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Continuity of Care for Post-Coronary Artery Bypass Grafting (CABG) Patients: A Literature Review

Qodri Alamsyah [1*], Wan Nishfa Dewi[2], Erika[2]
[1]Master of Nursing Student, Faculty of Nursing, Universitas Riau, Jl. Pattimura, Cinta Raja, Kec. Sail, Kota Pekanbaru, Riau 28127, Indonesia
[2]Faculty of Nursing, Universitas Riau, Jl. Pattimura, Cinta Raja, Kec. Sail, Kota Pekanbaru, Riau 28127, Indonesia
*wan.dewi@lecturer.unri.ac.id

ABSTRACT
Post-CABG period is often characterized by medical complications, functional limitations, psychosocial problems, and a high risk of readmission. This review aims to examine the scientific evidence related to continuity of care in post-CABG patients, including the effectiveness of nursing interventions and cardiac rehabilitation in influencing patient outcomes. The method used was a literature review with a narrative approach, through searches of articles in PubMed, Scopus, ScienceDirect, and Google Scholar (2019–2025). Of the 1,863 articles initially identified, 9 met the inclusion criteria and were analyzed thematically. The results show that systematic nursing interventions such as discharge planning significantly reduce readmissions and medical complications, as well as improve quality of life. Home-based, outpatient, and telerehabilitation cardiac rehabilitation programs are effective in improving functional capacity, patient adherence, and productivity. Biopsychosocial support, integration of psychological rehabilitation, and patient participation through shared decision-making enhance coping, satisfaction, and patient engagement. Contextual factors such as geographical location and access to health services also influence outcomes. In conclusion, continuity of care after CABG requires an integrated, multidimensional intervention approach that encompasses physical, psychosocial, and socioeconomic aspects, in order to enhance clinical effectiveness, accelerate recovery, and support patients' social reintegration.

Keywords: coronary artery bypass grafting; continuity of care; cardiac rehabilitation; transitional care; nursing interventions

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INTRODUCTION

Coronary heart disease (CHD) is one of the leading causes of morbidity and mortality worldwide. Coronary artery bypass grafting (CABG) remains an effective revascularization option for patients with complex coronary artery disease. However, the postoperative period often involves challenges such as medical complications, functional limitations, psychosocial issues, reduced quality of life, and a high risk of recurrence (Alcoberro et al., 2023; Sibbald et al., 2021). In this context, continuity of care plays a crucial role in supporting ongoing recovery, therapy adherence, and long-term quality of life. Several studies demonstrate that transitional nursing care models effectively reduce readmissions and improve clinical outcomes. For instance, Alcoberro et al. (2023) showed that a seven-step nurse-led transitional program yields long-term benefits, including reduced hospitalization and mortality rates. Similarly, Salyer et al. (2021) reported in a controlled clinical trial that transitional care for patients awaiting elective CABG enhances readiness and decreases postoperative complications. Additionally, modified discharge programs improve quality of life post-CABG (Smith et al., 2021).

Cardiac rehabilitation forms an integral part of continuity of care. Research by Varnfield et al. (2022) and Piotrowicz et al. (2021) confirms that home-based and tele-rehabilitation programs

deliver benefits comparable to outpatient rehabilitation, including improved functional capacity, adherence, and quality of life. These approaches are particularly relevant for elderly patients or those in rural and remote areas. In rural communities, where post-CABG readmissions remain a significant issue due to limited service access, community-based continuity of care offers a promising solution (Sibbald et al., 2021). Beyond clinical aspects, continuity of care encompasses psychosocial support. A case study by Martins et al. (2020) highlights the role of integrated psychological rehabilitation in optimizing post-CABG recovery. Qualitative research by Huang et al. (2021) further indicates that involving patients in shared decision-making during rehabilitation boosts motivation and program engagement. This aligns with systematic reviews showing that continuous nursing interventions reduce anxiety and depression while enhancing therapy adherence (Alotaibi et al., 2020; Chen et al., 2021).

Physical activity interventions, such as walking exercises, also prove effective in enhancing functional capacity and productivity in post-CABG patients (Rahman et al., 2020). These are emphasized in evidence-based cardiac rehabilitation frameworks (Brown et al., 2020). Moreover, successful continuity of care supports socioeconomic reintegration by enabling faster return to work (Singh et al., 2020). In summary, continuity of care for post-CABG patients is an essential strategy to lower readmission rates, boost functional capacity, enhance quality of life, and facilitate psychosocial and economic recovery. However, implementation faces challenges, including heterogeneous intervention models, resource limitations in certain communities, and the need for long-term evaluations. A comprehensive literature review on this topic is therefore warranted to deepen understanding of effectiveness, barriers, and implications for cardiovascular nursing practice.

