Wimmera

HUB & SPOKE Cardiac Rehabilitation Telehealth Model of Care

TOOLKIT

Acknowledgements: This model of care was developed by the Wimmera Southern Mallee Health Alliance to improve access and uptake of Cardiac Rehabilitation for rural people. The Victorian Cardiac Clinical Network, Department of Health Victoria provided funding to support this work.

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INTRODUCTION

In 2014-2015 a new model of care in Cardiac Rehabilitation was developed in the Wimmera. Prior to this work, the only eight week multi-disciplinary Cardiac Rehabilitation program available was at Wimmera Health Care Group, Horsham. Many clients in the region previously may not have accessed, or completed, such programs due to the burden of travel. Economy of scale has dictated that multi-disciplinary approaches to Cardiac Rehabilitation have not been available in the rest of the 29,000 sq/km of the Wimmera in far western Victoria.

The aim of this new model was to provide innovative community focused Cardiac Rehabilitation education via telehealth by partnering with other Wimmera healthcare organisations. Wimmera Health Care Group (WHCG) now provides the Education Component of Cardiac Rehabilitation via videoconference and the outlying health service support the physical activity component with their own staff which will allow the community members to access a high quality program close to home.

So what have we done to get this model working?

2014

- Developed the Education component of the Cardiac Rehabilitation to be Video Conferenced (VC) to WSMHA health service sites outside of Horsham
- Supported staff and built skills to deliver this component via VC
- Tested the concept with patients in Horsham to see if they're ok with having other patients 'beamed' in from other Wimmera health services
- Organised training for over 50 staff in VC use – where all have indicated they feel more competent and confident to use the technology
- Developed a Memorandum of Understanding between the health services on how this service is to be delivered

2015

- Secured funding from the Department of Health, Victorian Cardiac Clinical Network to develop the model and test it
- Improved Cardiac Rehabilitation options and access for patients in the Wimmera
- Built the capacity of WSMHA health service staff in Cardiac Rehabilitation
- Trialled the model with clients at two health services – Rural Northwest Health & West Wimmera Health Service
- Established better pathways to Cardiac Rehabilitation programs in the Wimmera
- Developed agreed practice regarding referrals to Cardiac Rehabilitation programs
- Determining consumer satisfaction where consumers embrace this model of care
- Evaluation of the model and presenting the findings at conferences and forums

Conclusion – It works!

For individuals – *'It's easy to do and saves money, time and travel'*

- Provided access to rural community members who may have limited or no access to rehabilitation.
- Provided opportunities for peer support and increased social connectivity.
- 217% increase in CR contacts from May-August 2014 to May-August 2015 due to telehealth
- Clients can access multidiscplinary team care close to home

For health professionals - *`I can extend and maintain skills'*

- Supported staff and enhanced telehealth skills.
- Enabled rural practitioners to broaden their scope of practice.

