

## Cardiovascular Nursing (477 – 491)

477

### A Qualitative Study of Individuals' Experiences of Living with Peripheral Arterial Disease

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**Background:** Peripheral Arterial Disease (PAD) occurs mainly among the older population and this is likely to increase as the population ages. Benefits to quality of life and outcomes can be gained through self-management strategies, yet there are limited opportunities available that offer specialised and tailored self-management programs to support patients in Australia. The aim of this study to ascertain a comprehensive perspective of the impact of PAD on people's lives and perceived needs for better access to disease-specific information, education, services, and support.

**Methods:** Participants were recruited from outpatient clinics at a tertiary hospital in a metropolitan area in Australia. Telephone and face-to-face semi-structured interviews were conducted with nine individuals living with PAD. Interview proceedings were transcribed and analysed using qualitative content analysis.

**Results:** A total of nine participants with an average age of 74.2 (SD 10.9), predominantly women (67%), and reported a variety of co-morbid chronic conditions participated in the study. A lack of understanding of PAD and inconsistent information resulted in confusion around which self-management strategies were appropriate and available. Although pain and problems with mobility were reported by the majority of participants, effects of these were amplified for participants who lived alone and did not have a carer to provide support.

**Conclusions:** Poor outcomes experienced by older people who may have low levels of health literacy and those without carers signal the urgent need for integrated care and multi-disciplinary teams to support people with PAD.

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478

### An Audit of Cardiac Monitoring Documentation in Patient Records by Cardiology Staff

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**Introduction:** The aim of this project was to audit documentation of cardiac monitoring for cardiology patients at Wollongong Hospital.

**Methods:** An audit was conducted of 30 patient notes using a tool developed to measure the standards of documentation



against the Cardiac Monitoring of Adult Cardiac Patients in NSW Public Hospitals Guideline (GL2016.019). This measured nursing and medical documentation for indication, rhythms, reviews of arrhythmia and plan for the cardiac monitoring. The rhythms that nursing staff recorded in notes were then checked for accuracy.

**Results:** 145 days of cardiac monitoring for 30 patients with 330 nursing and 148 medical record entries were audited. Initial rhythms were documented 97% and 36% of the time for nursing and medical staff respectively. The indication for cardiac monitoring was recorded 70% and 80% for nursing and medical staff respectively. Neither nursing nor medical staff consistently mentioned arrhythmia reviews, with 11% and 10% of total nursing and medical notes mentioning arrhythmias, respectively. Plans for cardiac monitoring were documented in 26% of patients' notes by the medical team. A cardiac rhythm was recorded in 88% of nursing notes; 220 rhythms were checked for accuracy with 79% being correct.

**Conclusions:** The standard of documentation regarding arrhythmia reviews and plans was poor. This audit shows a need to improve the documentation of cardiac monitoring as an acute assessment tool within the cardiology department.

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479

### Cardiac Monitoring Survey of Cardiology Nursing Staff

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**Introduction:** We decided to survey nursing staff about cardiac monitoring to examine their knowledge and education needs due to significant staff turnover.

**Methods:** A survey was made available to staff electronically using QARS. It collected demographics and used a Likert scale for 20 questions relating to confidence, knowledge and current practices.

**Results:** There were 30 responses (46% response rate). 57% had 1–3 years' experience in cardiac nursing and 40% had over 6 years of nursing experience. 92% of staff agreed cardiac monitoring is an important part of their role. 50% were confident using NSW health guidelines for cardiac monitoring and 69% in their documentation of cardiac monitoring. 86% had adequate knowledge of the Philips monitoring system and 72% agreed they had adequate knowledge of cardiac rhythms. 86% review patient's rhythms on every shift. 51% agreed that only patients who have indications for monitoring are monitored. 30% thought we are efficient at ceasing cardiac monitoring and 43% thought there is a clear plan for cardiac monitoring.

**Conclusion:** The majority of nursing staff surveyed have minimal cardiac experience. However, they were confident and had good knowledge of the monitoring system. Education focuses are now on the NSW Health guidelines and documentation.

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