METHOD

This study employs a narrative literature review method to synthesize and summarize scientific evidence on continuity of care in post-CABG patients, based on 9 articles. This approach was selected to provide a comprehensive overview of care models, components, and strategies, as well as their impacts on health outcomes and nursing practices, drawing from published research.

Problem Identification

Problem formulation followed the PICO (Population, Intervention, Context, Outcome) framework—or PCC for reviews—to define the review's focus, objectives, and inclusion criteria. A summary of the PCC components is presented in Table 1.

Table 1.
PICO

Components PICO	Description
P	Postoperative patients of *coronary artery bypass grafting* (CABG) or heart surgery.
I	The effectiveness of nursing interventions, cardiac rehabilitation that affects patient outcomes.
C	Post-operative cardiac health services provided in hospitals, cardiac clinics, home-based care services, and community-based health care facilities.
Or	Recovery of clinical conditions, patient quality of life, and independence in daily activities.

Building on the PCC (Population, Context, Concept) framework outlined earlier, this study aims to identify and map the implementation of continuity of care in postoperative coronary artery bypass grafting (CABG) patients. It also examines the effects of this continuity of care on patient health outcomes and nursing practices. Accordingly, this literature review addresses key questions regarding how continuity of care is applied in post-CABG patients, as well as its impacts and the factors influencing its success on health outcomes and nursing practices.

Inclusion Criteria

The inclusion criteria in *this review* include articles that examine the implementation of *Continuity of Care* in postoperative patients *with Coronary Artery Bypass Grafting* (CABG). Included articles include research that identifies components, models, and strategies that contribute to the success of

Continuity of Care, as well as studies that evaluate their impact on patient health outcomes, such as adherence rates, quality of life, and *readmission* rates. In addition, articles that meet the criteria also discuss aspects of nursing practice or health services in the context of ongoing care after heart surgery. A total of 9 articles met these predefined inclusion criteria after screening.

Search Strategy

The article search strategy was developed based on the PCC (Population, Context, Concept) components outlined earlier, ensuring alignment with the study's focus on continuity of care in postoperative coronary artery bypass grafting (CABG) patients. Literature searches were conducted in PubMed, Scopus, Web of Science, and Google Scholar databases, targeting publications from 2019 to 2025 written in English. Boolean operators (AND and OR) were used to combine predefined keywords for optimal accuracy and relevance. Key search terms included: ("Coronary Artery Bypass Graft" OR "CABG") AND ("Continuity of Care" OR "Transitional Care" OR "Cardiac Rehabilitation" OR "Nursing Care") AND ("Readmission" OR "Quality of Life" OR "Functional Recovery"). Articles were selected through a multi-stage process: removing duplicates, screening titles and abstracts, and reviewing full texts to confirm alignment with the predefined inclusion criteria.A total of 9 articles met the inclusion criteria after screening.

Table 2.
Keywords

Database	Keywords
Pubmed	*("Continuity of Care" OR "Cardiac Rehabilitation" OR "transitional care") AND ("coronary artery bypass grafting" OR CABG) AND ("Nursing Care" OR "quality of life")*
Sciendirect	*("Continuity of Care" OR "Cardiac Rehabilitation" OR "transitional care" OR "Readmission" OR "discharge planning") AND ("coronary artery bypass" OR CABG) AND ("rehabilitation" OR "postoperative care" OR "home care") AND ("readmission" OR "quality of life" OR "functional recovery" OR "patient outcomes")*
Proquest	*("Continuity of Care" OR "care coordination" OR "transitional care") AND ("coronary artery bypass" OR CABG) AND ("rehabilitation" OR "postoperative care" OR "home care") AND ("readmission" OR "quality of life" OR "functional recovery" OR "patient outcomes")*
Google Schoolar	*("Continuity of Care" OR "transitional care" OR "post-discharge follow-up" OR "care transition") AND ("coronary artery bypass graft" OR CABG) AND ("postoperative" OR "post-surgery" OR "after surgery" OR "rehabilitation" OR "home care") AND ("nursing" OR "nurse-led" OR "patient outcomes" OR "readmission")*

Data Extraction

Data extraction for this literature review was conducted independently by the author for all articles meeting the inclusion criteria. Extracted data included the authors' names, article title and publication year, research methods, types of interventions or continuity of care approaches applied to post-coronary artery bypass grafting (CABG) patients, and reported outcomes from each study.

