

Introduction

Inadequate communication about pain between patients and healthcare providers (HCP) is common and results in less than adequate management of the pain.

- Implementing a formalized education tool pre-op to the characteristics of the pain expected after cardiothoracic surgery (CTS) better prepared nurses to teach patients of what to expect during the recovery phase.
- This allowed for improved communication between patients and HCP and helped transition patients into a smoother, and more comfortable recovery.

Background & Significance

- CTS is very common and very painful.*
- Inadequately controlled postoperative pain is still the most patient reported problem.
 - HCP should implement and introduce patient education sessions to support patients during their hospital stay.
 - Implementation of evidence-based interventions to increased patients' readiness for CTS was associated with reduced risk of mortality, morbidity, and overall shorter ICU stays.

- Chaisson, K., (2014). Improving Patients' Readiness for Coronary Artery Bypass Graft Surgery. *Critical Care Nurse*, 34(6), 29–36.
- Ingadottir, B.,(2016). Perceptions about traditional and novel methods to learn about postoperative pain management: a qualitative study. *Journal of Advanced Nursing (John Wiley & Sons, Inc.)*, 72(11), 2672–2683.
- Karabulut, N.,(2015). Patient satisfaction with their pain management and comfort level after open heart surgery. *Australian Journal of Advanced Nursing*, 32(3), 16-24.

Methodology

Design

Pretest, posttest intervention

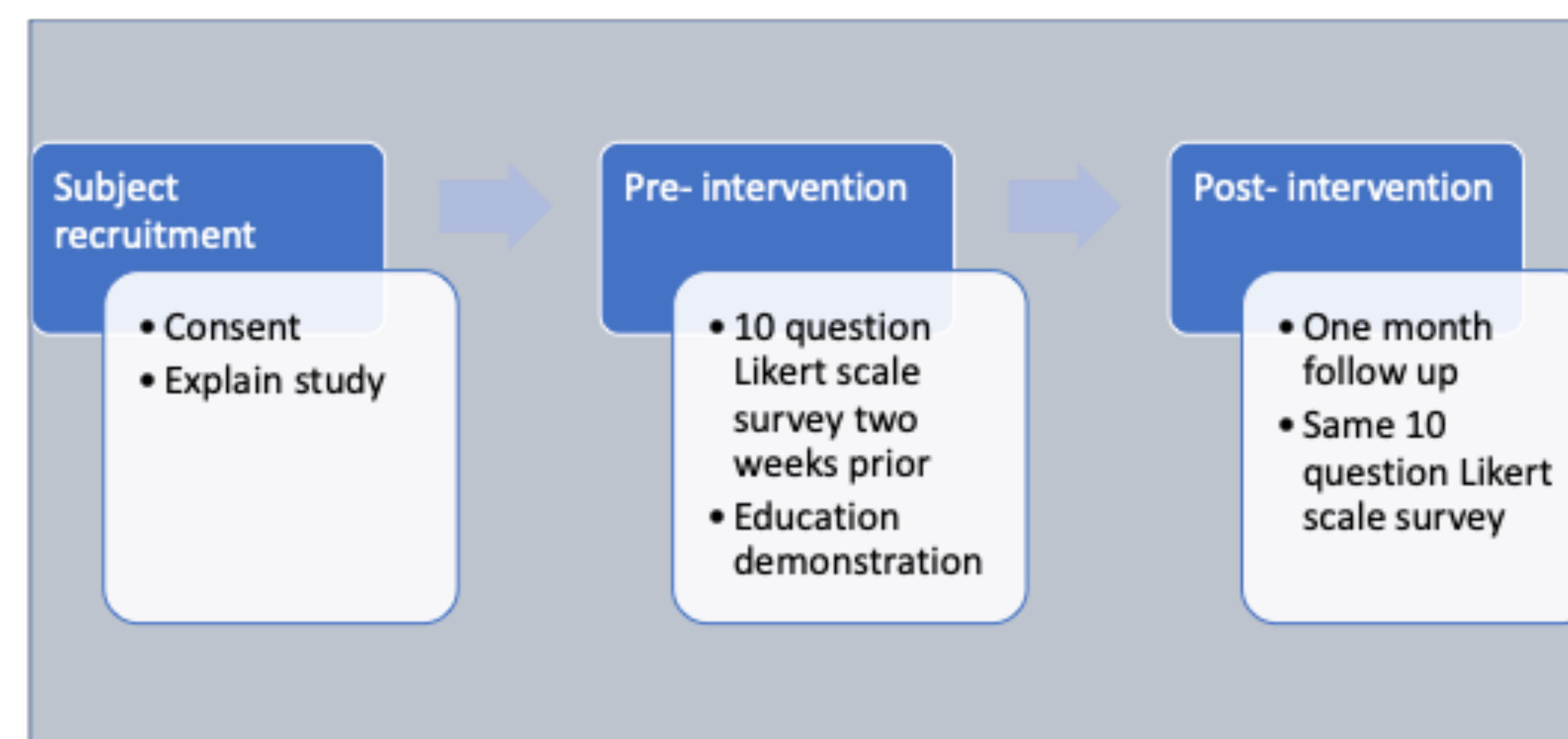
Setting

Step- down unit: NYC Medical Center

Sample

- Study population size: 12 Registered Nurses
- 24 % of total unit workforce
 - Inclusion criteria: being an RN, English speaking, and providing direct care to preoperative cardiothoracic patients.
 - Exclusion criteria: non-proficient English-speaking staff, and those who did not provide direct nursing bedside care.

