

Christchurch update

Last year, in an attempt to increase uptake at Phase 2 cardiac rehabilitation sessions, we took a new approach to “recruitment” of participants. In 2003 we had managed to significantly improve attendances by more active marketing of Phase 2 & also by extending the programme from 4 – 6 weeks duration. We added in extra sessions such as community exercise options, smoking cessation support, diabetes & heart disease, dealing with sleeping problems, & a session on how to get the most from your doctors visit. Some of the sessions we made optional & arranged the timetable so that the optional sessions were last on the agenda, meaning that those who did not wish to attend were free to leave after the main education session & exercise. We also moved the programme to a much better venue, which had plenty of car parking & pleasant surroundings.

Up until early 2004, people were offered a general “invitation” to attend Phase 2 during their hospital stay. In most cases patients received one follow-up phone call post discharge & were encouraged to attend an introductory session, when they felt ready. We found that despite the improvements we had made, we were nowhere near the ideal of 80% uptake of Phase 2 recommended in the Cardiac Rehabilitation Guidelines.

Some of my physiotherapy colleagues proposed that we try an appointment system, whereby the identified patients are sent a carefully composed letter with a specific appointment time for an introductory session for cardiac rehabilitation. The letter outlines what the session is about & what to expect from us. The physiotherapy administration assistants agreed to process the bookings. We found a suitable venue within the hospital & got underway. The patients are triaged for the programme by the cardiac rehabilitation nurses. As much as possible we try to put “like with like” in the groups eg younger patients, surgical patients, older men & women etc. Patients with special needs are offered a full individual appointment time. The time lapse post discharge is dependent on the individual’s condition, expected date of return to work, driving restrictions etc. Ideally we like to see the patients 2 -3 weeks post discharge, but sometimes it is longer than this. Patients are able to re-book their appointment if the time offered is unsuitable.

The introductory session is done with groups of up to 5 patients &, their support people. It takes approximately 1 ½ hours, during which we outline what happens at Phase 2 & distribute programme details. Each patient also has a one to one assessment with a cardiac rehabilitation nurse & a physiotherapist. The patients are shown a video relevant to their condition to complete the session, with general questions & answers. Tea & coffee are provided.

While we expected to come across some patients who were experiencing problems, we weren’t expecting the volume of problems that actually exist for many people. Given the opportunity to meet with the rehabilitation nurse &

physiotherapist away from the rest of the group, patients & their supporters really take the opportunity to “tell it how it is” for them.

I’ve listed the most common issues here:

- Medication problems, ranging from side effects, mis- understandings & misconceptions, non-filling of prescriptions, failure to see GP for ongoing scripts, GP reluctance to alter doses until patient seen by cardiologist even if the patient is symptomatic in some cases, discontinuation of medications (self initiated), prescription errors
- Recurrence of symptoms, poor understanding of symptom management, reluctance to ‘complain’ about symptoms
- Psychological & social maladjustment post event, from mild to severe
- Non-resumption of usual activities
- Misunderstanding/misconceptions re condition, investigations & treatment (lab results & echocardiograms feature strongly here)
- Clarification re physical activities
- Family anxiety
- Sleep disturbance

Wherever possible every attempt is made to deal with the problems there & then. This may range from phoning the GP/Practice Nurse & arranging an appointment for the patient, discussing the issue with the Cardiologist/senior registrar, arranging earlier cardiologist follow-up at outpatients clinic, hospital anxiety & depression scale scoring with referral to clinical psychologists as appropriate. On rare occasions a quick trip with the patient in a wheelchair to the Emergency department has been necessary!

Patients almost invariably comment after attending an introductory session that they feel “much better” having had the opportunity to discuss their progress & problems since discharge. It is often amazing how little needs to be done/explained to make a real difference to a persons understanding & management of their condition. The timing of the introductory session appears to work well, as most of our patients here in Christchurch have a wait of 8 – 12 weeks before review by the cardiologist. This means that if there are issues, they are identified earlier than they perhaps would have been otherwise.

Around 80% of patients who are sent an appointment for an introductory session will attend. Of those, approximately half will come along to the Phase 2 sessions. Even for those who choose not to continue with Phase 2, we find the sessions are very beneficial & an open invitation to attend Phase 2 at any stage is extended to them. We tell our patients that while we highly recommend that they attend all 6 sessions, they are free to choose what they attend.

It’s interesting to reflect on this change we have made to our Phase 2 programme. It has certainly boosted attendances (and our stress levels!), but

more importantly it has highlighted the issues that our patients commonly have, which previously may have gone unnoticed for longer. It also really makes you consider how you deliver Phase 1 education to your patients & the importance of checking their understanding of the information given. Misunderstandings can be very debilitating!

Our next big challenge here in Canterbury is going to be the piloting of the Heart Guide Aotearoa, which is scheduled to begin in February 2006. This is a fantastic opportunity to improve the whole cardiac rehabilitation service to our patients & will hopefully move us much closer to that 80% uptake of Phase 2 target!