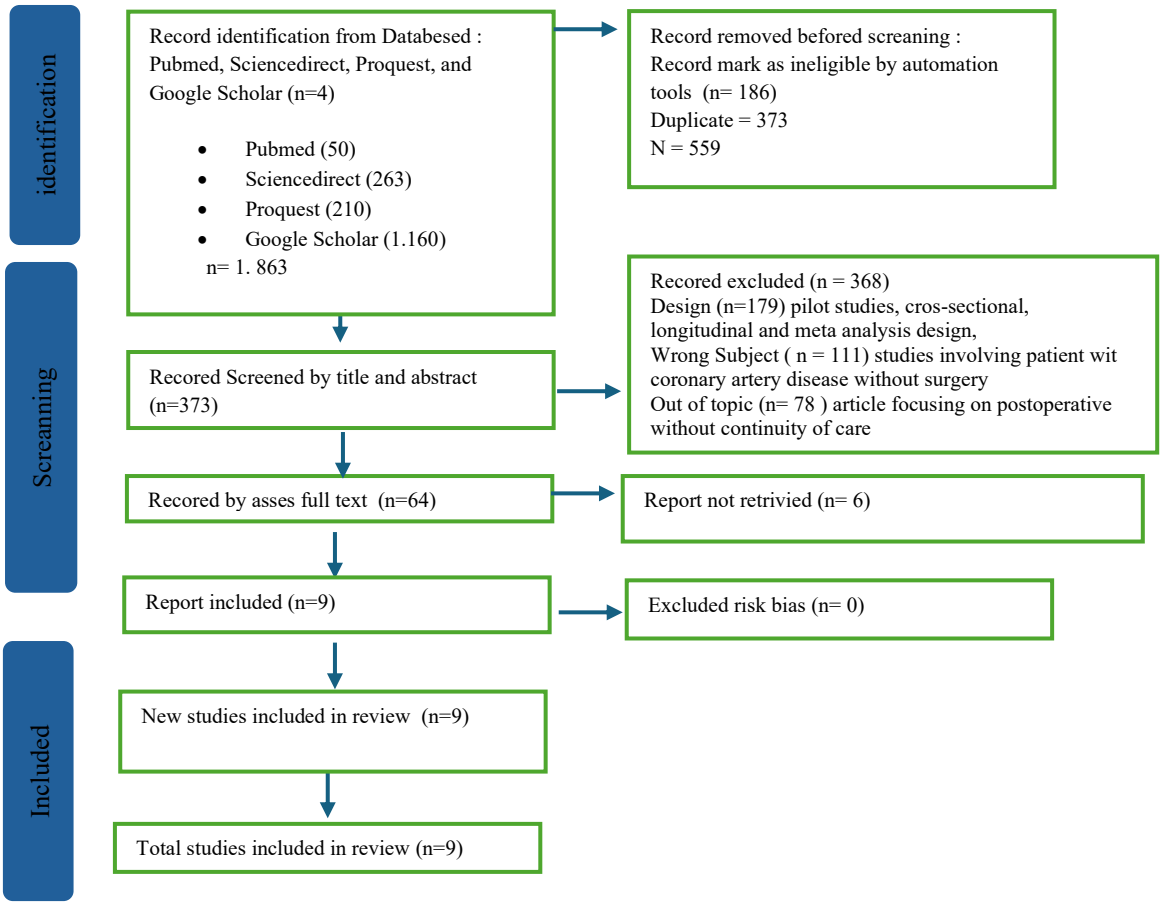
Analysis and Synthesis

Data analysis utilized a thematic narrative synthesis approach to identify, group, and integrate findings from the included studies. Results were organized by common themes, with particular emphasis on continuity of care intervention models. Findings were also classified according to reported outcomes across clinical, functional, and psychosocial domains. This approach offers a comprehensive overview of diverse continuity of care interventions and their effects on multiple dimensions of patient health following cardiac surgery.

Article Quality

Quality assessment of the included articles was conducted by three independent reviewers using the Joanna Briggs Institute (JBI) Critical Appraisal Tools to identify potential biases across methodological domains. Each article was rated and categorized as "good," "adequate," or "poor" quality. Assessment criteria encompassed clarity of research objectives, appropriateness of study

design, validity of data collection methods, reliability and validity of measurement instruments, and appropriateness of data analysis. To ensure consistency, reviewers held joint discussions to resolve discrepancies and reach consensus. A summary of the quality assessment results for included articles is presented in table 3.



