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Your partner in heart & diabetes health

Cardiac Rehabilitation

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Healthy Living NT

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Cardiac Rehabilitation is a Pathway

It starts with a hospital admission for a cardiac event most commonly a heart attack or MI

Involves support offered by a variety of health professionals along the way

Takes them from that acute event to a place of informed self management of their condition.

Duration - years , decades

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Principles of Cardiac Rehabilitation

Research showed that regular light intensity exercise even once or twice a week produced benefits in cardiac patients of all ages and levels of illness.

Education programs became grafted on to exercise classes

Interactive discussion where patients build learning

Improved knowledge doesn't necessarily lead to altered behaviour – this takes long term support and encouragement

This is commonly delivered over time by a multidisciplinary team

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Outcomes

Psychosocial recovery

Physical recovery

Improved adherence

Improved quality of life

Improved risk factors

Reduced reocurrence of events

Reduced mortality

Cost benefits

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Phase 1

The urban cardiac educator meets patients here in Darwin at RDH and DPH and in Alice Springs at ASH.

These patients are often still shocked after their cardiac event, negotiating the hospital system and processing their own fears and that of their partner or family.

They need information but they are often not able to absorb very much at this time.

Primarily we are introducing ourselves and the cardiac rehabilitation pathway and inviting them to participate.

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Phase 2 Referrals

For our urban cardiac rehab group we send out letters of invitation to people who have been referred to us from interstate hospitals, RDH, GPs and nurses.

For remote follow up a name and a community is enough but for the urban client we need a telephone number and/ or an address

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Urban Cardiac Rehabilitation

People have now returned home from surgery or stenting, or are having their condition medically managed. They are ready to get healthier, reduce their risk of having another event and work out strategies for behaviour modification.

This is the best time to deliver education, have group discussions and individual or group counselling. CNE, dietitian, exercise physiologist, psychology.

- Cardiac anatomy and physiology
- Medications
- Continuing exercise
- Healthy eating, lipids, label reading
- Emotional reactions after a cardiac event
- Risk Factors, risk modification, stress management, goal setting, behaviour change, smoking cessation

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Phase 2 Remote

- For people living in a remote setting the cardiac rehabilitation pathway also commenced at the time of their cardiac event and hospital admission.

- In the remote setting Indigenous Health workers, specialists, doctors, nurses, dietitians, cardiac and diabetes educators and exercise physiologists might all offer support on different occasions to ensure this client moves through expected timelines of recovery.

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Sources of Referrals for Remote Client Education

- FMC,RDH,ASH,RAH and other hospital centres – Dch summaries for clients post stenting, Cabgs and valve surgery
- NT Cardiac – Cathlab lists for angio +/- stenting

  Results of Cardiac Conferencing with Adelaide
- RHD Register/Unit
- Other outreach service providers
- PHCM, CDN, RMPs, RANs
- Self referrals

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Diagnoses

- Priority given to people post acute phase -newly returned heart surgery clients –bypass and valve surgery and those post cardiac interventions –stenting, AICD
- Post MI - for medical management
- Heart Failure
- RHD P1 & P2, and newly diagnosed
- Pre op with escorts
- Arrhythmias
- Chest pain for investigation
- High risk clients with multiple risk factors

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Phase 2 in the remote setting

As cardiac educators we work with clinics as we find them.

The majority of our phase 2 sessions are with clients and their families:

- Assess where the person is emotionally and psychologically since the cardiac event and intervention and establish their most pressing concerns
- Identify knowledge gaps and misconceptions
- Refer on to other provider if required eg diabetes educator
- Ensure they are moving through expected recovery timelines and returning to work or full preoperative activity levels.
- Provide continuous education about their condition encourage medication adherence and risk factor modification.

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Remote phase 2 and 3 groups

Sometimes we are able to run opportunistic groups if enough of our targeted client group is in community and resources such as vehicles and venues also line up.

The majority of group work is phase 3 containing people with multiple RFs as well as cardiac clients maintaining good self management of their condition or those that need ongoing encouragement to get back on track.

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Developments

PCIS and Communicare

Map the cardiac rehabilitation pathway

Allow multidisciplinary team to provide complementary work in the remote setting.