

Program Evaluation: Identifying Barriers for a Clinical Pathway for Heart Failure in the Emergency Department

Micah F. Anderson, RN, BSN, DNP-FNP Student

Abstract

Background: A hospital in Vancouver Washington developed a clinical pathway for the treatment of acute heart failure in the emergency department (ED) to avoid unnecessary admissions. There has been poor compliance, making it difficult to track the full impact of this program.

Methods: The CDC framework for program evaluation was used to plan a formal program evaluation for this clinical pathway. Mixed methods were used to identify barriers to implementation via staff surveys and semi-structured interviews based on the Theoretical Domains Framework (TDF). Retrospective chart review was used to determine patient outcomes.

Intervention: Questionnaires were e-mailed to all ED nurses and semi-structured interviews were performed with providers. Responses were analyzed and assigned to domains of the TDF to identify top barriers to pathway implementation. Outcomes were evaluated through retrospective chart review to identify ED visits or readmissions.

Results: Analysis identified domains of social influences, environmental context and resources, memory, attention, and decision processes, optimism, and environmental context as barriers to RN and provider compliance. There did not appear to be a substantial difference in number of patients with negative events between pathway and non-pathway patients, but the rate of these events was highest in non-pathway patients.

Conclusions: Using the TDF several barriers were identified to pathway implementation in the ED. Addressing these barriers may improve compliance. Patient outcomes did not appear to be negatively affected by pathway use. Further evaluation is warranted.