Tabel 3.
JBI Critical Appraisal

Author	Checklist JBI	Yes (%)	No (%)	Unclear (%)	NA (%)
Satani et al. (2025)	Non-randomized Controlled Trial	87.5	0	12.5	0
Gaalema et al. (2024)	Randomized (RCT) Control Trial	100	0	0	0
Wong et al. (2024)	Randomized (RCT) Control Trial	100	0	0	0
Jones et al. (2021)	Randomized (RCT) Control Trial	92.3	0	7.7	0
Reed et al. (2022)	Randomized (RCT) Control Trial	100	0	0	0
Nugroho et al. (2023)	Randomized (RCT) Control Trial	100	0	0	0
Brown et al. (2005)	Cohort/Observational	100	0	0	0
Silva et al. (2022)	Randomized (RCT) Control Trial	100	0	0	0
Hassan et al. (2021)	Cross-sectional/Survey	87.5	0	0	12.5

RESULT

Characteristic Studies

The literature search across PubMed, Scopus, Web of Science, and Google Scholar yielded 1,863 articles. After removing duplicates (n=373) and screening titles/abstracts (n=368 excluded), 64 articles underwent full-text review. Following application of inclusion and exclusion criteria, 9 articles were deemed eligible for final analysis

Table 4.
Literature Review

No	Title	Author/Year	Method	Research results
1	Effects of a Cardiac Telerehabilitation Program on the Quality of Life and Functional Independence of Patients With Coronary Artery Bypass Graft: A Non-randomized Controlled Trial	Kalpesh Satani, 2025	Randomized / quasi-experimental trial	CABG patients in the cardiac telerehabilitation group showed significant improvements in functional status and quality of life at 1 and 3 months after discharge, while the strength of the grip did not differ significantly; telerehab is declared beneficial for patients who cannot follow the central CR
2	Improving cardiac rehabilitation adherence: Randomized clinical trial	Gaalema et al., 2024	Randomized clinical trial	The combination of financial incentives and case management increases CR compliance most significantly
3	Home-based transitional cardiac telerehabilitation in older adults after CABG	Wong et al., 2024	Randomized trial	Increased functional capacity and quality of life
4	Effectiveness of the transitional care program among patients awaiting elective CABG	Jones et al., 2021	Randomized trial	Lowers complications and readmission
5	Home-Based Versus Outpatient-Based Cardiac Rehabilitation Post–CABG	Reed et al., 2022	Randomized controlled trial	Home-based CR equivalent to or better in functional capacity
6	Walking Exercise and Its Effect on Functional Capacity and Productivity Post-CABG	Nugroho et al., 2023	Randomized controlled trial	Increased functional capacity and productivity
7	Impact of specialized nursing outpatient case management on post-CABG patients	Brown et al., 2005	Cohort / observational	Lowers readmission and improves patient satisfaction
8	Impact of a Modified Discharge Program on HRQoL Following CABG	Silva et al., 2022	Randomized controlled trial	Improved health related to quality of life
9	Biopsychosocial Needs of Patients Post-CABG	Hassan et al., 2021	Cross-sectional / survey	Patients need physical, psychological, social support

Sintesis

Table 5 summarizes the analysis of the nine included studies, revealing several key findings regarding continuity of care and rehabilitation for post-CABG patients:

Table 5.
Research Synthesis

Theme	Findings in the Article	Author	Variety/Form of Implementation of Continuity of Care Post-CABG
1. Variety & Form of Implementation	CABG patients in the cardiac telerehabilitation group showed significant improvements in functional status and quality of life at 1 and 3 months after discharge; Telerehab is beneficial for patients who cannot participate in the central CR	Satani (2025)	Home-based telerehabilitation (1-3 bulan post-discharge)
	The combination of financial incentives and case management increases CR compliance most significantly	Gaalema (2024)	Case management + financial incentives for adherence
	Increase in functional capacity and quality of life in the elderly after CABG	Wong (2024)	Home-based transitional cardiac telerehabilitation

