Abstract: Applying the personalised patient education protocol in post myocardial infarction care - a service evaluation.

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Background: The integration of physical and mental health approaches to care delivers more effective and efficient healthcare services. While nurses play a vital role in integrating physical and mental healthcare for patients with coronary heart conditions the absence of assessment tools to systematically respond to individual patient constructs of their illness and their potential for recovery contribute to the difficulty of providing effective personalised care. The Personalised Patient Education Protocol(PPEP) was developed based on an evidence based approach to provide an effective personalised patient educational strategy.

Aims : To integrate the PPEP a psycho-educational intervention into current Cardiac Rehabilitation(CR) practice administered to in-patients following Myocardial Infarction(MI), and measure its effect on changes in patient illness beliefs; self-efficacy for cardiac diet and exercise, anxiety and depression and quality of life at three months.

Methods: A prospective longitudinal service evaluation of the PPEP on MI patients who attended a hospital between November 2013 and March 2014. Validated measures were used to assess patients’ illness beliefs; self-efficacy for cardiac diet and exercise, anxiety and depression and quality of life prior to the CR Nurse Specialist visit during the in-patient period and repeated at three months. In addition, a narrative analysis was performed to evaluate patients’ responses to the PPEP Patient Workbook.

Results: Seventy four patients were enrolled in this service evaluation initially and the mean age was 58(SD±12), 78.4% male, 63.5% with partners, 21.6% live on their own and 58.1% in employment; with 50 patients completing the follow-up measures at three months.

The component of Illness Beliefs ‘illness coherence’ (P<0.001) and ‘illness identity’ (P<0.02) demonstrated a statistically significant change at three months, and while self-efficacy beliefs for exercise showed some significant improvement (p<0.006), adapting and adhering to healthy diet remained difficult to achieve. Overall quality of life did not improve, and there were no significant changes in anxiety and depression at three months.

Patients found the Patient Workbook helpful - 7(SD±2.42) on a scale of 1-10 and the patient workbook was used for preparing for ‘GP appointment’- 21.6%, ‘Hospital consultation’ - 20.3%, ‘CR nurse appointment’ - 13.5% and ‘telephone consultation’- 1.4%.

Conclusion: The principles of the PPEP are relevant to CR practice in the UK and have clinical utility for patient assessment in post MI care.