

90163**Tackling cardiovascular prevention after coronary disease settled: the challenges of guideline implementation**

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Purpose: Cardiovascular disease (CVD) as it is known, is a multifactorial disease that needs to be addressed exactly in that way. Knowledge deficit regarding symptoms and unadjusted lifestyles are still the most relevant nursing diagnoses identified as main causes for readmissions in patients with CVD (1). Recent guidelines evidenced that after a CVD event, patients should attend to their lifestyle choices and health behaviors, in order to avoid future events, as this works in a cardioprotective way (2). Having programs structured in a way that makes it possible to involve both population and person-centered strategies all teamed up, could be a way of involving patients in their own care, tackling several recommendations at the same time. Our aim is to describe the implementation of a cardiovascular disease prevention program with a multidisciplinary approach and identify the most prevalent CVD risk factors during the first trimester of its implementation.

Methods: In order to improve patient outcomes post-discharge, the program was outlined as follows: firstly, a Multidisciplinary Appointment was structured, with a Cardiologist and a Nurse, where also family is invited, to assess risk factors, therapeutic adherence and quality of life. According to the patient's needs and preferences they can be assigned to the Cardiac Rehabilitation Lab, to the Education Group Sessions on CVD risk factors where a Nutritionist, Psychiatrist and Physiatrist also participate according to the sessions' topic. For more personalized approach it also comprises: Therapeutic Groups and Mental Health Appointment; Nutrition Appointment; and Nursing Counseling at Outpatient clinics for family and person-centered approach. To assess the program at its third month baseline the focus group method was used for patients and professionals perspectives.

Results: The program was implemented from October to December 2021. During that time 24 patients were admitted. Nursing Counseling was needed for almost all patients for different reasons. Out of those, 50% were assigned to the group sessions, 33.33% were assigned to the Cardiac Rehab, 12.5% were oriented to the Nutrition consults and 20.83% to the Mental Health consults. Even though we offered therapeutic groups as an option for some patients, none of them were willing to go. Regarding the modifiable risk factors, 70% of patients had 3 or more risk factors, showing that we do have a high risk population to tackle. Putting it into perspective, the most prevalent risk factors were dyslipidemia (70.83%), tobacco use (70.83%), obesity (54.17%) and hypertension (50%).

Conclusions: Managing a multidisciplinary program can be demanding, and there were several challenges to this program's implementation such as: short-staffing, structural issues, covid-19 prevention issues, digital systems, agendas, etc.). But focusing on patients' needs and preferences, helped us to do our utmost to make this program happen.