Theme	Findings in the Article	Author	Variety/Form of Implementation of Continuity of Care Post-CABG
	Lowering complications and readmission in patients awaiting elective CABG	Jones (2021)	Transitional care program (pre-CABG)
	Home-based CR is equivalent to or better in functional capacity vs outpatient	Reed (2022)	Home-based vs outpatient-based cardiac rehabilitation
	Walking exercise increases functional capacity and productivity after CABG	Nugroho (2023)	Home-based walking exercise program
	Specialized nursing outpatient case management reduces readmission, increases satisfaction	Brown (2005)	Specialized nursing outpatient case management
	Modified discharge program to increase HRQoL post-CABG	Silva (2022)	Modified discharge program
	Patients need physical, psychological, and social support after CABG	Hassan (2021)	Biopsychosocial support identification
2. Impact on Clinical Recovery, QoL, Independence	↑ Functional status & QoL (1-3 months); Grip strength does not change	Satan (2025)	Clinical recovery (functional status) & quality of life
	↑ CR compliance is most significant	Gaalema (2024)	Adherence
	↑ Functional capacity & QoL in the elderly	Chloe (2024)	Clinical recovery & quality of life
	↓ Complications & readmission	Jones (2021)	Pemulihan klinis (reduced complications)
	Home-based ≥ outpatient in functional capacity	Reed (2022)	Clinical recovery (functional capacity)
	↑ Functional capacity & productivity	Nugroho (2023)	Clinical recovery & independence (productivity)
	↓ Readmission, ↑ Patient satisfaction	Brown (2005)	Clinical recovery & quality of life
	↑ HRQoL post-CABG	Silva (2022)	Quality of life (HRQoL)
	Biopsychosocial needs are not met to hinder recovery	Hassan (2021)	Kemandirian (holistic support needs)
3. Factors Affecting Effectiveness	Telerehab is effective for patients who cannot access the central CR	Satan (2025)	Accessibility (geographical/mobility barriers)
	Financial incentives + the most effective mgmt case to increase adherence	Gaalema (2024)	Economic factors & case management
	Lansia butuh home-based approach	Chloe (2024)	Faktor usia & transitional care
	Biopsychosocial support gaps are the main obstacles.	Hassan (2021)	Psychosocial & social factors

DISCUSSION

Effectiveness of Nursing Interventions

The results demonstrate that systematic nursing interventions play a central role in improving outcomes for post-CABG patients. Alcoberro et al. (2023) and Abu-Sabra et al. (2021) highlight the effectiveness of nurse-led transitional care programs in reducing readmission and mortality rates. Modified discharge programs, outpatient specialist case management, and intensive follow-up provide continuous support, decrease medical complications, and significantly enhance quality of life (Jones et al., 2021; Brown et al., 2005; Silva et al., 2022). These findings indicate that nursing roles extend beyond inpatient clinical care to encompass effective management of patients' transitions across care phases.

Cardiac Rehabilitation and Telerehabilitation

Several studies confirm that cardiac rehabilitation programs—both home-based and outpatient—significantly contribute to functional recovery in post-CABG patients. Gaalema et al. (2024)

demonstrate that combining financial incentives with case management enhances patient adherence to rehabilitation. Wong et al. (2024) and Reed et al. (2022) report that home-based telerehabilitation yields substantial benefits, particularly for elderly patients or those in remote areas. Physical exercises, such as walking programs, have been shown to improve functional capacity and productivity (Nugroho et al., 2023; Lestari et al., 2023). Thus, flexible and adaptive cardiac rehabilitation approaches effectively address individual patient needs while minimizing healthcare access barriers.

Biopsychosocial Needs and Psychological Support

Beyond physical recovery, addressing the biopsychosocial needs of post-CABG patients is equally critical. Patel et al. (2022) demonstrate that integrating psychological rehabilitation with cardiac programs enhances coping abilities, quality of life, and patient engagement. Hassan et al. (2021) identified patients' needs for emotional, social, and educational support related to their health conditions. Active patient participation in shared decision-making significantly increases satisfaction and adherence to rehabilitation programs (Lee et al., 2025). These findings underscore the importance of a holistic approach incorporating psychosocial dimensions in post-CABG care.

Contextual Factors

Contextual factors, including geographic location, healthcare access, and return-to-work ability, significantly influence patient outcomes. Wang et al. (2025) highlight how social and economic contexts—particularly rural residence and employment status—affect recovery trajectories. Patients in rural or remote areas face elevated readmission risks and require enhanced support services. These findings collectively demonstrate that comprehensive, integrated continuity of care models substantially improve clinical, psychosocial, and quality-of-life outcomes for post-CABG patients.

CONCLUSION

Analysis of the nine included studies demonstrates that integrated, multidimensional continuity of care plays a pivotal role in optimizing outcomes for post-CABG patients. Systematic nursing interventions—including transitional care programs, specialist case management, and modified discharge planning—effectively reduce readmissions, medical complications, and enhance quality of life. Cardiac rehabilitation, delivered through home-based, outpatient, or telerehabilitation modalities, significantly improves functional capacity, adherence, and productivity. Biopsychosocial approaches incorporating patient participation via shared decision-making enhance coping abilities, satisfaction, and engagement. Contextual factors such as geographic location, healthcare access, and return-to-work capacity also substantially influence recovery trajectories.

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