LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE
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The learner will be able to discuss the most common reasons for hospital readmission after coronary artery bypass surgery. | Presentation of common reasons for post-cardiac surgery readmissions within 30 -60 days after discharge. Method: Poster presentation

The learner will be able to state the challenges faced by healthcare providers related to hospital discharge of post-open heart surgery patients. | Presentation of the challenges faced by healthcare providers related to the discharge process for cardiac surgery patients including time limitations, educational readiness and other factors. Method: Poster presentation

The learner will recognize the limitations to discharge care for the rural population and will also recognize the personal responsibility of the patient. | Presentation of limitations related to the discharge of cardiac surgery patients, particularly those residing in rural areas or those with limited access to care. Method: Poster presentation

The learner will state one option to decrease access to care and discharge complications for cardiac surgery patients residing in rural or remote locations. | Presentation of viable options to increase contact with healthcare providers for patients residing in rural or limited access locations. Method: Poster presentation

Abstract Text:

**Background:** Although there are many approaches in providing discharge education to coronary artery bypass patients, an overwhelming number of patients are readmitted to the hospital within 60 days’ post discharge. Education provided prior to surgery and discharge may prove beneficial in decreasing the rate of readmissions in this population.
Objectives: In post cardiac surgery patients, does an educational intervention compared to no educational intervention affect hospital readmission rates within 60 days? A secondary aim was to evaluate whether or not an educational intervention affects hospital readmission rates within 60 days of discharge.

Method: Seven studies were evaluated for the use of education pre and post discharge for the cardiac surgery population. Studies with pediatric patients were excluded from the systematic review.

Results: Seven studies met the inclusion criteria. The main focus of the studies contained types of education delivered by advanced practice nurses or specially trained nurses and were timed either preoperatively, upon discharge or post discharge. Five of the interventions demonstrated positive results and two demonstrated significant statistical evidence.

Discussion: A review of seven studies demonstrated that education is valuable for this population but may need delivery in a different format and at different times to meet client educational needs. The use of pre discharge education did demonstrate a reduction in anxiety and increased self care abilities of these patients. Although the approaches differed, the common thread is the need for education delivered at the appropriate time at an understandable level for patients.
