**Title of Intervention:** Interactive computer-based heart failure education

**Intervention Strategies:** Supportive Relationships, Individual Education

**Purpose of the Intervention:** To increase knowledge, compliance and quality of life in heart failure patients

**Population:** Older heart failure patients

**Setting:** Five nurse-led heart failure clinics in southern and central Sweden situated at two university hospitals, two county hospitals and on primary health care clinic; health care facility-based

**Partners:** None mentioned

**Intervention Description:**
- **Supportive Relationships:** Participants received individualized patient education about physiology, heart failure, symptoms, symptom monitoring and life-style changes from a heart failure nurse.
- **Individual Education:** Directly after the educational session, participants in the intervention group used an interactive computer-based educational program that contained seven modules covering educational topics on heart failure and one module for the self-test.

**Theory:** Not mentioned

**Resources Required:**
- **Staff/Volunteers:** Nurses
- **Training:** Intervention training for nurses
- **Technology:** Computers, heart failure educational software, telephone
- **Space:** Not mentioned
- **Budget:** Not mentioned
- **Intervention:** Heart failure educational materials, interactive educational software about heart failure
- **Evaluation:** Questionnaire

**Evaluation:**
- **Design:** Randomized trial
- **Methods and Measures:**
  - Questionnaire measured knowledge and compliance
  - EuroQol (EQ-5d) measured quality of life

**Outcomes:**
- **Short Term Impact:** There was an increase in knowledge about heart failure. Heart failure education improved the quality of life for the men, but women experienced lower physical health, more anxiety and pain.
- **Long Term Impact:** Not measured

**Maintenance:** Not mentioned

**Lessons Learned:** Often the older adults have barriers to computer use such as low self-esteem, visual, hearing and mobility problems. These barriers have to be addressed when creating programs. Computer-based education led to increased knowledge about heart failure compared to the traditional teaching alone.

**Citation(s):**