



Best Practice in Daily Weight Monitoring for Heart Failure Patients

Cone Health – 3 East Heart Failure/Telemetry Unit

Greensboro, NC

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Burning Clinical Question

Will a dedicated weight champion help improve accuracy of daily weight monitoring in HF inpatients?

Background/Triggers

- Our Heart Failure Department struggled with:
 - Inaccurate weight measurement.
 - Failure to document scale type
 - Physician/staff complaints about accuracy of daily weight documentation
- Evidence-based presentations at HF workshop stressed the importance of accurate daily weights to manage diuretic therapy
- Leadership/HF Medical Director suggested a dedicated person to monitor daily weights

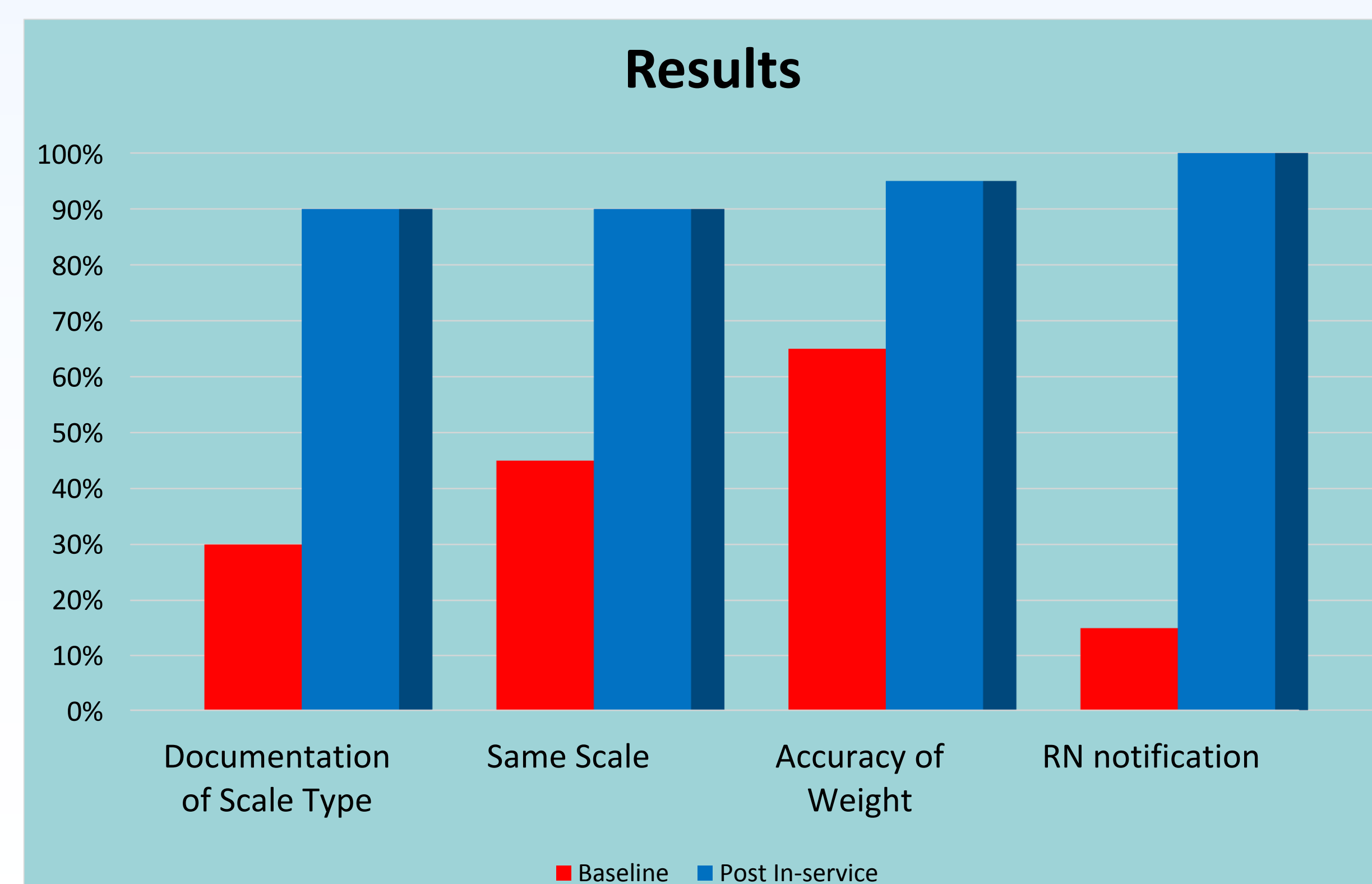
Weight Rounding Tool

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Evaluating the Evidence

- 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 symptoms¹.
- 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 ².
- 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 ³.
- 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 ⁴.

Measuring Our Success



Practice Change

- Using the IOWA Model we examined the evidence on daily weights
- Designated a Nurse Technician (NT) to be 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 weigh measurement practices improved significantly
- Staff began to hold each other accountable for weight documentation and consistent reporting of weight trends during bedside reporting

Nursing Implications

- Physicians can more adequately assess the fluid status of their patients, thereby improving quality of care
- Because accurate weight measurement is consistently performed during their inpatient admission, patients are more likely to adopt this important self monitoring behavior at home
- By assigning a dedicated “heavyweight” champion, our patients are benefitting from best practices in heart failure care

References

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2. Gheorghiade M & Filippatos G. (2005). *Reassessing treatment of acute heart failure syndromes: The ADHERE Registry*, European Heart Journal Supplements (2005) 7 (Supplement B), B13–B19.
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4. Vader JM, & Drazner, MH. (2009). *Clinical Assessment of Heart Failure: Symptoms, Signs, and Daily Weights*, Heart Fail Clin. 2009 Apr;5(2):149-60.

Special Thanks

Didier Awaka, NT our “Heavyweight” Champion

