



Letter to the Editor / Editöre Mektup

To inform or educate the CABG patients

KABG hastalarını bilgilendirmek veya eğitmek

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We read the article with great interest titled “The impact of planned hospital discharge program on complications and hospital readmissions in patients undergoing coronary artery bypass grafting”.^[1] The fact that planning the discharge program by educating the patients undergoing coronary artery bypass grafting (CABG) and their relatives is highly effective for preventing complications and hospital readmissions is known and also emphasized by the authors. More importantly, the training before surgery or before discharge may be forgotten or misunderstood by patients and by their relatives, and sometimes patients and their relatives may experience the problems which were not told.^[2] These problems were well-considered by the authors and the booklet named as “Life and Precautions at Home After CABG” and the form named as “Phone Consulting Follow-Up Form” were prepared. However, it was not stated for the control group, if they had any kind of training. If not, why? It was reported in some studies that readmission to the hospital might differ according to multiple parameters in cardiac surgery.^[3] The authors mentioned that the study was single-blind. However, they did not state about who was blind to the study among patients and relatives, surgeons, researchers, data collectors, phone callers, home visitors and the deciders for readmissions to the hospital or intensive care unit (ICU). The authors also did not state about the readmission criteria for hospital and for ICU and who was deciding for the readmission (a physician or a nurse) and if he/she was blind to the study which may affect the results and the blindness of the study. As the criteria for readmission were not mentioned,

discharge criteria from the ICU and hospital were also not mentioned in the study. The authors mentioned the hemodynamic parameters during the home visits, but there were no data mentioned during perioperative and postoperative period in both groups. There were also no data about how to include the patients to the control or intervention groups (closed envelopes or any other special technique designed for the study) according to the age, gender, and education status as the authors mentioned them for sampling the study size and randomization.

Moreover, in a study comparing the presence and absence of education in two groups in a field of major life-threatening diseases surgery worldwide as mentioned by the authors, it would be difficult to decide to continue to the study, while nearly all patients in the control group experienced complications and readmissions to the hospital. We congratulate the authors on this current study that draws attention on an important issue such as education. We suggest that further studies should be performed to compare the effectiveness of the different education programs. In the light of data obtained in these studies, training of the patients before CABG surgery is highly recommended.

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Author Reply

Dear Editor,

This article is one of outcomes of the study prepared as a doctoral dissertation. Therefore, the method and results applied in the dissertation were restricted in the article. An additional study has been prepared concerning the phone consulting, which is one of steps of planned discharge program applied in this dissertation.

The doctoral dissertation entitled 'Effect of planned discharge program applied on patients with coronary artery bypass surgery on decreasing complications and unintended return back to the hospital' can be available at: <http://tez.yok.gov.tr>.

The data were collected based on the data collection procedure after taking consent from patients drawn to control group. The planned discharge program was not applied to this group, but was observed. All patients in the control group received the standard care. Home visit was carried out 25 to 30 days after discharge with the availability of both patient and researcher to check the patient's condition. The 'Home Visit Control Form' was used to question patient's practice and physical examination was done. During home visit, the patients and their families were trained, their questions were answered and the training manual 'Life and Precautions at Home After Coronary Artery Bypass Surgery' was delivered to them as a reminder.

Lot was drawn to start with a patient group in the study, as there would be an interaction among patients staying at the same hospital service, thereby, affecting the results (closed envelope method). Moreover, it was ethically inappropriate to apply discharge program to all patients. The study was started with the control group. After completing with 30 patients in the control

group, the patients in the study group were drawn for sampling. Six patients were excluded from the study for control and study groups. In the study, sampling randomization was done based on three variables (age, gender, and educational level). According to this randomization, 30 patients were assigned for the control and study groups, thus a total of 60 patients. In the study, the researcher of the doctoral dissertation provided training to the patients and their families during the hospitalization, followed them via phone, and conducted home visits. Therefore, this was a single-blind study. During the hospitalization process, it was planned with cooperation of patient and his family starting from the admission day till the discharge day for two to three times daily. The booklet named as 'Life and Precautions at Home After Coronary Artery Bypass Surgery', prepared with the help of specialists' views, was given by the researcher to patient and his family at the start of the training.

It was requested from patient to call the researcher, when the patient wished to have information during his stay at the hospital or after discharge and when there were anxiety and emergency cases. The researcher listened to patient's concern, applied necessary nursery attempt, directed patient to appropriate person and institution and took feedback from patient about his last condition by calling. The researcher and physician decided on condition/problem required for readmission at hospital by cooperating according to final condition and physical examination findings of the patient. After each call, the details were recorded into the 'Phone Consulting Follow-Up Form'. A business card including the researcher's contact details was given to the patient and his/her family to facilitate the communication. Publication preparation of the doctoral dissertation has been ongoing for qualitative data related to sections of phone follow-up and readmission to hospital.

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