

Cardiac Rehabilitation: Education Competency workbook



- ❖ How to identify eligible patients for Cardiac rehabilitation and referral
- ❖ What clinical information is required for delivery and relevant referral?
- ❖ How to explain the importance and benefits of attending Cardiac rehabilitation as part of their treatment plan and continuing care
- ❖ Awareness and understanding of the referral pathway
- ❖ Accurate documentation in Assessment and Care 2016 in Discharge checklist
- ❖ To raise awareness of the standards and core components of Delivering cardiac rehabilitation in compliance set out by the British Association of Cardiovascular Prevention Rehabilitation (BACPR) guidelines.
- ❖ To improve and support patients experience in self-care management of their own condition, treatment and recovery, in line with the trust commitment to support the prevention agenda and Making every contact count (MECC) initiative
- ❖ To give an understanding of how important Cardiac rehabilitation is for eligible patients

Cardiac rehabilitation (CR) is a programme for all patients who have had a cardiovascular event this work book will give you an understanding and insight of the criteria of an eligible patient.

Starting cardiac rehabilitation as soon as possible after a Cardiovascular event can improve recovery. The evidence suggests that ongoing attendance at cardiac rehabilitation programmes, is cost effective and improves clinical outcomes and also a reduction in unplanned re-admissions.

Cardiac rehabilitation is led by a clinical lead with a full Multi disciplinary approach, following the British Association of Cardiac Rehabilitation and Prevention (BACPR) there is a mixture of secondary and primary CR programmes across Cheshire and Merseyside network . Liverpool heart and chest covers a wider geographical footprint.

When a CR referral is created it will be sent electronically to the CR provider when the patient is discharged from PAS, however not all providers will accept CR referrals if it is not in scope as per their commissioned service. Patients who attend CR will continue to receive continuous treatment and care after discharge.

- The criteria for eligible patients can be found on LHCH intranet page

- ICE
- LSS Cath Lab Diaries
- Medcon
- MCAP (CUR)
- NWAS Web Booking
- Operations List
- PACS
- SBS
- Somerset Cancer Register
- TopCat
- Ward Information Monitors
- Urgent Inpatient Referrals
- e-Systems**
- e-Systems Access Request Forms
- e-Cardiac
- e-COPD
- e-KCVD
- e-Mattress Audit
- e-Referrals
- e-Sleep / CPAP
- Policies and Procedures**
- Policies and Procedures

Essential Links

- | | |
|-------------------------------|-------------------------------|
| AD Web Tool | Athena Information Portal |
| BankStaff | Blood Glucose Procedure |
| Cardiac rehab/referral | Capital Projects Request Form |
| Datix Guidance | Consultant Cover Rotas |
| EPR HomePage | EPR Play & Learn |
| Emergency Planning | ESR Portal OLM |
| Enteral Feeding Sets | Employee Online |
| Folder Manager | Equality and Inclusion |
| General Data Protection GDPR | Freedom to Speak Up |
| IT Service Desk | HealthRoster |
| Information Request Form | Incident Reporting |
| LHCH Knowledge Hub | JPS Lab Handbook |
| Library | Latest Vacancies |
| Making Every Contact Count | MUST |
| Medical Doctor Rotas | Managed Print Information |
| NHS Evidence | Medical Equip Repository |
| Out of Hours Enteral Feeding | OnlinePARE |
| Oxygen Database | Oxygen Awareness |
| RCR iRefer Guidelines | PAS |
| RosterPerform | Radiology Sharepoint |
| Speak Out Safely | Safeguarding Guidance |
| Submit Patient Story | Strategies |
| Surgical Doctor Rotas | Summary Care Record |
| UptoDate Portal | Team Brief |
| | Webmail |

Register of Interests



Employee of the month

Staff Directory

Name

Important Numbers

Wards & Departments

On Call Rota - Execs and Man

On Call Bleep Numbers

Cardiac & Fire - 2222

Security - 1999



For HR Payroll & Recruitment click here

Eligible patients for Cardiac Rehab and referral

Medical procedures - (including any patients with dementia and additional needs)

- Any patient with a diagnosis of NSTEMI/STEMI I/UNSTABLE ANGINA
- ANGIOGRAM +
 - Coronary Artery Disease +medical management
 - Stent/s Insertion (including any failed attempt)
 - OPD Referral for consideration for CABG/Valve Surgery or further stenting
- TAVI
- Bi-Vent pacemaker
- ICD /CRTP

Surgical procedures - (including any patients with dementia and additional needs)

- CABG
- Any Valve surgery
- Any Aneurysm/Aortic surgery

Do not make referral for patients

- who live abroad
- who are on End of life pathways

if you have any queries please contact Cardiac Rehab team on Ext 1636.

