

Cardiac Rehabilitation

North Trent CHD Collaborative



Modernisation Agency

1. Before and After

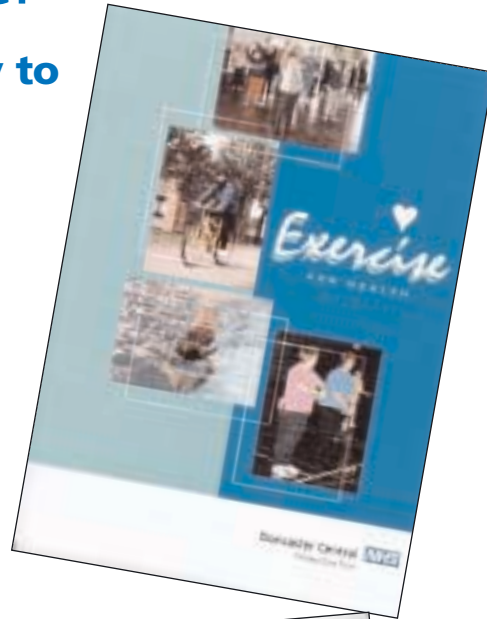
Patients had no opportunity to maintain lifestyle changes

Before

- Patients could not be referred on to another exercise/education programme after completing their Phase III formal programme at the hospital
- There was the danger that patients might enrol themselves at leisure centres without their requirements/medical history being known by the instructors

After

- In conjunction with Doncaster Central PCT, links have been made with the 'Exercise for Health' scheme running in the community
- Now suitable patients can be referred onto a structured 12-week programme after their Phase III course has finished.
- Trained staff undertake this follow-up at the leisure centres
- Patients can attend a local leisure centre convenient to them
- This has been picked up in patient interviews:-



2. Patient and Carer Experience

Patient and carer interviews have been conducted throughout the year in Doncaster as part of the CHD Collaborative.

It is important to keep all highlighted remarks in context. Most interviews generally contained a lot of highly complementary remarks about the staff and service, but there were some key issues that have emerged. These have been grouped into three broad areas. Underneath each are detailed changes that the Collaborative has instigated to try and improve the patient and carer experience



Information

One of the key areas of concern for patients who had suffered a heart attack was that they wanted to know information that wasn't always available when they needed it.

'It did make me wonder for the people that don't have anybody what kind of information they would get and what kind of information I would have if it had just been me and my husband'

'Perhaps they had it planned for sometime over the weekend, but I didn't actually see a video'

Change made by the Collaborative

In order to try and tackle this challenge, the new Cardiac Rehabilitation Sister has produced business cards with her details on and is a highly visible contact point for patients on the wards. Information packs have been re-written to be far more useful for the patient and the process of giving information on the wards has been restructured.



'I have finished that course now and gone onto prescription exercise at the local leisure centre'

No co-ordinated rehabilitation advice given to patients on the wards

Before

- Patients given variety of ad-hoc leaflets and videos
- Easy for mistakes to be made and for the patients not to be given some pieces of information
- No additional help available for the patient and carer at home

After

- New, standardised information packs developed with MTD
- Contains a 6-week self-administered exercise programme
- All patients on the wards should now get the same information



Issues of isolation after discharge

Many patients and their carers in in-depth interviews expressed feelings of isolation about their condition, especially upon discharge from hospital

'I have now gone back to my Doctor and things are much better, but at first I seemed to be abandoned'

'I didn't get anyone ringing me up or knocking on my door, saying "I've come to give you assistance"'

'I didn't hear anything, so the heart group told me to ring the Consultant's secretary at the hospital, which I did'

Change made by the Collaborative

As well as having greater access to the Cardiac Rehabilitation Sister, patients and carers are now contacted within 4 days of discharge by either the CR sister or local Health Visitors. A new education class has been started two weeks post discharge for the further benefit of patients. A carers support group is due to start in the New Year to meet the identified need of carers.

Long waiting lists for Phase III

Before

- 6 month waiting list for patients waiting for their phase III formal rehab at the hospital
- This time delay often meant that patients had returned to work and it was no longer convenient for them to attend

After

- Waiting list has fallen to 6 weeks for patients awaiting phase III
- Waiting list for patients with complicated issues removed entirely

Issues of the wait for cardiac rehabilitation

At the start of April 2001, the wait for phase III cardiac rehabilitation was around 6 months. This has had an obvious negative impact on patients:-

'I know there is a waiting list for rehabilitation'

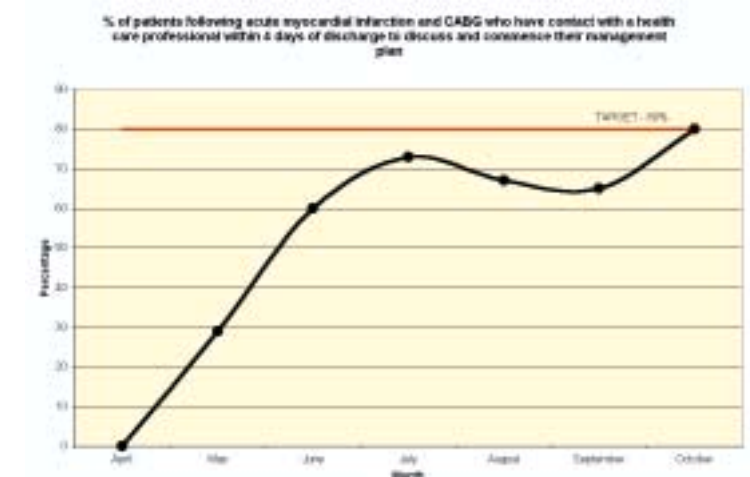
'Although they were very good at work, I was worrying about having all this time off work.'

Change made by the Collaborative

The wait for cardiac rehabilitation has now fallen to several weeks and soon patients should endure very little wait. In addition, in the New Year community classes will be run for both Phase III and Phase IV rehab at a more convenient location for patients.

3. Run charts

Education played a key role in achieving the target for this measure. An education campaign was held in the community to highlight the importance of quick contact through the local system of health visitors. New audit tools were employed to ensure adherence to this and key Health Visitors oversee the process to ensure its smooth operation. The Cardiac Rehab sister, independently aims to contact patients discharged from the hospital within 4 days. The new interim discharge form from the hospital now contains information on the patient that allows far quicker processing and handling of patients in the community.



This measure started to show an improvement with the arrival of the collaborative and through the new cardiac rehabilitation sister at the hospital. The process of gaining entry onto a rehab programme for patients has been streamlined, with the nurse playing a key role on the wards.

Nurse education sessions have been run throughout the year. The general awareness of cardiac rehabilitation has also been increased on all the wards with staff more aware of their duties in this area. A new rehabilitation pack has been introduced to this end and audit systems developed. The reduction of the waiting list throughout the year has also aided throughput of patients, as has the introduction of a new database, through which patients can be further tracked.

