

**Implementing the 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular  
Disease**

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Practice**

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## Abstract

**Problem:** Even though the majority of the patients have been diagnosed with cardiovascular disorders, there is a lack of a cardiovascular disease prevention strategy at the project site.

**Background:** Fats, cholesterol, and other chemicals build up in the arteries due to atherosclerotic cardiovascular disease, which impairs blood flow. Approximately 8% of Americans have been diagnosed with ASCVD. The American College of Cardiology/American Heart Association (ACC/AHA) guidelines is one of the strategies to prevent ASCVD. The goal of this investigation was to ascertain how the ACC/AHA guidelines affected ASCVD

prevention. **Methods:** In this quasi-experimental project for quality improvement, a quantitative methodology was used. The patients and health care professionals constituted the population for this project. Data were collected before and after the intervention's implementation. Patients' screening rates and health care professionals' compliance rates were the outcome variables that

were gathered. **Intervention:** The ACC/AHA recommendations were implemented as the intervention. The health care professionals participated in a brief educational program to increase their expertise in ASCVD screening. ACC/AHA recommendations were presented in a

PowerPoint presentation for the educational event. The clinicians had to screen the patients and provide behavior counseling after the training. The electronic health records contained

information on screening and behavior screening. **Results:** there was a statistically significant increase in screening rates ( $\chi^2 = 5.916, p = .015$ ) and compliance rates ( $\chi^2 = 13.08, p = .000$ ).

**Conclusions:** The purpose of this project was to determine the impact of the ACC/AHA guidelines on the screening and compliance rates. Based on the findings, the screening and compliance rates significantly improved after implementing the intervention. Thus, the

intervention can be sustained at the project site to increase the screening rates for cardiovascular diseases.