



## Service Priorities and Programmes Electronic Presentations

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**A cardiac rehabilitation education program for knowledge strengthening among patients with Acute Coronary Syndrome (ACS) in UCH M&G non-cardiac ward**

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**Introduction**

The landscape of cardiovascular disease are getting younger. More people can survive from heart attack and live longer than before, meaning that more people are now living with chronic cardiac conditions. In order to cope better with their chronic condition, more information of ACS is needed to promote their well-being in the future.

**Objectives**

To provide patients the information on their cardiac health, self-manage at home and advice on the life-style modifications to prepare them to get back to everyday life.

**Methodology**

The study was conducted between May and December, 2016. Participants were recruited by fax referral from non-cardiac M&G wards who had a current episode diagnosis of ACS and screened as mentally capable.

The program consisted of an education session and a pre- and post-education quiz that would be given to the patient before and after the education session respectively. The aspects of education included knowledge of coronary heart disease, ways to reduce the cardiovascular risk, medication and emergency chest pain management. The quiz covered all topics in the education session.

**Result**

172 fax referrals were received. Total 113 female and 59 male patients participated in the study with 51% of the age above 81 years old. After screening, 70% eligible participants were recruited for interview.

In the end, 62% of eligible participants were given the education and completed the pre- and post-education quiz. The difference in the number of eligible and actual participants was mainly due to patient's unstable medical condition, generalized malaise or discomfort or transfer to other hospital and discharged. 84% of the participants among those completed ACS education had all the questions answered

correctly which it was only 3% participants with all correct in pre- education quiz. An average of 1.3 visits were made before giving a successful interview and an average of 31 minutes were used for each interview.

The outcomes demonstrated that patients' ACS knowledge had improved after the education session. However, referrals were received in a passive fashion (by fax referral), as time went by, fewer referrals were received from wards as this program was optional and depended on nurses' awareness of existence of this program. In order to maximal reach and thus the provision of education to ACS patients in other clinical units, it is recommended that to assign a dedicated nurse for screening suitable case and deliver education program.