



CARDIAC REHABILITATION

American Heart Association



Theresa King graduated from Amarillo College Associate Degree Nursing Program in 1992. She has spent all of her career in some kind of cardiology department. Cardiology floors, 18 years in ICU, and Cardiac Rehab for the past 18 yrs.



DISCLOSURES

FINANCIAL DISCLOSURE:

No financial relationships to disclose

UNLABELED/UNAPPROVED USES DISCLOSURE:

None to disclose

CARDIAC REHAB

MISSION:

To restore and maintain an individual's optimal physiological, psychological, social and vocational status.

GOALS:

- Identify, modify, and manage risk factors
- Improve functional capacity
- Alleviate/lessen activity related symptoms
- Educate patients about the management of heart disease
- Improve quality of life

PARTS OF CARDIAC REHAB

- **EXERCISE – TO STRENGTHEN CARDIOVASCULAR SYSTEM**
- **EDUCATION – TO TEACH HEALTHY LIFESTYLE HABITS**
- **SUPPORT – TO HELP COPE WITH HEART DISEASE**

PROCESS

- TYPICALLY 3 TIMES PER WEEK, UP TO 12 WEEKS
- MONITORED, PROGRESSIVE EXERCISE/ACTIVITY
- LIFESTYLE MODIFICATION – EDUCATION CLASSES
- MEDICALLY SUPERVISED
- ~~RNS ARE ACLS CERTIFIED AND HAVE ACCESS TO EMERGENCY EQUIPMENT~~
~~CODE CART IN GYM~~

MONITORED EXERCISE

- ECG MONITORING – STATE OF THE ART, MODERN TELEMETRY SYSTEM MADE SPECIFICALLY FOR CARDIAC REHAB
- BP MONITORING
- RPE MONITORING (RATING OF PERCEIVED EXERTION)
- GLUCOSE MONITORING

COVERED DIAGNOSES

- Recent myocardial infarction
- Coronary artery bypass grafting
- Chronic, stable angina
- PTCA or coronary stenting
- Heart valve replacement/repair
- Cardiac transplantation
- Stable, chronic heart failure

BENEFITS

- **26% drop in cardiovascular mortality**
- **Decreased severity of angina & need for anti-angina meds**
- **31% Reduction in hospital readmissions**
- **35% Reduced cost of physician office visits & hospitalizations**
- **Fewer ER visits**

Source: AACVPR AHA

BENEFITS

- **Improved functional capacity**
- **Increased knowledge of heart disease**
- **Improved adherence to positive lifestyle changes**
- **Better compliance with medical regime**
- **Increased self-esteem and confidence**
- **Reduced subsequent morbidity & mortality related to heart disease**

BARRIERS

LESS THAN 20% OF ELIGIBLE PARTICIPANTS ENROLL IN A CARDIAC REHAB PROGRAM AFTER A CARDIOVASCULAR EVENT.

- **LACK OF PHYSICIAN REFERRAL OR ENCOURAGEMENT**
- **CONFLICT WITH WORK DEMANDS**
- **LIMITED OR NO HEALTH CARE COVERAGE**
- **SCARCITY OF PROGRAMS IN RURAL AREAS**
- **LACK OF PERCEIVED NEED FOR REHABILITATION**
- **PATIENTS AND MEDICAL PERSONNEL MAY NOT BE AWARE OF THE EXISTENCE OF THE PROGRAM**

REFERRALS

- ELECTRONIC REFERRALS THROUGH EPIC
- EDUCATION OF HOSPITAL STAFF
- FACE TO FACE WITH PHYSICIANS AND STAFF
- CONTACTING PATIENTS



QUESTIONS

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