Bypass Blues

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BACKGROUND/SIGNIFICANCE

- Frequent recognition of depressive symptoms of patients following open heart surgery on TOHU
- Will utilize the Cardiac Depression Scale (Hare & Davis, 1993) in order to recognize depression in the immediate post-op period after coronary artery bypass grafting and to determine if depression is related to increased length of stay
PICO QUESTION

▪ Is post-operative depression in the immediate recovery phase directly related to increased length of stay in patients undergoing coronary artery bypass grafting?

▪ This is a problem focused trigger
  • Clinical problem: Depressive symptoms post open heart surgery.
    – Problem noticed by new RNs on TOHU – confirmed by experienced RNs
    – Standard of Care: There is no current hospital policy/procedure for post open heart surgery population
EVIDENCE

- Search Engines Used: EBSCO, CINAHL, Google Scholar
- Key Words: Open Heart Surgery, Cardiac, Depression, Length of Stay
Depression or depressive symptoms are quite frequent in patients after CABG
- (21.5%) had depressive symptoms.

Increases in depression occurred from before to after surgery and from after surgery to peak in the second week after discharge

Contributory to depression/depressive symptoms:
- Age -over 70 years old
- Female gender
- Valve, and Aortic surgeries
- Emergency Surgery
- Post operative Length of Stay
- Complications such as Minor Stroke, Infection, Pneumonia, Hemodialysis, and Paraplesis
Feelings of lack of control:

- More than one quarter of patients reported low perceptions of control before surgery and one in five after surgery, and only 10.3% after hospital discharge.

- Low to moderate perceptions of control over their cardiac illness were reported by patients before surgery, which increased over time from before to after surgery and again in the second week after discharge.
EVIDENCE

Why does Post Op Depression Matter to TOHU:

- Depressed patients reported significantly worse pain scores compared to non-depressed patients

- Depressed patients with moderate pain levels at baseline reported significantly lower functional status

- Depressed patients were also significantly less likely to show improvement of depressive symptoms throughout the course of the follow-up

- Depression and pain appear to influence functional recovery post-CABG
IMPLEMENTATION

- Pilot Unit: Transitional Open Heart Unit – TOHU (3K LVHN CC)
- Baseline Data: Cindy (OHU/TOHU Director), Angie (OHU PCC), & Martina (OHU/TOHU PCS) will screen elective depression during their pre-operative education meeting (and any other pre-op open heart surgery patients on TOHU)
  - Patient’s who score a 95 or above on the CDS or are currently being treated for depression prior to surgery will be excluded from the study
- Process: Patients who score less than 95 will be entered into the study and will be screened a second time on the day of their discharge to determine if they have developed behaviors consistent with depression during their stay
## DATA

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PRACTICE CHANGE

- RNs and TOHU staff will be more inclined to recognize depressive symptoms and take action during recovery
RESULTS

- There is no direct correlation between a negative or positive score and the length of stay.
- Of the small sample size, there were no positive post-operative cardiac depression scale (CDS) scores. However, there was a noted trend of increased CDS scores post-operatively.
LESSONS LEARNED

▪ It was difficult to collect data in a short amount of time.
▪ Should have utilized the change champions and opinion leaders more to help gather data.
▪ Should have discussed plans with TOHU staff earlier in the process.
▪ Patients were willing to participate and be truthful.
▪ Physicians, nurses, and other staff members were eager to participate.
REFERENCES


- Hata M., MD; Yagi, Y., MA; Sezai, A., MD; Niino, T., MD; Yoda, M., MD; Wakui, S., MD; Soeda, M., MD; Nohata, I., MD; Shiono, M., MD; Minami, K., MD. (2012). Risk Analysis for Depression and Patient Prognosis After Open Heart Surgery. *Circulation Journal*, 70.


Screening will continue for patients undergoing open heart surgery in order to increase sample size and accumulate more data.

Once more data is gathered, it can be analyzed to determine if a correlation between a positive score and LOS exists.

If a correlation exists, a decision can be made if the CDS should be utilized regularly as a routine standard of care.
Make It Happen

- Questions/Comments:

Contact Information: