

Revolutionizing CABG Patient Care: Implementing Preoperative Beta Blockers for Enhanced Outcomes

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Introduction: As a preventative therapy, beta blockers are used to optimize both preoperative and long-term outcomes for patients undergoing coronary artery bypass graft (CABG) surgeries. Beta blockers are crucial for managing conditions like hypertensive crises, tachycardia, ischemic cardiomyopathy, and arrhythmias, and their effectiveness in reducing postoperative complications and mortality is well-documented. Studies emphasize that pre-operative beta blockers can decrease the incidence of intra- and postoperative arrhythmias and improve ventricular function, highlighting the importance of compliance in clinical practice.

Identification of the Problem: During the preoperative assessment, it is essential for nurses to ensure beta blocker adherence or administer medication to those patient who are non-compliant and document this critical information in the medical record. , There are gap in ensuring that patients, both inpatient and outpatients, have adhered to their medication regimen. These gaps can lead to missed doses and elevate risk during surgery.

EBP Question/Purpose:

PICOT: For nurses working in preoperative settings, will a month-long targeted educational program and the implementation of a standardized SBAR protocol (versus no standardized SBAR protocol) improve preoperative beta blocker administration compliance and improve adherence practices over a one-month period?

Methods/Evidence: Beta blocker champions were appointed to influence behavioral changes regarding beta blocker administration in the preoperative phase. Comprehensive educational programs for nurses, focusing on the importance of timely beta blocker administration and meticulous documentation was provided to the preoperative team. This was supported by reinforced structured handoff protocol, enhanced communication from preoperative to operative settings, and the use of visual cues during procedure time-outs. Enhanced EHR documentation practices were part of the implementation to ensure focused administration of beta blockers.

Significance of Findings/Outcomes: The interventions led to a 12.3% improvement in adherence to beta blocker protocols as well as zero beta blocker administration-related events, potentially impacting ICU length of stay and the frequency of intraoperative and postoperative arrhythmias

Implications for perianesthesia nurses and future research: Continued education, standardized communication, and protocol reinforcement are essential to maintain high standards of care. Future research could extend these protocols to other surgical categories to assess long-term outcomes and adherence impacts. Additionally, these findings could inform policy enhancements or new standards in preoperative care across broader healthcare settings.