Abstract

The PREVASC Multidisciplinary Model for Cardiovascular Prevention in Frail Older Adults: Implementing Person-Centred Nursing to Improve Outcomes and Transform Care Processes

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Introduction. Population ageing increases frailty and cardiovascular risk, requiring effective translation of evidence-based prevention into practice. Implementation science highlights acceptability, feasibility, fidelity, and sustainability as key determinants of impact. Nurse-led multidisciplinary models may bridge the evidence-to-practice gap in community settings.

Methods. A descriptive observational study included participants in the PREVASC screening program, coordinated by nurses. Standardized assessments captured cardiovascular risk factors and medication adherence. Implementation outcomes were screening uptake (acceptability), adherence (fidelity), and time at the screening centre (feasibility/efficiency). Descriptive statistics were applied.

Results. Among 1,835 adults aged 61–94 years, screening uptake was 89.4%, indicating high acceptability. Medication adherence reached 90%, reflecting intervention fidelity and effective nurse-led counselling. Mean time at the centre was 63 minutes, demonstrating operational feasibility and sustainable workflow.

Discussion. High uptake and adherence suggest that PREVASC achieves key implementation outcomes. Nurse coordination enhanced patient engagement, care continuity, and process efficiency.

The multidisciplinary, community-based model is scalable and sustainable, demonstrating the strategic role of nursing leadership in translating evidence into measurable impact and value-based cardiovascular prevention for frail older adults.

Keywords: Cardiovascular Prevention, Multidisciplinary Model, Implementing Person-Centred Nursing

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