



**Making life better,
together**
Belfast Strategic Partnership



Active Belfast

Cardiac Rehabilitation Guidelines Phase IV 2016-2017

Produced by
Cardiac Rehabilitation Phase IV Sub Group



'Working together to inspire more people to be more active more often'.

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1. Introduction

This document contains information on Cardiac Rehabilitation Phase IV. This document, for cardiac rehabilitation programmes within the Belfast area, has been made possible by partnership working between:

Belfast Health and Social Care Trust
Public Health Agency
Belfast City Council
GLL
Maureen Sheehan Centre - H.E.A.R.T Project
South Eastern Health and Social Care Trust

This document will be reviewed in March 2017

2. Phase IV: Long Term Lifestyle Maintenance Programme

2.1 Rationale

Cardiac Rehabilitation is one of the best researched examples of long term condition management. It is a clinically and cost effective intervention that results in improved outcomes for the patient with heart disease.

There are many definitions of cardiac rehabilitation. The following definition presents their combined key elements:

“The coordinated sum of activities required to influence favourably the underlying cause of cardiovascular disease, as well as to provide the best possible physical, mental and social conditions, so that the patients may, by their own efforts, preserve or resume optimal functioning in their community and through improved health behaviour, slow or reverse progression of disease.”

There is overwhelming evidence that comprehensive cardiac rehabilitation is associated with a reduction in both cardiac mortality (26- 36%) and total mortality (13- 26%). There is emerging evidence that cardiac rehabilitation is also associated with a reduction in morbidity, namely recurrent myocardial infarction and a 28- 56% reduction in costly unplanned readmissions. Cardiac Rehabilitation improves functional capacity and perceived quality of life whilst also supporting early return to work and the development of self-management skills. This makes cardiac rehabilitation one of the most clinically and cost-effective therapeutic interventions in cardiovascular disease management.

(British Association for Cardiovascular Prevention and Rehabilitation, 2012)

2.2 Referral Process

Appropriate Conditions

Referrals will be accepted for all people who have any of the following conditions

- Post Myocardial Infarction
- Acute Coronary Syndrome
- Post revascularisation – Following Coronary Artery Bypass Grafting/Following PCI
- Post transplant (as deemed appropriate)
- Post valve replacement (as deemed appropriate)
- Stable angina
- Stable Heart failure

All of these conditions must be clinically stable prior to referral and

- Participants must be able to achieve 20-30 minutes of continuous physical activity without symptoms (cardiac chest pain/discomfort, severe breathlessness, dizziness or palpitations) before being referred
- Participants must have been clinically stable and well in themselves for a minimum of four weeks prior to referral
- Participants must be a minimum of 12 weeks from their event or surgery and should have completed a Phase III Cardiac Rehabilitation Programme in order to assess suitability for exercise.

If the patient does not fit any of these criteria they should be referred back to the cardiac rehabilitation nurses.

Contraindications to referral and reasons for discontinuation of exercise programme

Patients should not be referred to the exercise sessions or should stop attending if any of the following occur:

- Existence of unstable Angina (defined as any or all of the following)
 - Angina occurring at rest
 - New event of angina within the past four weeks
 - Angina occurring more easily on less effort
 - Angina that does not respond so easily to GTN, or fails to respond at all
- Uncontrolled blood pressure where resting systolic is > 180 mmHg and/or diastolic 100mmHg>
- BP drop > 20 mm/Hg demonstrated during Exercise Tolerance Testing
- Resting pulse rate of greater than 100 beats per minute
- Uncontrolled arterial or ventricular arrhythmia
- Unstable or acute heart failure
- Unstable diabetes
- Patient with severe co-morbidity which prevents safe or effective exercise

(as assessed by cardiac rehabilitation nurse/physiotherapist)

- Patients with severe psychiatric illness who may endanger themselves or others
- Acute febrile or systemic illness
- Orthopaedic limitations which would prohibit exercise.

Referring Professionals

Patients should have attended a Phase III programme in order to assess suitability for a Phase IV programme.

