

Poster Session I
#17

Recovery from an Acute Coronary Event: Patterns of Transition

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Purpose: This study explored transitions during recovery following ACS and identified implications for care planning.

Background: As new technology has improved the diagnosis and treatments of acute coronary syndrome (ACS), our understanding of how patients recover and return to their daily life is limited. The fast pace with which individuals move through the health care system has produced a new set of patient experiences for which systems and providers are unprepared. Life after ACS and current treatment may be very different from prior understandings of recovery after a heart attack.

Methods: Qualitative interviews were conducted with 20 patients (men 11; women 9) (mean age 60 + 10 years) four times over six months following admission for ACS to elicit accounts about recovery. A grounded theory approach was used to code and analyze verbatim transcripts.

Results: A core theme was related to the sense of vulnerability and uncertainty that accompanies life-threatening diagnoses and is reflected in individuals' lost confidence and control over daily life. Recovery was the process by which individuals transitioned from a compromised health state to one in which they recaptured a sense of control and confidence about integrating the diagnosis and treatment into life. ACS patients assumed new responsibilities during recovery including understanding their condition, developing self care skills, managing care transitions and integrating the diagnosis and treatment into their lives. Three patterns of recovery were identified: Seamless (15%) in which patients encountered few, if any, burdens, Burdened but manageable (35%) in which patients managed burdens with systems of care available, and Burdened requiring resources (50%) in which patients encountered burdens for which resources were necessary.

Conclusions: Care planning should consider the level of demand imposed by the regimen in relation to resources available. The availability and access of services to support patients during recovery should be examined.