1. Health behaviour change and education
2. Medical risk management
3. Lifestyle risk factor management
4. Psychological Health
5. Long term strategies
6. Audit and evaluation



Standard 1 Delivery of the 6 core components by a qualified and competent MDT team led by a clinical co-ordinator

Standard 2 Prompt identification referral and recruitment of eligible patient populations

Standard 3 Early initial assessment of individual patient needs which informs the agreed personalised goals that are reviewed regularly

Standard 4 Early provision of a structured cardiovascular prevention programme. With a defined pathway of care which meets the individuals goals, and is aligned with patients preference and choice.

Standard 5 Upon programme completion a final assessment of individual patients needs and demonstration of sustainable health outcomes

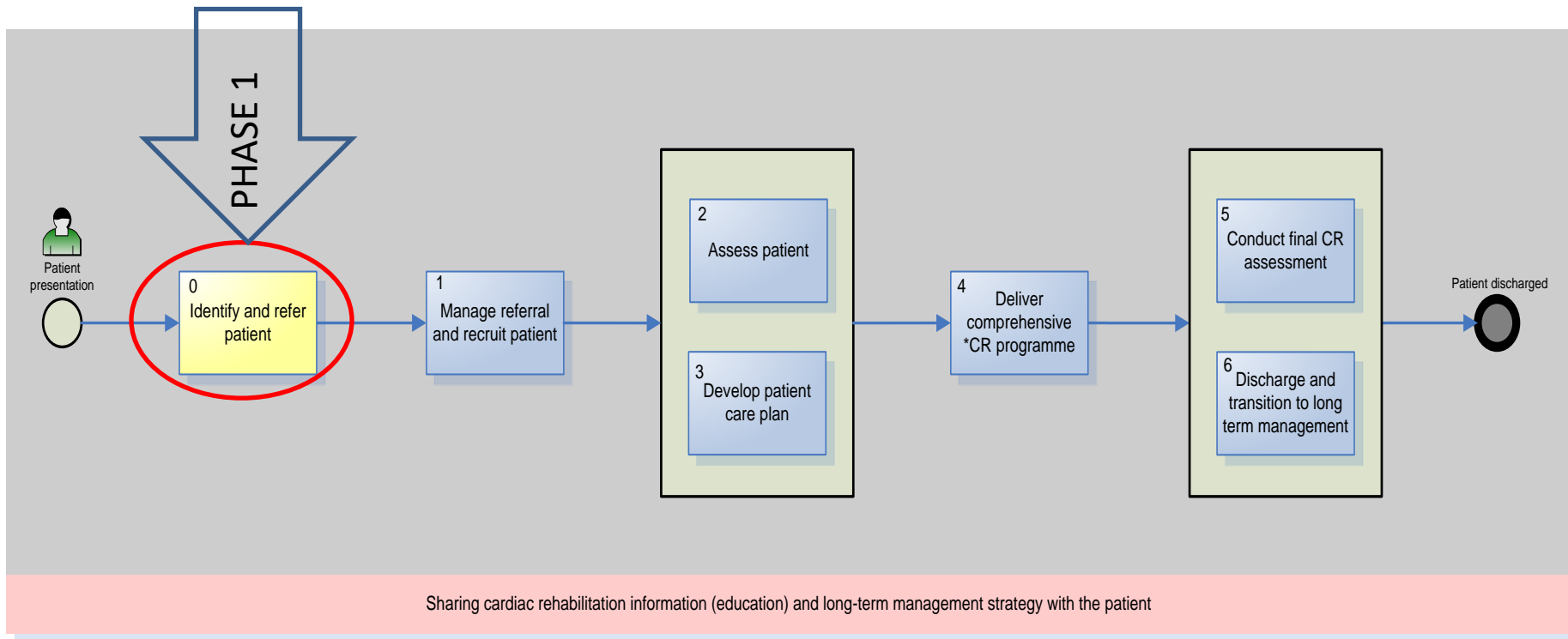
Standard 6 Registration and submission of data the National audit for Cardiac rehabilitation (NACR) and participation in the National certification programme (NCP_CR)