- Cardiac Rehabilitation Team at Belfast Health and Social Care Trust/ South Eastern Health and Social Care Trust

Referral Method

- The patient is given details of Phase IV sessions in their locality and information sheet
- The referral form is completed. The referrer should keep a copy of the form for their records. The original is to be sent to the local providing Leisure Centre
- Level IV instructors will contact the patient with appropriate details. A waiting list will be formed if necessary. Any patient on the waiting list will be informed by the leisure centre when a space is available
- Patients who do not meet the criteria for the Phase IV programme should be referred back by level IV instructors to the referrer.

2.3 Session Details

Patient Information

- All referred patients should be given a copy of the patient information leaflet
- Patients should be advised regarding suitable footwear and clothing
- Patients should be advised to carry their own GTN spray and blood glucose monitor if they use one
- A carbohydrate based food/drink should be brought to the class by clients with diabetes

Requirements for those leading Phase IV Session

Sessions should only be led by appropriately trained staff that have successfully completed the Level 4 Cardiac Rehab Phase IV training. An instructor who is part way through the course or who has yet to complete the examination can lead the session, but must be accompanied by a qualified instructor or a cardiac rehabilitation nurse.

Structure of the sessions

The session should adhere to the structure developed by BACPR. Each client should be offered a 12 week programme containing

- 15 minute warm up period
- 30 minute programme of activity using Borg scale/Modified Scale (moderate intensity)
- Minimum 10 minute cool down period
- A relaxation/rest period after the exercise is incorporated into the programme that participants must complete as part of the session before going home.

Participant Numbers

It is suggested that for qualified staff, it may be appropriate to limit the maximum number of participants to 12 per session. This depends largely upon the profile of the class members and will depend on their risk stratification (i.e. cardiac status) and the level of supervision required (BACPR).

Inductions

Clients will be invited in for an initial session, which will include an assessment of the following

- Checking the referral details
- Assessment of motivation and commitment to the exercise programme
- Introduction to the Borg Scale/Modified Scale and setting of realistic target to achieve. Ideally target range should be between 12 and 14 but for some this will be unrealistic
- Provision of general information materials
- Explanation of structure of sessions
- Information on the Leisure Centre by staff including use of changing facilities and contact numbers for queries
- Clients will then be invited to join the group physical activity sessions.

Ongoing Assessment

Ongoing assessment by the staff member will assess readiness of the participant to move on to mainstream leisure activities. Criteria for identifying this will be

- Achievement of target Borg Scale for required period of time
- Understanding and compliance of principles of safe exercise
- Confidence to undertake independent activity.

Financial Reimbursement

A 12 week Phase IV group programme will be offered to each referred client, free of charge. On completion of the scheme clients must then be advised of appropriate continuation/ step down programmes within their local leisure centres/ communities.

2.4 Safety and Legal Considerations

Emergency procedures

To help ensure that providers of Phase IV sessions are prepared for an emergency, it is recommended that

- Each qualified staff member has up-to-date basic life support training. This is to be updated on an annual basis
- Local Health and Safety emergency procedures should be adhered to in the event of an emergency
- Before a session is established emergency procedures should be in place and appropriate medical equipment is available and checked in line with BACPR guidelines
- A First Aid Kit should be available
- Defibrillator available
- Water available

Legal Responsibilities of the Leisure Services Staff

The law expects the trained staff member and the Facility Manager to show reasonable care and skill in minimising any potential risks involved in participation in the exercise programme:

- In terms of exercise referral, this specifically includes the integration of the referring clinician's intention and advice in the design of the exercise programme
- Demonstrate that risk assessment has been carried out to show the environment is fit for the purpose and that all health and safety legislation is complied with and appropriate insurance is in place
- It is also essential that personnel delivering exercise to referred patients on a cardiac rehabilitation programme be bound by confidentiality. Leisure Centre staff have a responsibility to ensure that confidential information is securely held and only available to authorised personnel. In the event of a breach in confidentiality, patients can make a complaint and legal action can be taken.

