usual care. Nurse-led care implied guideline-adherent management, steered by dedicated software, supervised by cardiologists. Usual care was regular outpatient care performed by cardiologists. A cost per life year and a cost per Quality Adjusted Life Year (QALY) analysis was performed, both from a hospital perspective. QALYs were based on scores of the Short Form 36 questionnaire (SF-36), converted to utility scores by extracting the Short Form 6D (SF-6D). All unit prices were supplied by the hospital's financial department, except for prices for medication, which were taken from the Dutch Pharmacotherapeutic Compass. Results represented the costs and effects for a 12 months follow-up period.

Results: The nurse-led care program was associated with slightly more life years and QALYs at a lower cost. Specifically, the nurse-led program contributed to 0.009 QALY gains with a reduced cost of € 1109 per patient and a gain of 0.02 life years with a reduced cost of € 735 per patient. Therefore, the nurse-led program would be considered dominant. In fact, for all the possible values of willingness to pay for a QALY the nurse-led program is considered to be more likely cost effective than the care as usual.

Conclusion: The cost-effectiveness analysis in the present study demonstrated that a nurse-led integrated care approach will save costs and improve survival and Quality of Life, and is therefore a cost-effective management strategy for patients with AF.

PI4

Psychometric testing of the Self-Care of Chronic Angina Index (SCCAI)

V Vaughan Dickson,[1] C Lee,[2] K. Yehle,[3] A Mola,[1] S Ackerman,[1] A Levine Wong,[1] H Yoon[1] and B Riegel[4]

[1]New York University, New York, United States of America [2]Oregon Health & Science University, Portland, United States of America [3]Purdue University, West Lafayette, United States of America [4]University of Pennsylvania, Philadelphia, United States of America

Background: Individuals with coronary heart disease (CHD) are routinely instructed to engage in self-care behaviors conceptualized as a decision-making process involving the choice of activities that maintain stability (self-care maintenance) and the response to symptoms when they occur (self-care management). Yet, there are no instruments available to measure self-care in this population. The purpose of this study was to test the construct validity of the Self-Care of Chronic Angina Index (SCCAI).

Methods: A convenience sample of 196 adults with CHD (e.g., history of myocardial infarction, angina) completed: 1) SCCAI, 2) the Medical Outcomes Study General Adherence Scale (GAS), and 3) Decision Making Competency Inventory (DMCI). Exploratory factor analysis with geomin rotation identified the item structure. Comparative fit index (CFI) Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR) were used to judge model fit. Spearman's correlations (rho) tested associations between self-care and adherence (GAS) and decision-making (i.e, awareness, self-appraisal, and autonomy domains of the DCMI).

Results: 64% of the sample was male; mean age was 64 $\pm$ 10 years; mean duration of CHD was 7 $\pm$ 10 years. The best fit exploratory factor model involved four scales (CFI = 0.96, RMSEA = 0.05, SRMR = 0.07). Keeping appointments, taking ASA or other blood thinners, physical activity, taking mediations as prescribed, using a system for medications, fruit and vegetable consumption, and smoking were linked factors we called self-care maintenance (α = .67). Taking nitroglycerine, calling the MD/RN, and taking it easy were linked responses to symptoms we called prescribed behaviors (α = .70). Quickly recognizing symptoms, slowing down, and judging if a remedy worked were linked responses we called self-care management (α = .55). Six self-efficacy items and asking for low fat food while eating out were associated factors we called self-care confidence (α = .90). Self-care maintenance behaviors (rho = .45), prescribed behaviors (rho = .22) and self-care confidence (rho = .33) were associated with adherence (all p < 0.05). Self-care management behaviors were associated with awareness (rho = -.24), self-appraisal (rho = .32), and autonomy (rho = .37) (all p < 0.05).

Conclusion: These findings support the conceptual basis of self-care in patients with CHD and suggest that the SCCAI may be used to measure self-care maintenance and management among adults with CHD.

PI5

European cardiovascular nurses knowledge on anticoagulation therapy

K Oterhals,[1] C Deaton,[2] S De Geest,[3] T Jaarsma,[4] M Lenzen,[5] P Moons,[6] J Maartensson,[7] K Smith,[8] S Stewart,[9] A Stromberg,[10] DR Thompson[11] and TM Norekvaal[1]

[1]Haukeland University Hospital, Department of Heart Disease, Bergen, Norway [2]University of Manchester, School of Nursing, Midwifery and Social Work, Manchester, United Kingdom [3]University of Basel, Institute for Nursing Science, Basel, Switzerland [4]Linköping University, Faculty of Health Sciences, Department of Social and Welfare studies, Norrköping, Sweden [5]Erasmus Medical Center, Department of Cardiology, Rotterdam, Netherlands [6]Catholic University of Leuven, Center for Health Services and Nursing Research, Leuven, Belgium [7]Jönköping University, School of Health Sciences, Jönköping, Sweden [8]Ninewells Hospital, Department of Cardiology, Dundee, United Kingdom [9]Baker IDI Heart and Diabetes Institute, Melbourne, Australia [10]Linköping University, Department of Medical and Health Sciences, Linköping, Sweden [11]Australian Catholic University, Cardiovascular Research Centre, Melbourne, Australia

Purpose: Successful management of warfarin, new antithrombotic agents and self-monitoring devices requires that health care professionals effectively counsel and educate