

The Significance and Barriers to the Timing of Patient Daily Weights

Ann Pan, MSN, RN, CNL
University of San Francisco, Nursing

ABSTRACT

Background. Current unit practice is that patient daily weights are obtained in the afternoon or evenings. However, patient weights in the afternoon and evenings are not accurate dry weights. According to evidenced based research, to obtain an accurate patient daily weight, patients should be weighed every morning, after their first void and before they eat breakfast.

Purpose. The focus of the study was to compare the current practices of obtaining daily weights in the afternoon and evenings, compared to the evidenced based practice recommended in the literature.

Method. Through interviews and surveys with staff, the barriers to obtaining patient weights in the mornings, rather than that of the afternoon or evenings, were evaluated. Interviews with nursing staff and nursing assistants were conducted, discussing possible implementations to overcome the barriers discussed.

Results. The proposed solutions were organized and addressed with management for possible implementation.

Limitations. Limited sample size and timing were limitations to this study.

Recommendations. With the unit manager's approval, a nurse champion will carry out the suggested implementations and track patient outcomes.

LITERATURE REVIEW

- Howell & Kniceley "Improving CHF Outcomes"- Emphasized consistent patient care, which included daily morning weights
- Hoyt & Bowling "Reducing Readmissions for Congestive Heart Failure"- 1.5 kg to 2.0 kg weight gain per week with new signs and symptoms of CHF triggers a need in change in diuresis therapy
- Hauptman et al. "The Heart Failure Clinic: A Consensus Statement of the Heart Failure Society of America"- Important aspects of heart failure management include physiological daily data, such as body weight, blood pressure, and heart rate. This data should be tracked by the patient and shared with the heart failure management team.
- Riegel et al. "Promoting Self-Care in Persons with Heart Failure"- Accurate morning daily weights were essential in heart failure disease maintenance. Diuretic therapies and doses vary in response to changes in body weight. Unintentional weight change of 3 or more pounds in addition to increased severity and frequency of chest pain indicate clinical deterioration of the patient's disease process
- Curtis et al. "The importance of daily weight measurements in heart failure patients: a performance improvement project"- Lack of accurate daily weights by 0500 daily
 - Lack of standing scales addressed → accurate patient weights increased by 90%
- Sherer et al. "Weighing In on the facts: Best practices in daily weight monitoring for heart failure patients"- 86% daily patient weights documented
 - Staff educations → documentation increased 93%

METHODOLOGY

After noticing the lack of morning weights, the author wished to first examine the reason why the weights are being obtained in the afternoon or evenings rather than that of the morning. The author wanted to compare current patient care on this intermediate ICU versus that of evidence based practice.

After reviewing evidenced based practice, a survey (Appendix B) was used to evaluate the staff's understanding of patient daily weights. Barriers to obtaining patient weights in the morning were identified. Interviews were conducted to discuss potential ideas to overcome the barriers. These ideas were organized and addressed with management for possible implementation.

RESULTS

- As shown in Figure 1, the survey was completed by 56% of the staff (42 out of 75). In the results, shown in Figure 2, 5 of the 42 surveys were completed by nursing assistances. The remainder of the surveys was completed by staff RNs.
- Figure 3 shows that the majority of staff indicated that current weights are obtained in the evening. However, in Figure 4, they noted that the optimal time to obtain patient weights is in the morning.
- Figure 5 illustrates the various barriers identified by the staff. The barriers were grouped into four main categories of timing, staff, resource availability, and patient concerns. Each category was broken down into specific concerns that nurses and nursing assistants acknowledged. This is shown in the root cause analysis. The greatest concern that was specified was the issue of timing. It was noted that the numerous morning current morning activities, prevented the weighing of patients in the mornings.
- During the staff interviews, the author discussed possible implementations to overcome the barriers that were identified, which are shown in the root cause analysis chart. Specific implementations are illustrated in orange in the root cause analysis chart.

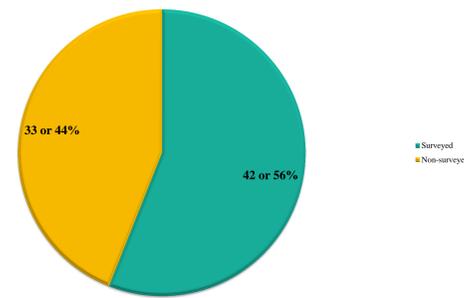


Figure 1. Staff members surveyed vs. non-surveyed.

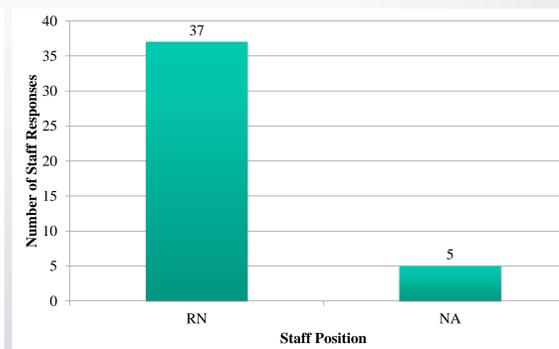


Figure 2. Staff members, RNs and NAs surveyed.

