In a study of 87 patients, the most common HF symptoms included shortness of breath (n=84), weight gain (n=34), and edema (n=64). Readmission was related to these symptoms.

Results from the ADHERE HF Registry indicate:
- Body weight did not decrease at discharge in 50% of HF patients.
- Causes of insufficient weight loss included inadequate diuretic therapy, balancing fluids with renal dysfunction or lack of close monitoring of daily weights.
- Monitoring daily weights is critically important to effectively manage HF care.

Weight assessment is a primary determinant in predicting the likelihood of readmission for HF. Study results indicated that a 2-5 lb. weight gain could be detected up to 30 days prior to readmission.

Meta-analysis examining inpatient and outpatient HF disease management practices indicated:
- Daily weights and I & O recommended as metrics to determine the effectiveness of diuretic therapy.
- 17% of hospitalized HF patients either gained weight or lost no weight in the hospital per ESCAPE trial.
- ADHERE Registry shows high proportion of patients lost less than 5 lbs. or gained weight.

Optimal weight measurement practices included:
- Morning weight before breakfast & after first voiding
- Use same scale & same amount of clothes.

Results show that using the IOWA Model we examined the evidence on daily weights. Designated a Nurse Technician (NT) to our “Heavyweight” Champion for accurate weight documentation. Champion collected baseline data on:
- Weight documentation
- Documentation of scale type accuracy
- Developed a weight rounding audit tool.

Champion reviewed weight documentation for up to three days and compared the results for any inaccuracies.

In-service with heart failure medical director regarding best practice for weighing patient.

Champion collaborated with nurse to decide if patient needed to be reweighed.

Champion reinforced weight standard at department huddles and role modeled best practice with his peers.

Evaluating Our Outcomes
- Assigning a dedicated champion to monitor daily weight documentation allowed immediate follow up with staff.
- Staff compliance of accurate weight measurement practices improved significantly.
- Staff began to hold each other accountable for weight documentation and consistent reporting of weight trends during bedside reporting.

References