Referrers Responsibilities

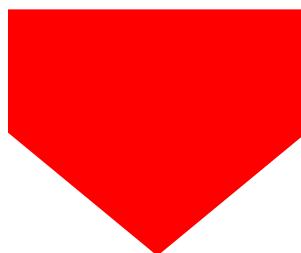
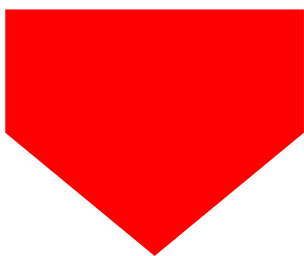
- Identify suitable patients who would benefit from increasing their activity levels and using the referral protocol, refer appropriately to the scheme
- Discuss with the patient the benefits of exercise and assess their motivation and obtain their consent
- Fill in the referral form as much as possible with legible writing to aid information exchange. Keep a copy of this form in the patient's file. Give the patient a copy of the referral form and a patient information leaflet
- Make sure the GP practice is aware the patient has been referred to the scheme
- Ensure the patient understands how the scheme runs and what is expected of them
- Ensure the patient understands the contraindications to exercise on the patient information sheet
- Actively promote other local physical activity opportunities

- Offer ongoing support and encouragement to the patient when possible
- Encourage maintenance of increased activity when the patient is moved on to other activity options after their Phase IV Programmes come to an end
- Liaise with the leisure centre staff should any changes to the patient's health status occur or if further information is required
- Assist in the evaluation, monitoring and reporting of the scheme.

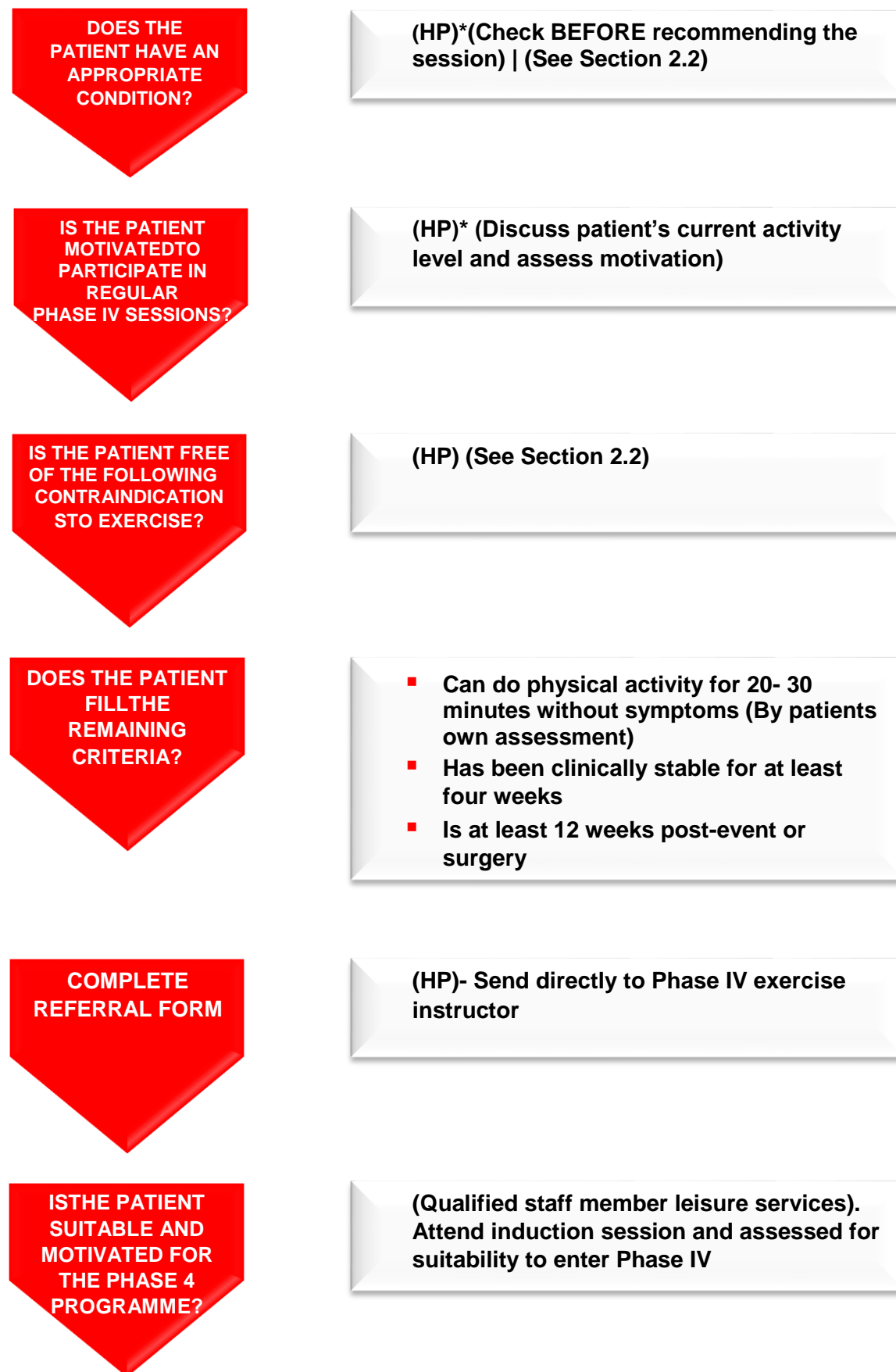
2.5. Leisure Centre Staff Responsibilities