For organisations - `*We can now offer this service to our clients'*

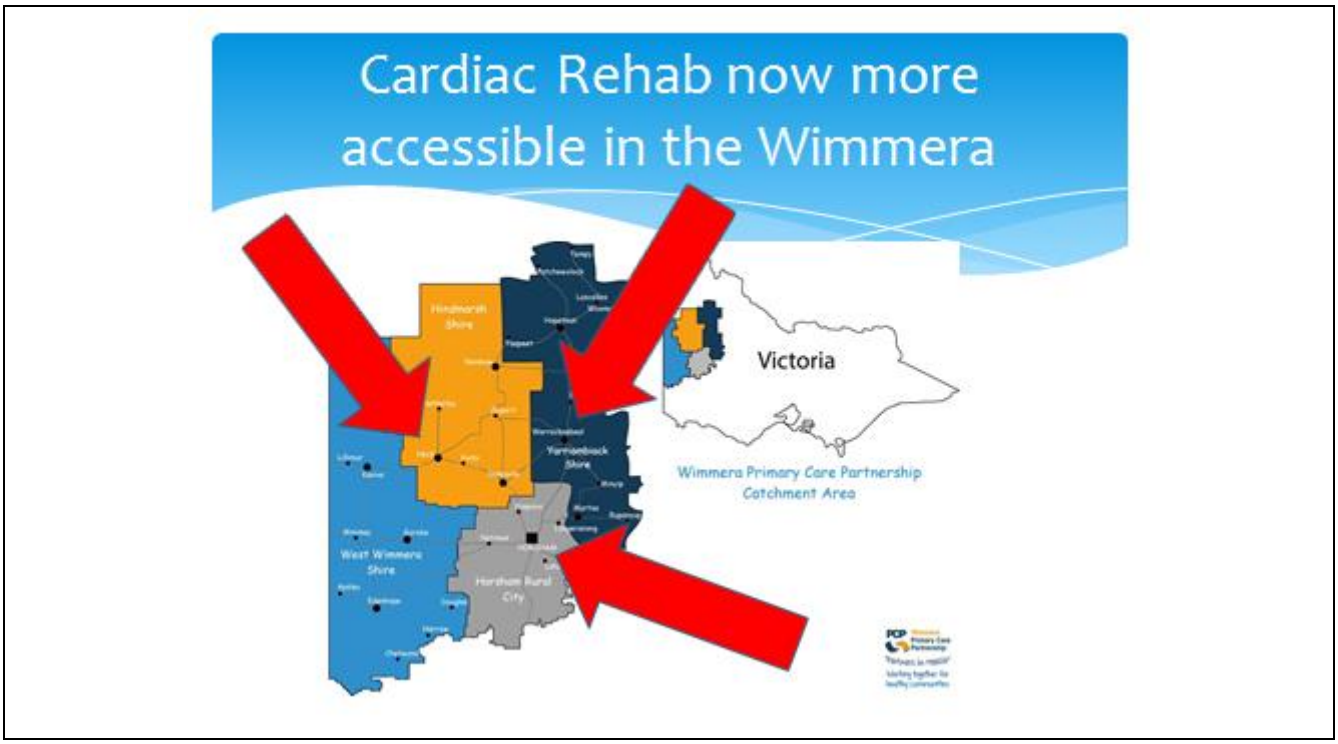
- Replicable model for specialised interventions to remote populations.
- Developed agreed practice referrals to CR programs.
- Multidiscplinary care provided without the financial burden
- Practitioners and consumers have embraced this model of care with enthusiasm.
- Commitment to invest in time and technology to get it right

Who is the HUB? Where are the spokes?

The multidisciplinary team at **Wimmera Health Care Group** in Horsham (the 'Hub') provides their 8 week Cardiac Rehabilitation program

* Physical activity component
* Education component …….and the 'spoke' sites at RNH and WWHS join in via video conference

Rural Northwest Health - Warracknabeal and **West Wimmera Health Service - Nhill** (the spokes) provide their physical activity components locally where clients can attend at their local health service…..and then beam in using Videoconference in for the multi-disciplinary education sessions.



The work will continue and it is hoped that the model will be extended to all health services in the Wimmera in 2016.

Wimmera Cardiac Rehabilitation Model of Care CONTACTS

updated 15 October 2015

WHCG	Department	phone	mobile	email	
Anne Richards	Manager Sub-Acute Non-Admitted			anne.richards@whcg.org.au	
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Pam Marshman	Dietitian	5381 9333	0428 823 975	**Dietitian@whcg.org.au**	**MAIN CONTACT on the Cardiac Rehab DAY**
Vanessa Russell	Occupational Therapist	5381 9333		vanessa.russell@whcg.org.au	
Melinda Lanyon	Cardiac Nurse	5381 9333		melinda.lanyon@whcg.org.au	
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Frankie Blake	Social Work	5381 9333		frankie.blake@whcg.org.au	
Rehab Lounge		5381 9370			**phone no. of VC room for cardiac rehab**

RNH

Ngareta Melgren	Community Health Manager	5396 1279	0477 617 719	Ngareta.Melgren@rnh.net.au	
Annabel Askin	Exercise Physiologist	5396 1315	0435 036 058	annabel.askin@rnh.net.au	
Tessa Cornwell	Dietitian	5396 1238	0447 300 105	tessa.cornwell@rnh.net.au	
Liz Maxwell	Exercise Physiologist	5396 1315	0421 439 863	**Liz.maxwell@rnh.net.au**	**MAIN CONTACT on Cardiac Rehab DAY**
Daniel Griffin	Physiotherapist	53961236	0432 060 993	daniel.griffin@rnh.net.au	
Janet Coghill	Div 1 Nurse	53961278	0409 981 045	janet.coghill.rnh.net.au	

WWHS

Kaye Borgelt	Executive Director Primary & Preventative Health	5391 4281	0427 537 400	kaye.borgelt@wwhs.net.au	
Pawel Czupryn	Physiotherapist WWHS	5391 4222	0450 778 042	**Pawel.Czupryn@wwhs.net.au**	**MAIN CONTACT on the Cardiac Rehab DAY**
Nicole Schneider	Community Health Nurse WWHS	5391 4229		nicole.schneider@wwhs.net.au	
Stephanie Daly	Dietitian	5391 4290		stephanie.daly@wwhs.net.au	
Caitlin Lehmann		5391 4282		caitlin.lehmann@wwhs.net.au	

EDMH					

Trevor James	Primary Care Manager	5585 9827	0439 726931	trevorj@edmh.org.au
Cath McDonald	Community Health Nurse	55859845	0428 881 762	cathm@edmh.org.au

GRHA Videoconference Helpdesk	5320 6965		5320 6965	

Videoconference Training and Tip Sheets

Videoconference Training Sessions were provided to staff to assist them to become more confident and competent in using the VC units especially when involving clients and patients.

GHRA (Grampians Rural Health Alliance) provide the Videoconference network and IT Support for this. They also provided the training for staff as 1 hour sessions.

GHRA provide a helpdesk to assist any problems with the videoconference system and can be contacted on phone: 5320 6965

Please take the time to become familiar with the Videoconference units and if you require further training, please contact GRHA to book this in.

Tip sheets and instructions are attached below:

Video Conference Instructions

1. Turn TV on.

2. Place the microphone close to the participants.

3. Point the remote directly at the video conference unit

Press to mute or un-mute the microphone

Press to increase or decrease the volume

Press to activate Picture in Picture

Press to accept a call

When in a call, press twice to end the call.
To shutdown, press twice.

If you press the wrong button press cancel to exit.

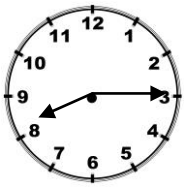
Wimmera Southern Mallee Health Alliance

WSMHA Telehealth Activity: Service improvement through increased usage of telehealth in the WSMHA

VC TIPs and CHECKLIST

Before your Videoconference

- ☐ Book your VC room and the VC Equipment ASAP so they are available for the day & time you need
- ☐ Book your VC session to start at least 15 minutes earlier so you can make sure all sites are connected



- ☐ Arrive at least 15 minutes early to set up the room
- ☐ Make sure you have your basics sorted

  - Turning the unit on, TV Screen on and setting the volume **- you need to turn these on before the scheduled VC meeting**
  - Turn your microphone to MUTE until the session starts
  - Organise the camera so that you fill the screen – don't have yourself zoomed right out in a corner, people need to see you
  - Getting the light right – you may need to use the blinds if there is a lot of glare, or turn the lights on

- ☐ If the other site/s don't appear on the screen as booked, phone GRHA Help Desk on: **5320 6965**
- ☐ If possible, include the VC unit in the circle of participants – position the VC Unit as if it were a person in the room.
- ☐ Position the microphone closer to the end where the presenter will be speaking (if mic too close to VC unit it makes feedback noise)
- ☐ When the other site/sites come onto the screen, make sure they are welcomed and that you interact to set volume and everyone can hear clearly.

- ☐ Make sure you know the participants names and which site they are from. Nametags can help

When the session starts

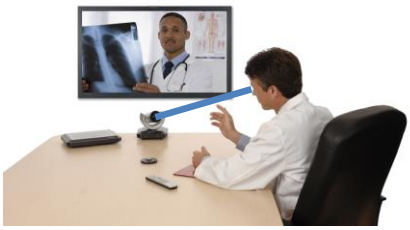
- ☐ Introduce the VC site/s to the group and vice versa

- ☐ Ensure the other site has their heads at the top of the screen – they will need to use their remote to move their camera or you can use the remote site camera option on the remote.

- ☐ Ask the other sites to MUTE their microphone until they need to ask questions or interact

- ☐ Ask all participants to speak one at a time so that the VC participants can follow the discussion.

<u>During the session</u>



- ☐ ***Look at the camera – not the screen when interacting !! Direct eye contact with VC participants is really important and you can tell the difference between when you look at the camera or whether you are addressing the screen.***

- ☐ Don't move around too much – less movement is better for VC (less data going down the internet line)

- ☐ If you are delivering an education session: Engaging with your participants via VC and with those present in the room – best model is:

Modular bite sized chunk

⇩

Small activity

⇩

Share with participants in the room and with those on VC

⇩

Move on to next bite sized chunk

⇩

Small activity

⇩

Share with participants in the room and with those on VC

Repeat as necessary

- ☐ Balance your focus between the people in the room and the people on the screen

- ☐ Managing discussion so that the VC participants can follow – try to keep it to one person talking at a time or consider using the mute and asking the VC site to have an activity or discussion at their own end, then bring everyone back together.

- ☐ Ensure you catch up with the VC site at the end of the session to see if they missed anything and give them opportunity for feedback.

BOOKING THE ROOM AND THE VIDEOCONFERENCE

Remember that you will need to book your videoconference room at your health service – this may need to be a recurrent booking for the year so that you always have the room available for your Cardiac Rehabilitation group.

