person with heart failure who has been readmitted to the hospital within the previous six months.



Methods

- Participants recruited from a community wellness center
 - Inclusion-Adult with HF, Acute care readmission within the previous 6 months
 - Exclusion-Concurrent cognitive disability and persons who do not speak English
- Data Collection:
 - Demographic Information
 - Semi-Structured Interviews
 - Field Notes

HEART FAILURE MINI STUDY



Have you recently been readmitted to the hospital due to heart failure? Are you interested in sharing your experiences of the events leading up to the readmission as well as how you use technology to manage your condition?

You could help to improve the experience of hospital readmission and the care of other persons with heart failure!

You will also receive a \$20 gift card for participating.

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Please contact Pam at:

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Research Design

- van Manen Descriptive-Interpretive Phenomenological methodology
 - Lived time
 - Lived space
 - Lived Body
 - Lived Human Relations
 - Lived Things and Technology





Lived Space

In community setting, in HC setting

Lived Time

Timely Intervention by HC team, time to exacerbation of HF symptoms, time to next HC encounter, Finiteness of Time

Breathing, Fluid, Heart, Management, Sleep

of HF patients who have been readmitted

Lived Human Relations

Relationship with the community, relationship with the family, relationship with the HC team

Lived Things and Technology

Lived Body

HIT Computer use, HIT Internet Use, HIT Self-Patient Portal Use, HIT Proxy Patient Portal Use

van Manen 6 Steps of Data Analysis

- 1. The nature of the lived experience
- 2. The sources of the lived experience
- 3. Essential themes
- 4. Write/Rewrite during reflection
- 5. Maintain a strong relations through personal experiences caring for a person with HF
- Reflection for description and interpretation considering the parts and holistically





Demographic Information

RESULTS	
General Characteristics	(n=4) n(%)
Gender Male Female	2 (50) 2 (50)
<u>Age</u> 70-79 80-89	1 (25) 3 (75)
Race White/Caucasian	4 (100)
Educational Background High School Some College or Technical School Bachelor Degree	1 (25) 2 (50) 1 (25)
Electronic Device Used (Select all that apply) None Basic Cell Phone Smartphone Laptop Kindle	1 (25) 1 (25) 2 (50) 2 (50) 1 (25)
Proficiency with electronic device use No proficiency Basic proficiency Proficient	1 (25) 2 (50) 1 (25)



Overall Gestalt

- Three Initial Elements
 - Care Partnership
 - A Sense of Loss
 - Opportunities to optimize the use of HIT









Care Partnership

Care Partnership Dyadic Theory



- "Uh, you might have to ask my wife something."
- "And talking with my daughter, who's a nurse"

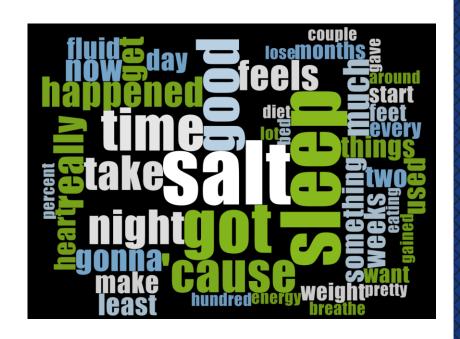


A Sense of Loss

A Sense of Loss

Loss of normal activities of daily living (diet, exercise, social interaction, etc.)

- "I sleep in an aw, in an awful chair like this. I just couldn't make the night in a bed."
- "Uh, I got so discouraged from not being able to do, you know, what I just wanted to do..."





Opportunities to optimize the use

- Opportunities to optimize the use of HIT Patient Portal Proxy Use
 - "Jimmy may like to have that information."

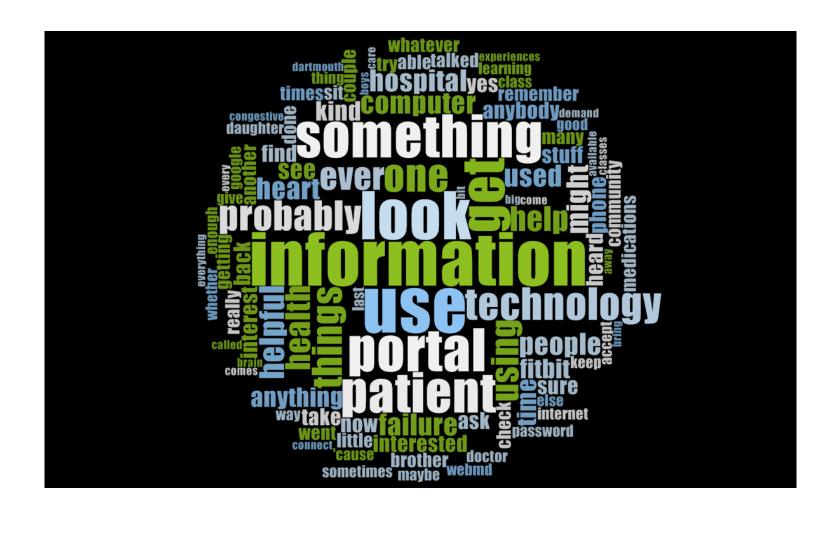
Educational Activities to Support Use

" I got the flier and, uh, that's something that I, I want to do and I'm interested in doing ... if I don't have good luck she'll help me with it."

IT support to support use including troubleshooting

"...I think I messed it up."
"I gave up on that. Every time I go to use it, I put in my password. It won't accept it. Last time I said to héck with it."





Conclusions and Implications

Three types of measures reported on unplanned hospital visits:

- Rates of Readmission
- Rates of Hospital Visits
- Hospital Return Days

HF patients with readmissions pose a particular challenge for population health

Rate of Readmission for HF patients is 21.6%

Medicare.Gov (2019)





Conclusions and Implications

- The HF population disproportionately impacts our healthcare delivery system
- Potential new solutions such as the use of HIT are necessary to improve care
 - Improvements to the Patient Portal
 - mHealth
 - Telehealth
 - Smartphone Applications





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