Intervention



Outcomes Measured

Whether there was increase in the frequency of nurse led education about post-operative pain after the intervention was implemented. The main study instrument to measure outcomes: pre-post education online Likert scale data.

Findings

Does demonstrating teaching information to cardiothoracic registered nurses about postoperative pain increase the frequency of nurse- led patient education?

- Recruitment & data collection: 12/2/2019- 1/25/2020
- Responses from both surveys were transferred to an Excel spreadsheet and analyzed using the ANOVA (Analysis of Variance) test.
- No significant increases in patient education on the Likert Scale survey were noted from pre-intervention ($\bar{x} = 9.4$) to post-intervention ($\bar{x} = 9.4$) based on the Pillai Trace ($F = 1.27, p = 0.33$), Wilk's Lambda ($F = 2.65, p = 0.07$), and Hotelling Trace ($F = 1.41, p = 0.28$).

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Implications/ Conclusion

Implications for Clinical Practice & Economic

- Study was beneficial for CTS patients with the hope in decreasing length of stay and improving overall patient outcomes. The project had the capacity to enhance the already outstanding reputation of the CTS program at the Medical Center.
- Not immediate economic effect but long term
- Reduce the financial burden associated with prolonged recovery in the intensive care unit.

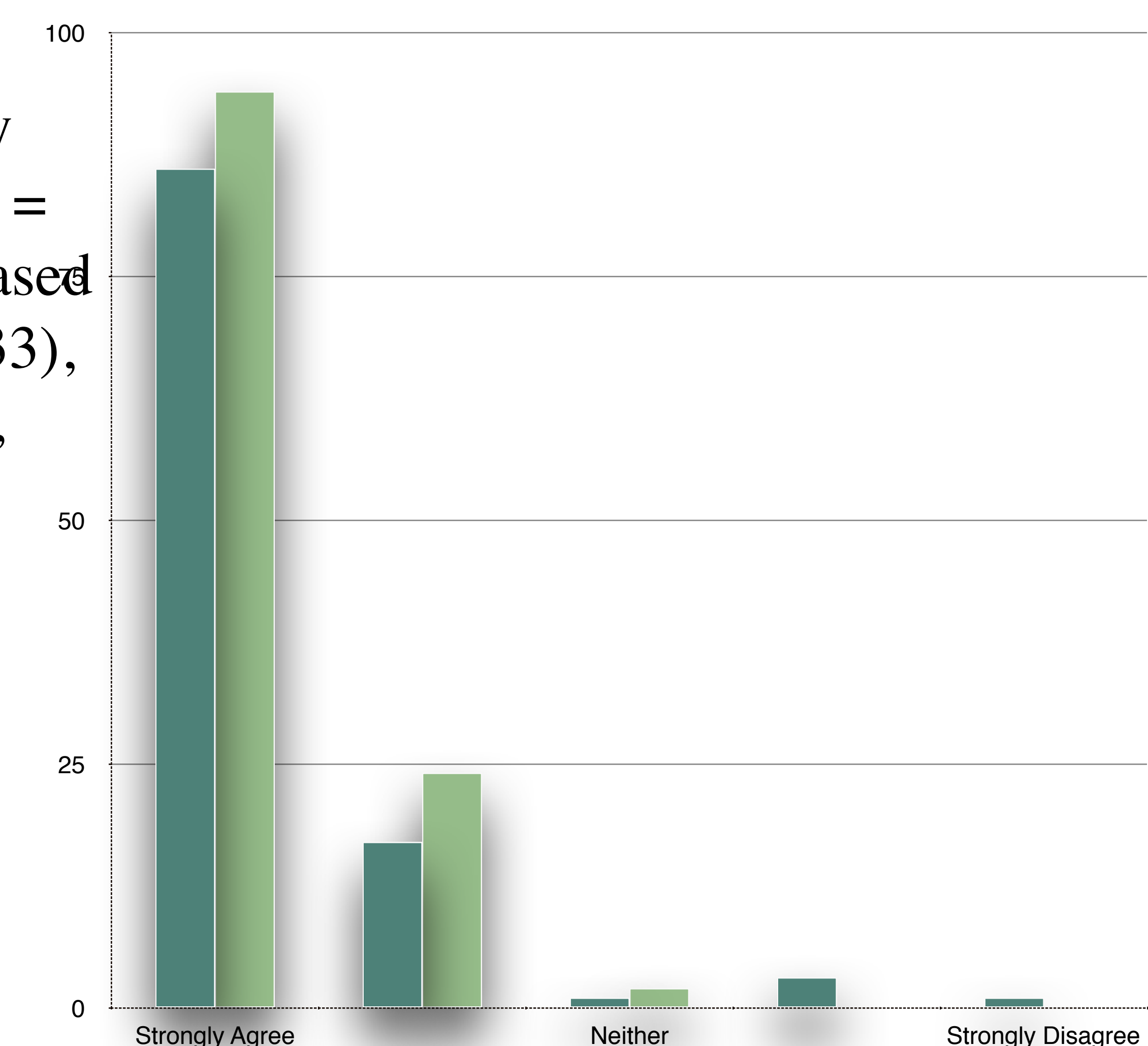
Limitations

- Small sample size
- Unsure if pre and post from same participants

Conclusion

The study can serve as the foundation for other disciplines within the facility to conduct similar research and improve the overall delivery of care and patients' quality of life post- surgery.

I routinely educate my patients about pain after cardiothoracic surgery:



Strongly Agree:
Pre: n= 86 Post: n= 94