The Education sessions are held on a Tuesday at 2.00 – 3.00pm and they run most weeks. The yearly schedule is attached in this document and lets you know which session is held on which Tuesday.

The Videoconference unit should also be booked as a recurrent booking for the year – this means you don't need to book it every week. If you don't have clients booked in for cardiac rehab for a week or two, it isn't a problem that it's booked and you aren't there. The VC won't be turned on, so won't connect anyway.

Contact GHRA to let them know if you are going to use a different VC unit than the one that is booked recurrently so that they can change the booking and connect you up.

ETTIQUETTE - Letting people know if you are not VCing into the HUB next week

Please contact WHCG staff to let them know if you are NOT going to link in via VC. This helps the team know not to try and phone and see if there is a problem connecting. Its good etiquette to let people know what is happening and saves time and stress. All the contact details are provided in the contact sheet.

OBSERVING AND ATTENDING THE WHCG PROGRAM IN HORSHAM

WHCG have made it very clear that all regional staff are welcome to come and observe Cardiac Rehabilitation Assessment and the program in Horsham. Please contact the staff on the contact sheet to book in a date.

CARDIAC REHABILITATION TRAINING

Cardiac disease, rehabilitation and secondary prevention - 30 CPD hour training is provided by the Heart Research Centre in Melbourne. https://www.heartresearchcentre.org/training/cardiovascular-disease-rehabilitation-and-secondary-prevention

This five-day program addresses both theoretical and practical aspects of cardiac rehabilitation and secondary prevention. It teaches practical skills to assist metropolitan and rural practitioners to implement, conduct and evaluate rehabilitation and prevention programs.

Sessions are delivered by a multi-disciplinary team of expert facilitators including a cardiologist, nurse, physiotherapist, dietitian and social worker

Topics include:

- Cardiac disease and risk factors
- Cardiac investigations, procedures and medications
- Planning and conducting exercise sessions

- Practical aspects of diet
- Psychosocial issues
- Returning to work and activities of daily living
- Behaviour change
- Principles of adult learning
- Organisational issues
- Evaluating rehabilitation and prevention programs

Cost: $1,210.00 **(Rural scholarships are available)**

Date: 18 - 22 May 2015

Venue: Graduate House, 220 Leicester Street Carlton

Time: 8.30am – 4:00pm

Includes: Program notes, USB, resources, morning tea and lunch

REFERRALS – WHAT TO SEND FOR A GOOD REFERRAL

To book your clients/patients into the Education sessions via Telehealth you will need to make a referral to the Cardiac Rehabilitation Education at WHCG. This should include:

1. Copy of consent to share information
2. Consumer information SCTT
3. Assessment documentation

- RNH are sending referrals electronically via connecting care
- WWHS – faxing referrals and will move to electronic soon
- WHCG – faxing back
- The Wimmera PCP can set up Cardiac Rehab Pathways and can train everyone in using secure messaging rather than everyone faxing information.

Staff training in Connecting Care and pathways can be booked in with Wimmera PCP
phone: 5362 1222

CARDIAC REHABILITATION PROGRAM AND RESOURCES FOR EACH WEEK

The 8 week program is attached below and the resources are embedded in the document. If you are a new staff member and just getting going with this Cardiac Rehabilitation Model of Care, its probably a good idea to check with WHCG to see if this is the latest version of the program…..as it does get updated from time to time.

CARDIAC REHABILITATION 2016

January	12	1	July	5	7
	19	2		12	8
	26	No Group		19	1
February	2	3		26	2
	9	4	August	2	3
	16	5		9	4
	23	6		16	5
March	1	7		23	6
	8	8		30	7
	15	1	September	6	8
	22	2		13	Special Food
	29	No Group		20	1
April	5	3		27	2
	12	4	October	4	3
	19	5		11	4
	26	6		18	5
May	3	Heart Week		25	6
	10	7	November	1	No Group
	17	8		8	7
	24	1		15	8
	31	2		22	1
June	7	3		29	2
	14	4	December	6	3
	21	5		13	4
	28	6		20	Special Christmas
				27	No Group
			Jan 2017	3	No Group

Talk number and deliverer:

1. Exercise – Physiotherapy
2. Healthy Eating – Dietetics
3. Emotions/relationships – Social Work
4. How heart works – Cardiac Nurse
5. Behaviour Change – Social Work
6. Label Reading – Dietetics
7. Smoking/BP – Cardiac Nurse
8. Stress management - OT