For further information please click on link below :

https://www.bacpr.com/pages/page_box_contents.asp?pageid=791

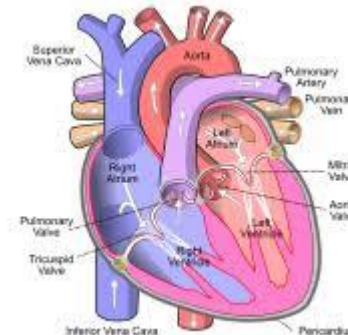
Modern CR is menu-based and patient centred, and provides a pathway across the 6 stages from diagnosis to long term management.

Please note that's the stages below are currently used as phases at LHCH CR delivery



*CR = cardiac rehabilitation

- Lower the risk of a future cardiovascular event.
- Reduced hospital admissions
- Lowers blood pressure, heart rate and can help to control cholesterol levels
- Opportunity to have clinical observations checked and monitored
- Improvement in psychological wellbeing and quality of life
- Helps with adherence with medication, including titration



Reduces:

- ❖ All cause mortality by 11- 26%
- ❖ Cardiac mortality by 26 – 36%
- ❖ Morbidity
- ❖ Unplanned admissions by 28 -56%

Improves:

- ❖ Quality of life
- ❖ Functional capacity

Supports:

- ❖ Early return to work
- ❖ The development of self-management skills

Vascular Disease – One Event Leads to Another

Original Event = Stroke

MI Risk

- 2-3 x greater risk^{2*}

Stroke Risk

- 9 x greater risk³

Original Event = MI

MI Risk

- 5-7 x greater risk¹⁺

Stroke Risk

- 3-4 x greater risk²⁺⁺

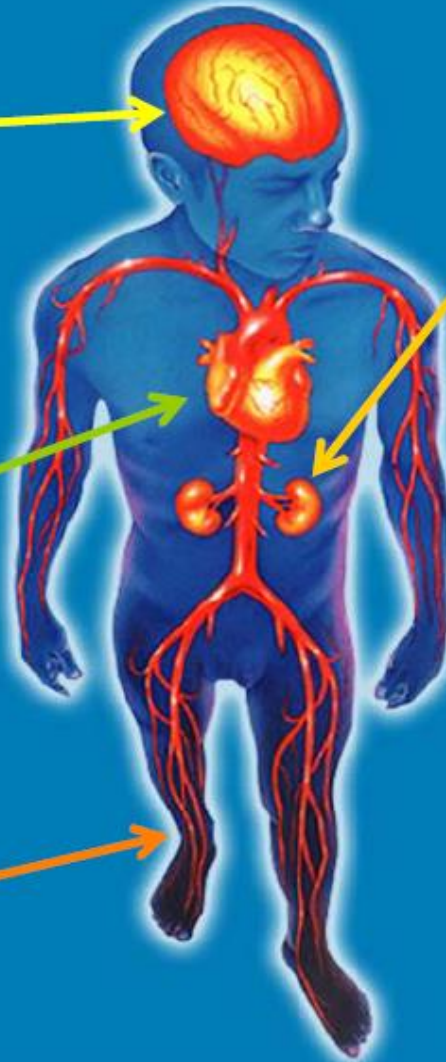
Original Condition = PAD

MI Risk

- 4 x greater risk^{4**}

Stroke Risk

- 2-3 x greater risk³⁺⁺



CKD

MI Risk

- 2 x greater risk

Stroke risk

- Up 50%

Diabetes

(type 2)

Because of the increased risk associated with diabetes, it

should be

considered a

cardiovascular

risk equivalent to

a non-diabetic

patient with

previous MI

Data is increased risk vs general population (%)

