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### **Re-engineering the Cardiology ward round to improve cardiac rehabilitation referral**

**Background.** Current literature regarding the effective mechanisms for improving workplace culture and empowering teams to strive for excellence is limited.

**Aim:** We evaluated if a re-engineered cardiology ward round targeting team culture; cardiovascular nursing advocacy and senior support contribute to efficient clinical ward round decisions so that patients receive their care sooner, including the delivery of cardiac rehabilitation packages and education plus other key clinical activities.

**Methods:** Using a Prospective observational design we implemented a staged 2-week implementation each with their own preceding 2-week control period, within the CCU over three 4-week cycles. The intervention allocated a cardiac nurse to each cardiac stream ward round. The primary endpoint was delayed cardiac medications (total minutes/number of medications [min/med]). Secondary endpoints included key clinical activities such as receipt of cardiac rehab packages, driving instructions, length of stay, booking delays, indwelling catheter insertion times, fasting times and mobility.

**Results:** In total, 206 patients were recruited (Control (n=101), Intervention (n=105)). The primary endpoint was significantly shorter in the intervention cycle for all streams combined (median: intervention:0 min/med [IQR 0-0.5] versus control: 0.2 min/med [IQR 0-1.2], p=0.012).

There were positive results for most endpoints including a 9-10% improvement in Myocardial Infarction patients receiving cardiac rehab packages and driving restriction instructions. These differences did not reach statistical significance. (Figure 1)

**Conclusion.** Including and empowering senior cardiac trained nurses on the CCU ward round shortens medication delays and prompts key clinical activities such as cardiac rehabilitation delivery, potentially via benefits in workplace culture.

Figure 1: Ward Round Study-Cardiac Rehab referral