Cardiac Rehabilitation Topics

Talk	Topic	Presenter	Content and Resources
1	Exercise	Physiotherapist Cardiac Rehab Talk EXERCISE.doc TALK OUTLINE not a patient handout	Why, how much, how hard Activity Restrictions Post Cardiac Event.p Home Walking Program 2013.pdf Cardiac Rehabilitation Talk Bla
2	Healthy Eating	Dietitian	Healthy eating, reduced saturated fat, reduce added salt  and/or 
3	Emotions/ Relationships	Social worker	Feelings (patient and partners), sense of loss, changes in role Cardiac Social services and Emotion
4	How heart works	Cardiac Nurse	How heart works, blood pressure, pulse, angina management 
5	Behaviour Change/ Goal Setting	Social Worker	Skill development to enable behaviour change and maintenance Group Talk Breaking the behaviour.ppt
6	Label reading / Hidden fats	Dietitian	Understanding food labels, modifying recipes (gauge interest in shopping tour separate to rehab time) Label Reading WHICH BISCUIT.doc Label Reading for Healthy Eating Numbe efh_food_label_example_130621.pdf
	Week 6 Depression Survey		1. Hospital Anxiety and Depression Scale http://opencourses.emu.edu.tr/pluginfile.php/8619/mod_resource/content/1/HADS.pdf 2. Patient Health Questionnaire http://phqscreeners.com/pdfs/02_PHQ-9/English.pdf PHQ9 screener.pdf
7	Smoking/ Blood Pressure	Cardiac Nurse	Importance of not smoking – Cardiac Nurse/trained Smoking cessation, Blood Pressure/ Pulse – Cardiac Nurse 
8	Stress	Occupational	What stress can do, options for managing, relaxation method

	Management	therapist	Sleep: strategies for managing poor sleep  Helpful tips to improve your sleep.d  How to Manage Stress Handout 2015
	Graduation		 Certificate.doc

CARDIOVASCULAR DIAGNOSIS, EXACERBATION OR RISK FACTORS

Hospital Presentation in Wimmera

Community Health / Outpatients in Wimmera

- Wimmera Health Care Group
- Rural Northwest Health
- West Wimmera Health Service
- Edenhope & District Memorial Hospital

Hospital Presentation elsewhere e.g., Geelong, Melbourne ED, outpatients

Patient discharged back to the Wimmera

GP/ Cardiologist refers patient to Cardiac Rehabilitation

Automatic pathway to Cardiac Rehabilitation

Intake to Cardiac Rehabilitation

- Identify patient postcode; or ask where patient is from
- Question to consumer where is the most acceptable service for Cardiac rehabilitation? *No wrong door.*

☐ Provide Cardiac Rehabilitation telehealth brochure

Referral to Cardiac Rehab Centre of consumer's choice

Referral includes:

☐ e-referral (ConnectingCare / RIMS) preferred
☐ Consumer information
☐ Consent to share information
☐ Any applicable correspondence

Acknowledgement of Referral

Patient Assessment

- Wimmera Health Care Group
- Rural Northwest Health
- West Wimmera Health Service
- Edenhope & District Memorial Hospital

GP Medical Consent

Cardiac Rehabilitation Program
8 week program:

- Wimmera Health Care Group
- Rural Northwest Health
- West Wimmera Health Service
- Edenhope & District Memorial Hospital

E-referral for Cardiac Rehab Education at WHCG via VC

Please include:

☐ Consumer Information
☐ Consent to share info
☐ Assessment Information

Acknowledgement of Referral

GP Communication

What do I need to do?

- Bring any questions you may want to ask any of the staff.
- Please bring hearing aids and glasses if usually worn.
- Switch mobile phone off or to silent mode during the video–conference session.
- Wear suitable clothing to allow ease of assessment of walking and movement.
- Avoid wearing brightly patterned or reflective clothing as this may affect picture quality.
- Bring any additional health information which may have been requested e.g. current medication list.
- Bring a pen and paper if you wish to make notes.

RURAL northwest HEALTH

Wimmera Health Care Group

WWHS

Edenhope & District Memorial Hospital

Health Services Dunmunkle

All health services/hospitals in the Wimmera have worked together to develop this way of delivering Cardiac Rehabilitation across the Wimmera.

Previously Cardiac Rehabilitation programs have only been available in Horsham & Edenhope. Clients from elsewhere, who required Cardiac Rehabilitation would travel to Horsham for an 8 week program. For many clients, this is a huge barrier for various reasons— transport, unable to drive due to their cardiac condition, time and work commitments.