*Includes angina and sudden death. Sudden death defined as death documented within 1 hour and attributed to coronary heart disease (CHD)

**Includes only fatal heart attack and other CHD death; does not include non-fatal heart attack,

+ Includes death

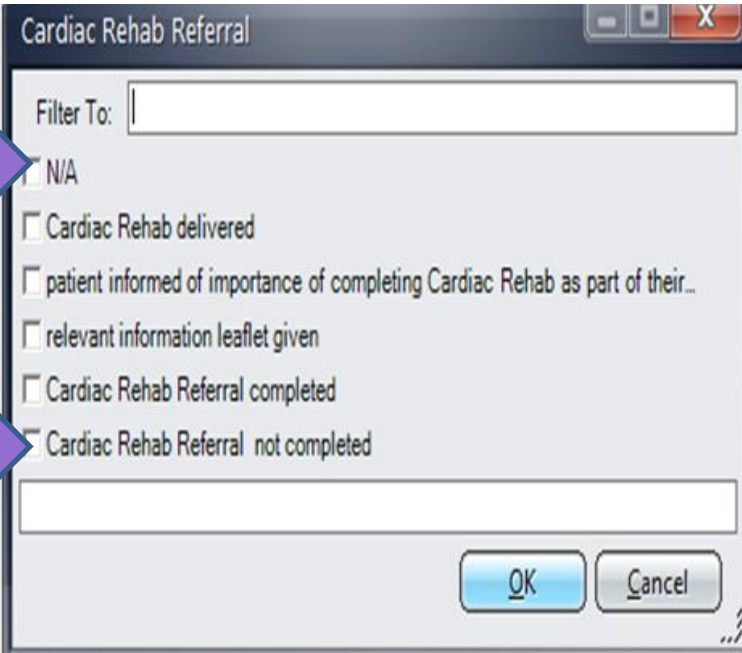
++Includes TIA

1. Adult Treatment Panel II. *Circulation* 1994; 89:1333–63. 2. Kannel WB. *J Cardiovasc Risk* 1994; 1: 333–9.

3. Willebrandt JI, Easton JD. *Arch Neurol*1992; 49: 857–63.

4. Criqui MH et al. *N Engl J Med* 1992; 326: 381–6.

If a patient is not eligible for CR please ensure the Not applicable (N/A) and Cardiac rehab referral not completed box is ticked if additional comments are required please use the free text box



The image shows a screenshot of a software dialog box titled "Cardiac Rehab Referral". The dialog box contains a "Filter To:" text field at the top. Below it is a list of checkboxes with corresponding labels: N/A, Cardiac Rehab delivered, patient informed of importance of completing Cardiac Rehab as part of their..., relevant information leaflet given, Cardiac Rehab Referral completed, and Cardiac Rehab Referral not completed. At the bottom of the dialog box are "OK" and "Cancel" buttons. Two blue arrows point from the left towards the "N/A" checkbox and the "Cardiac Rehab Referral not completed" checkbox.