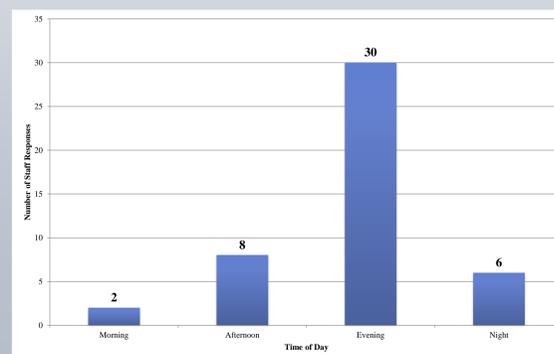


Figure 3. Times patient weights obtained.

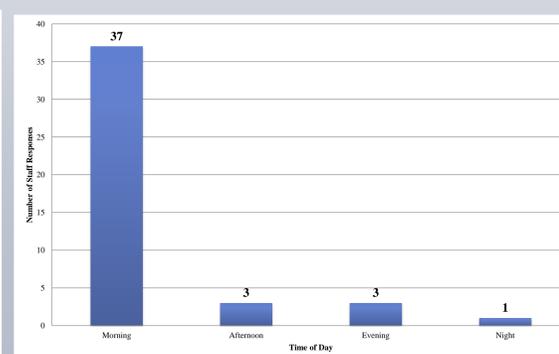


Figure 4. Staff perception of optimal time to obtain patient weight.

ROOT CAUSE ANALYSIS

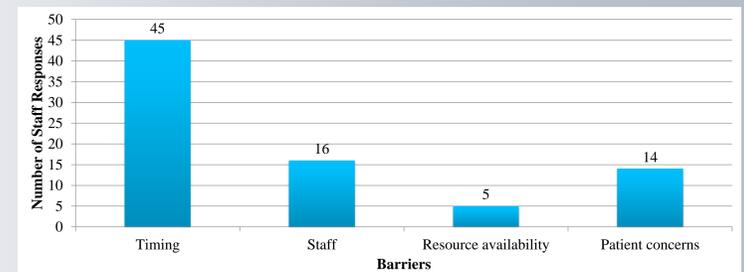
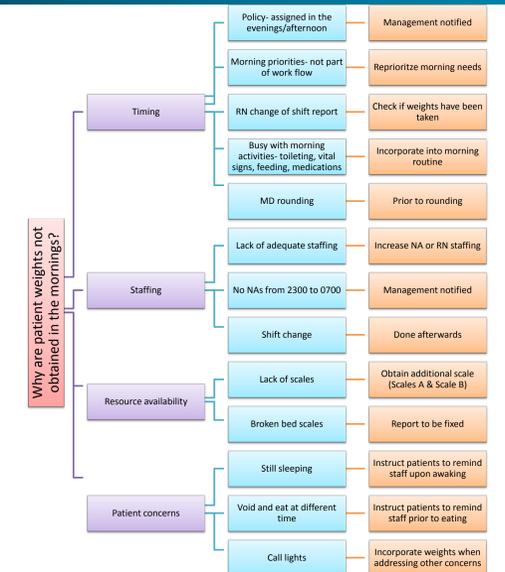


Figure 5. Barriers to daily morning weights.

CONCLUSIONS

According to the literature, morning daily weights, after the first void and before the first intake, were recommended for heart failure disease management. With the data collected, a road map for obtaining patient weights in the morning was established. This was discussed with management. However, the challenge of the inpatient environment was not set up for morning daily weights secondary to a lack of resources. Over 50% of the staff was surveyed. Per management, the staff indicated several barriers that were unable to be solved (i.e. more staff). After presenting to the results to the nursing counsel, the recommendation is for the counsel to use to data to devise a plan of action.

REFERENCES

- Curtis, A., Wood, A., Johnson, K., Walker, J., Dornburg, S., Osser-Burgess, A., Markham, E., & Nack, J. (2012). The importance of daily weight measurements in heart failure patients: A performance improvement project. *Heart & Lung, 41*, 424-425.
- Hauptman, P., Rich, M., Heidenreich, P., Chin, J., Cummings, N., Dunlap, M., Edwards, M., Gregory, D., O'Connor, C., Pezzella, S., & Philbin, E. (2008). The heart failure clinic: a consensus statement of the heart failure society of America. *Journal of Cardiac Failure, 14*(10), 801-815.
- Hoyt, R & Bowling, L. (April 2001). Reducing readmissions for congestive heart failure. *American Family Physician, 63*(8), 1593-1598.
- Howell, N & Kniceley, C. (November 2007). Improving CHF outcomes. *Nursing Management, 38*(11), 41-45.
- Riegel, B., Moser, D., Anker, S., Appel, L., Dunbar, S., Grady, K., Gurvitz, M., Havranek, E., Lee, C., Lindenfield, J., Peterson, P., Pressler, S., Schocken, D., & Whellan, D. (August 2009). State of science: Promoting self-care in persons with heart failure: A scientific statement from the American Heart Association. *Circulation, 114*(11-1163). Retrieved from <http://circ.ahajournals.org/content/120/12/1141>.
- Sherer, A., Freeman, L., Owens, D., Nyako, M., Hunter, L., Buck, N., Ragan, L., Tijani, T., White, C., Hamilton, P., & Pettiford, A. (2012). Weighing in on the facts: Best practices in daily weight monitoring for heart failure patients. *Heart & Lung, 41*, 432-433.