For more information please call:
Wimmera Health Care Group
Cardiac Rehabilitation ph: 5381 9333

Rural Northwest Health—Warracknabeal
Cardiac Rehabilitation ph: 5396 1238

West Wimmera Health Service—Nhill
Cardiac Rehabilitation ph: 5381 4222

Edenhope & District Memorial Hospital
Cardiac Rehabilitation ph: 5585 9845

Healthy Hearts
Cardiac Rehabilitation
Using Telehealth

Available:
HORSHAM—Wimmera Health Care Group
WARRACKNABEAL—Rural Northwest Health
NHILL—West Wimmera Health Service
Coming soon to:
EDENHOPE—Edenhope & District Hospital

Client Information

Cardiac Rehabilitation

Cardiac Rehabilitation is a group Exercise and education program designed to assist people with heart disease to lead a healthy and satisfying life.

Each participant is encouraged to attend for 8 weeks. During this time you will complete the education series and progress through an exercise program at your individual pace.

The program can be accessed by either:

- Travelling to Horsham for the 8 week program

OR

- Visiting your local health service over 8 weeks where you do your exercise session with your health practitioner and also access the group education session via Videoconference (also known as Telehealth).

What is telehealth?

Telehealth is a way linking you to a health provider at a distant location using video conferencing equipment—you can see and hear the other person/s through a large television screen.

This technology improves access to specialist health services and means people don't need to travel too far from home. The same privacy and confidentiality requirements that apply to a face-to-face consultation also apply to a video consultation. The session is not recorded.

What to expect?

- You will be taken into the video conferencing equipment room with your local health provider.
- They will make sure the equipment is working
- At the start of the session everyone will introduce themselves.
- You can then participate in the group education session (which is in Horsham) via the large screen.
- They will be able to hear and see you using a similar screen at their location.

Learning from your experience will help us to develop this new service....

Please complete the evaluation form provided at the conclusion of the session so that we can continue to improve telehealth services.

Program Overview:

Exercise Session—Day and time to be set by your health practitioner

- Measurement of blood pressure and weight
- Update on progress through the week
- Set exercise program for the session
- Warm up exercises
- Exercise program

2.00—3.00pm Education Session—Tuesday

Education Session Topics:

1. Exercise—Why? How much? How hard?
2. Healthy eating
3. Emotions and Relationships
4. How the heart works; what is angina and how to treat it: when to go to the hospital
5. Keep active for life
6. Hidden fats in food. How to read food labels
7. Smoking and staying QUIT; managing blood pressure
8. Stress management; relaxation practice

MEMORANDUM OF UNDERSTANDING

Dated 20 November 2014 MoU Review date: May 2015

Between the Wimmera Southern Mallee Health Alliance Partners

West Wimmera Health Service (WWHS)
Dunmunkle Health Services (Dunmunkle)
Edenhope & District Memorial Hospital (EDMH)
Wimmera Health Care Group (WHCG)
Rural Northwest Health (RNH)

To develop and deliver

Hub & Spoke Cardiac Rehabilitation Model of Care for Rural Patients

The purpose of this Memorandum of Understanding

The purpose of this MoU is to clarify responsibilities of health services in relation to the delivery of Hub & Spoke Cardiac Rehabilitation Model of Care using Telehealth for rural patients.

Background

Currently in the Wimmera a Cardiac Rehabilitation program is offered through the Community Rehabilitation Centre at Wimmera Health Care Group (WHCG) in Horsham. For patients who have a cardiac event and then return home, best practice indicates that patients should be referred to a cardiac rehabilitation program. This Cardiac Rehabilitation Program is the only option offered to patients in the Wimmera. For patients that live outside of Horsham, this means travelling to Horsham (which can be up to 3 hours return trip) to access the Cardiac Rehabilitation program.

Many rural patients do not access Cardiac Rehabilitation due to these long travel times & distances, lack of public transport options and lack of understanding of intended health benefits. West Wimmera Health Service, Rural Northwest Health, Dunmunkle and Edenhope District Memorial Hospital have indicated that they would be very interested in being able to offer a Cardiac Rehabilitation program where WHCG provides the Education Component via video conference from Horsham and the outlying health service supports patients with the physical activity component with their own allied health and nursing staff on site.

Clinical governance & supervision

WHCG will provide the education component of a cardiac rehabilitation program via videoconference to other health services in the Wimmera. If required, the WHCG cardiac clinical team in consultation, can provide an initial cardiac assessment and provide this information to the health service. WWHS, RNH, Dunmunkle and EDMH staff will be provided with support & training from WHCG in the education component of cardiac rehabilitation.

Each health service will operate under its own clinical governance in delivering the exercise component of a cardiac rehabilitation program.

The clinical care for clients will be the responsibility of each health service.

In developing the Hub & Spoke Cardiac Rehabilitation model, all health services will work towards meeting the Best Practice Guidelines for Cardiac Rehabilitation & Secondary Prevention which provides the framework for delivering quality cardiac rehabilitation for patients.