If a patient is eligible for CR please tick the boxes as shown below

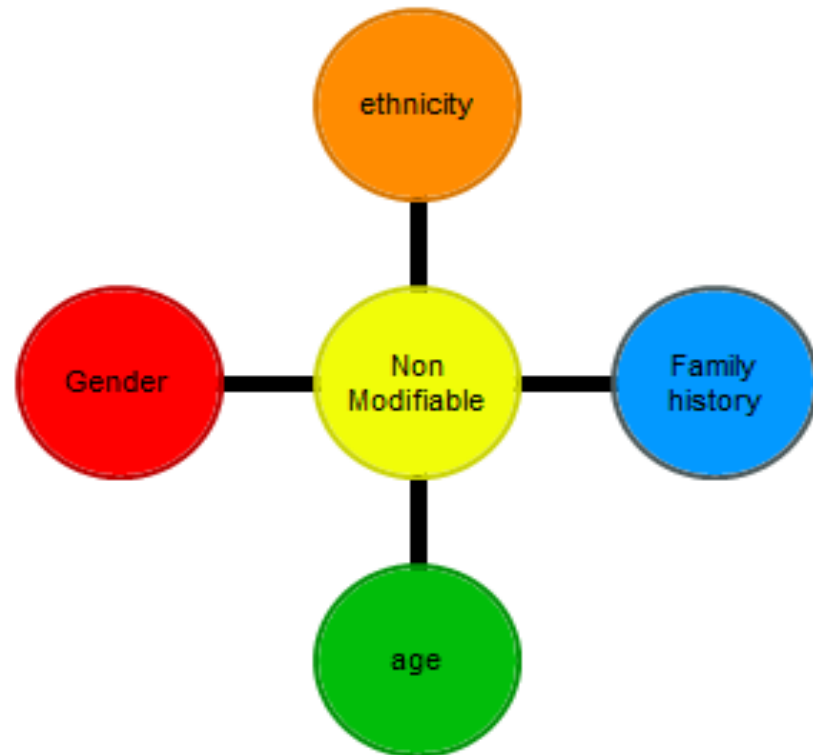
Cardiac Rehab Referral

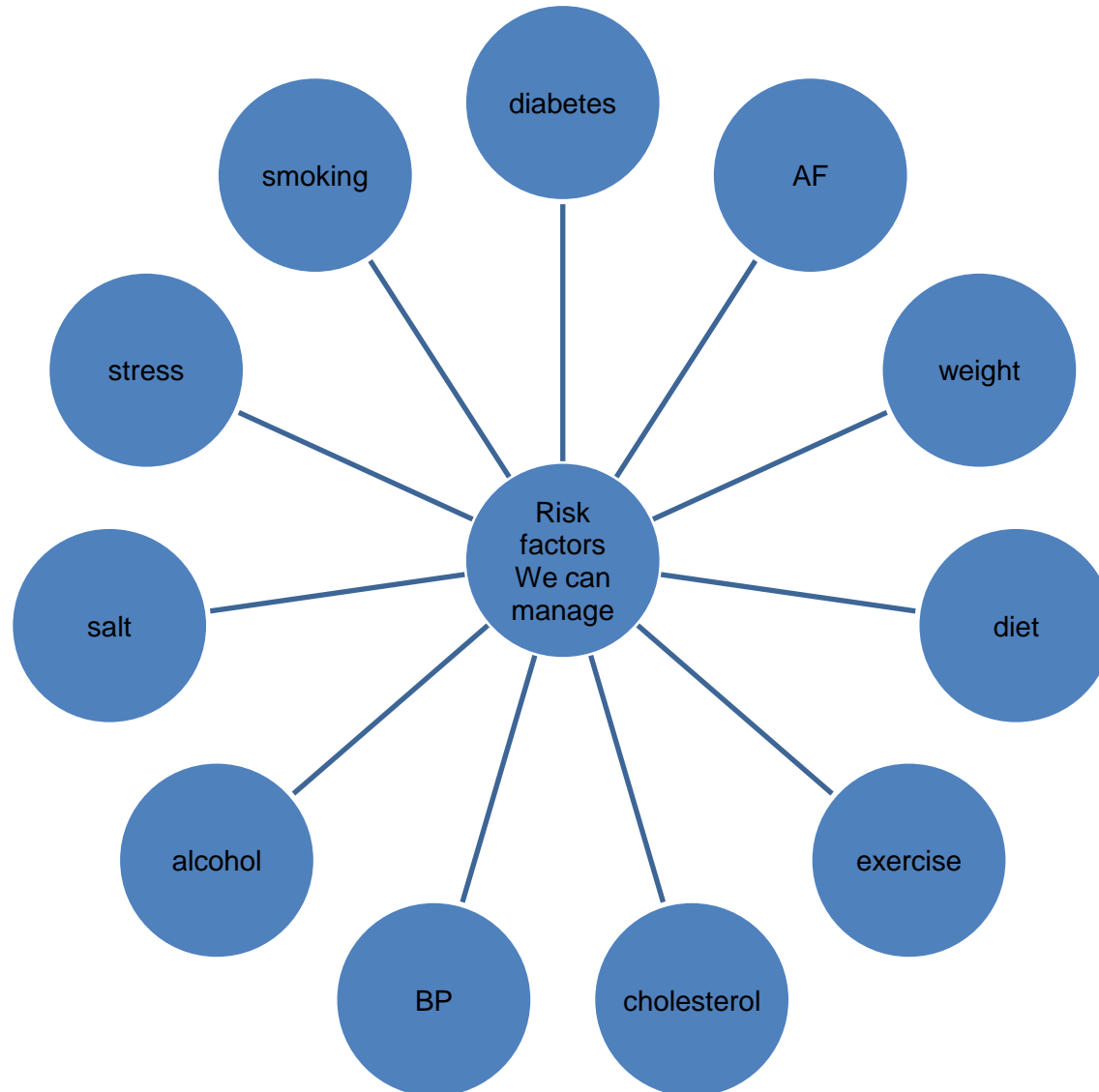
Filter To:

