

GET READY TO CHANGE!

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Purpose

This project compares the effectiveness of the current CHF patient teaching method of distributing and discussing the contents of a HF packet in a telemetry unit to a focused cardiac teaching process based on action plans and brief negotiations in order to allow CHF patients to modify their readiness and confidence in changing their behavior.

Background

There is anecdotal evidence that suggests a lack of patient education by the nursing staff on a telemetry unit, wherein current teaching practice involves the distribution and discussion of the contents of a HF packet irregardless of the patient's readiness to accept information and change behavior. Determining the patient's readiness to change and engaging in brief negotiations to collaboratively develop action plans improve the likelihood of behavioral change.

Methods

An Evidence-Based Practice Fellow randomly selected CHF patients in a cardiovascular telemetry unit and placed them into two groups: Advise Only group and Action Plan group. The Advise Only group received the standard HF packet, along with the standard discussion of its contents. The Action Plan group received the standard HF packet, the standard discussion of its contents, and a focused goal setting session that led to the collaborative development of action plans. All of the patients were asked how often they were currently performing the HF modifiable behaviors: medication adherence, smoking cessation, following a low-salt diet, daily weight monitoring, and physical activity. The readiness and confidence levels of all of the patients in engaging in the HF modifiable behaviors were also determined in both groups. All of the patients were called back two weeks after the educational process and were asked the same questions regarding the modifiable behaviors and their levels of readiness and confidence to determine any changes in their behaviors.

Results

The percent changes of Average Perceived Readiness and Confidence in Modifiable Behaviors were generally better in the Action Plan group than the Advise Only group after 2 weeks. Overall, the Advise Only group had 2 (33%) patients with no behavioral changes, 1 (17%) patient with a behavioral relapse, and 3 (50%) patients with at least one positive behavioral change. In comparison, the Action Plan group had all 6 (100%) patients with at least one positive behavioral change and all 6 (100%) patients were successful in fulfilling their collaboratively-developed action plans.

Conclusion

Collaboratively-developed action plans between the patient and the clinician work better than the traditional advise only educational process in changing patient behaviors.

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