The SA Health Guidelines for Sub-acute Services Offering Digital Telehealth Network Consultations will also be utilised as a guiding resource.

Clinical advice and support will be provided by the Wimmera Directors of Nursing Network (DONs) if required.

Staff capabilities to deliver Cardiac Rehabilitation

The Best Practice Guidelines for Cardiac Rehabilitation & Secondary Prevention provide clear direction on how to deliver an appropriate program and detail the staff capabilities that the WSMHA health services will work towards. The practice guidelines have been developed by the Heart Research Centre and training for clinicians in delivering Cardiac Rehabilitation is offered regularly with scholarships for rural attendees.

This MoU recommends that staff delivering Cardiac Rehabilitation programs in the Wimmera be given the opportunity to attend this training.

Evaluation and Review of this MoU

An evaluation report on the model and its effectiveness will be completed in March 2015. This MoU will then be scheduled for review after the evaluation is completed and no later than May 2015.

Agency	Name & Title	Signature	Date
Edenhope & District Memorial Hospital	Anne Bates A/CEO		
Dunmunkle Health Services	Tracey Chenoweth General Manager		
Rural Northwest Health	Catherine Morley CEO		
West Wimmera Health Service	John Smith CEO		
Wimmera Health Care Group	Chris Scott CEO		

BEST PRACTICE GUIDELINES

Best Practice Guidelines for Cardiac Rehabilitation & Secondary Prevention

Please click on the link above to access the guidelines.

RURAL northwest HEALTH

Cardiac Rehabilitation Assessment Form

Page 1 of 3

UR No. _____

Surname _____

Given Names _____

DOB: _____ Sex _____

Attach Patient Label

Date of Surgery: ...../...../..... **CARDIAC ASSESSMENT**

Cardiologist: ..... Referred by: .....

Cardiac Event History: .....

.....

Complications: ..... Next Review: ...../...../.....

TEST	DATE	RESULT
Stress Test	...../...../.....	.....
Angiogram	...../...../.....	.....
Echocardiogram	...../...../.....	EF.....%

TREATMENT	DATE	COMMENT
Stent (BMS, DES)	...../...../.....	.....
Pacemaker (DCPM, BVPM, ICD)	...../...../.....	.....
Coronary Artery Bypass Graft	...../...../.....	.....
AVR / MVR		Tissue Mechanical *(please circle)*

MEDICAL HISTORY:

- ☐ Stroke ☐ TIA's
- ☐ Blood clot ☐ R) ☐ L) Leg ☐ Lungs
- ☐ Previous Heart Attack *Date*:...../...../.....
- ☐ High Blood Pressure
- ☐ Epilepsy
- ☐ Pneumonia
- ☐ Anaemia ☐ Bleeding disorders
- ☐ Hepatitis
- ☐ Diverticulitis
- ☐ Cancer *Location*.....
- ☐ Diabetes ☐ Type I ☐ Type II
- ☐ Auto Immune Disorders
- ☐ Kidney Disease
- ☐ Thyroid Problem
- ☐ Parkinson's Disease
- ☐ Multiple Sclerosis
- ☐ Dementia
- ☐ Spinal Cord Injury

Other: .....

.....

.....

MEDICATIONS	DOSE
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.....	.....
.....	.....
.....	.....

ALLERGIES / ADVERSE REACTIONS

.....

.....

.....

CLINICIAN

Name .....

Signature .....

Date ...../...../.....

CARDIAC REHABILITATION ASSESSMENT RECORD

RURAL northwest HEALTH

Cardiac Rehabilitation Assessment Form

UR No. _____

Surname _____

Given Names _____

DOB: _____ Sex _____

Attach Patient Label

PSYCHOSOCIAL

☐ Depression ☐ Anxiety ☐ Stressed
☐ Angry ☐ Emotional ☐ Cognitive Deficit
Details:.....

VISION ☐ No Problem

☐ Glasses ☐ Contacts
☐ Glaucoma ☐ Legally Blind ☐ Blurred

AUDITORY ☐ No Problem

Deaf ☐(L) ☐(R) Aids.....

ENDOCRINOLOGY ☐ No Problem

☐ Renal Complication
.....
☐ Diabetes ☐ Type I ☐ Type II
☐ Diet Controlled ☐ Medication ☐ Insulin
☐ Peripheral Neuropathy
☐ Other Complications .....