- N/A
- Cardiac Rehab delivered
- patient informed of importance of completing Cardiac Rehab as part of their...
- relevant information leaflet given
- Cardiac Rehab Referral completed
- Cardiac Rehab Referral not completed

Some of the
factors we
cannot change

**FAMILY
HISTORY?**





38Yr old Man

Diagnosis

STEMI

PPCI X 1 Stent

Type 1 Diabetes



Goal: Would like to be able to attend local gym with his mates

Would YOU refer him to Cardiac Rehab?



- 63 yr old Female
 - Diagnosis
 - LVSD NYHA class III
 - ICD inserted
 - Heart failure stable
 - Exercise tolerance=20-30yds on the flat.
 - Symptom of breathlessness with exertion
 - Weight stable
 - Recent increase in beta-blocker.
-
- Goal: Wishes to improve mobility further to have confidence to go shopping on her own again
 - Would YOU refer him to Cardiac Rehab?







68 year old man

Diagnosis

Aortic stenosis – Came in for elective surgery
unable to proceed with procedure ??

Recurrent symptoms of dizziness, lethargy and
palpitations

Goal: Wishes to try and increase his energy levels
and lose weight

Would YOU refer him to Cardiac Rehab?



- 70 yr Female
- CABG X 3
- COPD
- NYHA class II-III
- Observations stable
- Depression

- Goal: “To make me feel better”

- Would you refer to cardiac rehab?





CARDIAC Rehab
 Cedar Ward Bed 11 CHALMERS, J.
 ! **Allergy:** No Known Allergies
 ADM WT: kg HT: cm ADM BMI: ADM: 14-Mar-2018 DSC:

List Orders Results Patient Info Documents Flowsheets Clinical Summary Timeline EDMS Visit Record Review

play Display Group Reset Modify Append Unfinalize Cancel / Delete Sign Forward View Time Preview Select Grid Previous Next
 mat View By Time Column Interval Columns Options

All Documentation for This Chart for Authored Document dates from 14-Mar-2018 to Unspecified Display Format Date (Report); Group by: Date

Date of Service	DOS Time	Time	Document Name	Document	Revisio	Signature Status	Finalizing Provider	Docum
14-Mar-2018								
14-Mar-2018	17:48	17:48	Cardiac Rehabilitation Referral	Complete	Revised	Signed in Full	Non Finalization Documents	General
14-Mar-2018	17:47	17:47	Discharge Summary	Complete	Entered	Signed in Full	Non Finalization Documents	General
14-Mar-2018	17:45	17:45	VTE Re-assessment within 24 hours	Complete	Entered	Signed in Full	Non Finalization Documents	General
14-Mar-2018	17:45	17:45	VTE Assessment on Admission	Complete	Entered	Signed in Full	Non Finalization Documents	General
14-Mar-2018	17:44	17:44	Cardiac Arrest Record	Complete	Entered	Signed in Full	Non Finalization Documents	General
14-Mar-2018	17:41	17:41	Clinical Assessment Cardiology on A...	Complete	Entered	Signed in Full	Non Finalization Documents	General
14-Mar-2018	17:40	17:40	Nursing Admission 2016	Complete	Entered	Signed in Full	Non Finalization Documents	General

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Please contact the Cardiac rehabilitation team with any queries on either
0151 600 1636/Bleep 2689 or via team Email at Cardiac.rehab@lhch.nhs.uk