



## Service Priorities and Programmes Electronic Presentations

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### **Extended Cardiac Education to all Acute Coronary Syndrome (ACS) Inpatient by Proactive Recruitment**

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#### **Introduction**

Cardiac rehabilitation program (CRP) is an evidence-based treatment for cardiac patients to reduce cardiac mortality and recurrent myocardial infarction. There are benefits in starting rehabilitation as soon as the patient is stabilized in the acute setting. There are about 1200 ACS patients admitted to UCH each year. In the past, around 55% of them were admitted to non-cardiac specialty wards in UCH and patients could not receive appropriate education as a consequence, particularly on cardiac disease risk factors modification, treatment of heart attack and its management, which are all crucial factors on chronic disease management. Therefore, for better empowering patient's health knowledge and disease management, an extended service on Cardiac Health Education Program was started since May 2016

#### **Objectives**

To identify the patient's coronary heart disease risk factors, provide the information on the life-style modification. The knowledge of ACS and self-management of the ACS patients can be improved.

#### **Methodology**

Eligible patients who had a current episode diagnosis of ACS after screening for mentally capability or support from their caregivers were recruited by ward visit and facsimile referral from nurses in M&G General wards.

The program consisted of an education session, and pre- and post-education quiz was given to the patients or their caregivers before and after the education session. The contents of education included knowledge of coronary heart disease, ways to reduce the cardiovascular risk, medication and emergency chest pain management. The evaluation form was done by them after education. Moreover, they got the interview and completed the quiz again before discharge if available.

#### **Result**

From January to November 2017, 79% (n=405) eligible patients completed the education. Before health education, only 4% (n=16) of patients and their caregivers answered all the questions correctly. After health education, 80% (n=321) of them

who completed ACS education could answer all the questions correctly. 57% (n=144) of them who completed ACS education could answer all the questions correctly before discharge. The average correction rate of the quiz increased from 25.2% (pre-education) to 89.5% (before discharge). Finally 94% (n=360) of them felt that health education program was very helpful. The Cardiac Rehabilitation Health Education Program could improve the knowledge of ACS and self-management of the ACS patients and their caregivers. Moreover, the program was helpful of great benefit to them.