- Arrange first appointment with client once place available on programme
- Follow up with one phone call (or email if preferred), to those who fail to attend sessions
- Greet patients and create a warm and friendly atmosphere
- Check referral forms and ensure patient meets the criteria to exercise. If it is felt that a safe exercise programme cannot be provided for an individual then the staff member must not accept the individual on to the scheme and should inform the referrer of this
- Devise an appropriate and effective programme of exercise tailored to the need of the individual
- Instruction and demonstration about the safe and effective use of any equipment used
- Client specific contraindicated exercise considerations, adaptations, and advice
- The importance of warm-up and cool-down
- Advice on self-recognition of warning signs and symptoms
- Instruction about how to self-monitor exercise intensity (use Borg Scale)
- Take into account the likes and dislikes of the client
- Ensure there is time available to exercise and promote advice about how to overcome barriers
- An overview of the benefits, risks and contraindications to exercise
- Inform the client of the current national recommended guidelines regarding physical activity (eg. 5x 30 minutes of accumulated or continuous moderate intensity physical activity per week)
- General healthy lifestyle advice where appropriate and where qualified
- Goals of the client – what they want to achieve
- Further explanation as to how the referral scheme operates if necessary
- Provide ongoing assessment of participants to ensure safe and effective exercise and provide encouragement and motivation
- Maintain a register of all participants and keep a diary of review dates for each participant
- Follow- up any patients who drop out and record non-attendance for audit purposes
- Liaise with referrer regarding outcomes for individuals. This includes drop out from the scheme and advice given once individuals have finished the programme
- Inform the referrer of any serious problems individuals have whilst exercising and/or if the patient becomes unsuitable to take part in scheme
- Keep accurate records and maintain confidentiality. Ensure records are kept in accordance with the Data Protection Act
- Take part in the evaluation of the scheme and ensure timely returns of monitoring information to Active Belfast

- Ensure basic life support training is up to date (annually)
- Ensure own knowledge is up to date and remains relevant
- Assess when participants are ready to join mainstream services and activities and recommend locally relevant activity opportunities
- Provide an exit interview for each participant and encourage maintenance of any achievements made during the scheme. Send feedback form to referrer
- Work closely with all staff involved with the scheme to enable its success.



Referral flowchart for Referrers | Referral Flowchart Phase III to Phase IV



**PATIENT
PARTICIPATES IN
THE PHASE IV
PROGRAMME**

The instructor monitors the patient's progress and assesses when patient is ready to move on and join mainstream services.

**PATIENT
SIGNPOSTED TO
APPROPRIATE
STEP DOWN
PROGRAMMES**

These programmes are based in within local leisure facility/ community.

Feedback forms sent to referrer.

Referral flowchart for Cardiac Rehabilitation Phase IV Instructors | **Draft proposal Referral Flowchart for Leisure**