GENITOURINARY ☐ No Problem

☐ Incontinence ☐ Retention ☐ Nocturia
☐ Frequency ☐ Urgency ☐ Hesitancy
☐ Haematuria ☐ Illeostomy

RESPIRATORY ☐ No Problem

☐ Emphysema ☐ COPD ☐ Asthma
Shortness of breath ☐ At rest ☐ Exertion
☐ Pulmonary HTN ☐ Supplementary O2
☐ Recent cold/flu
Details.....

CARDIOVASCULAR

☐ High Cholesterol *mmol/L* ☐ Hypertension
☐ Angina ☐ Heart Attack ☐ AMI
☐ Palpitations ☐ Irregular Pulse ☐ AF
☐ PE ☐ DVT ☐ Murmer
☐ CCF ☐ Rheumatic Fever/ Valve disease
☐ PPM ☐ ICD *Last review* ...../...../.....
☐ PPM/ICD threshold.....
☐ Fluid Restriction mls
☐ Family Hx .....
Other .....

MOBILITY / FALLS RISK ☐ No Problem

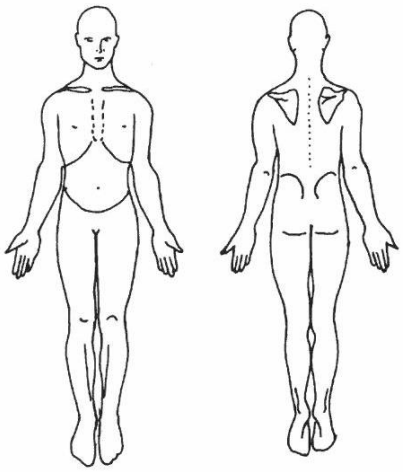
No. Falls (12months) ☐ 1 ☐ 2 ☐ 3
ADLs ☐ Supervision(1) ☐ Assisted(2) ☐ Dependant(3)
Assisted tasks.....
Balance ☐ Supervision(1) ☐ Assisted(2) ☐ Dependant(3)
Gait Aid.....
FROP-Com Screen ☐ 1-3 Low Risk ☐ 4-9 High Risk

GENERAL HEALTH & LIFESTYLE

Have you ever smoked? Yes ☐ No ☐
.....*per day* .....*years* (Currently) Yes ☐ No ☐
Do you drink alcohol? Yes ☐ No ☐
.....*per day* .....*week*
PHx of drug dependency? Yes ☐ No ☐
Is your sleep regular? Yes ☐ No ☐
Do you have sleep apnoea? (CPAP) Yes ☐ No ☐
Do you exercise regularly? Yes ☐ No ☐
.....
Sexual activity post cardiac event? Yes ☐ No ☐
Do you eat 3 meals a day? Yes ☐ No ☐
Serves of .....vegetables (5) .....fruit (2) .....water (8gl)
.....
.....
Do you have any infections? Yes ☐ No ☐
Females only Are you pregnant? Yes ☐ No ☐
Weight .....kg Height .....cm
BMI .....kg/m2 Health Weight Range.....kg

MUSCULOSKELETAL

☐ Arthritis ☐ Rheumatoid Arthritis
☐ Back/Neck/Shoulder/Pelvic problems
☐ Chronic pain
.....
☐ Metal plates/pins/replacement.....
Surgical History: .....



SKIN INTEGRITY / WOUND

☐ LIMA ☐ RIMA ☐ R) SVG ☐ L) SVG
☐ R) AG ☐ L) AG
.....
.....

RURAL northwest HEALTH

Cardiovascular Risk Stratification

UR No. _____

Surname _____

Given Names _____

DOB: _____ Sex _____

Attach Patient Label

OCCUPATION / ADLs

Currently working ☐ Yes ☐ No

Interests/Activities .....

Cooking abilities ☐ Yes ☐ No ☐ MOW

Shire Home Help / Personal Care ☐ Yes ☐ No

Other support.....

Transport.....

SOCIAL HISTORY

Married ☐ Yes ☐ No

Children ☐ Yes ☐ No

Living Arrangements : ☐ Alone ☐ Spouse/Family

Other.....

PHYSIOLOGICAL TESTING

Date:

Age:

Contraindications to 6MWT

PHRmax:

85% PHRmax:

☐ Resting HR >120bpm after 10mins rest
☐ Systolic BP >180mmHg +/- Diastolic BP >100mmHg
☐ Resting SpO2 <85% on room air or O2 supplementation
☐ Physical disability preventing safe performance

B-Blocker Adjustment PHRmax:

PPM / ICD Thresholds:

Upper limit Lower Limit

Supplemental Oxygen:

Mobility Aid:

6MWT

Time mins	BP	HR	Spo2%	RPE / Dyspnoea	Distance	Rests / Comments
Resting						
1						
2						
3						
4						
5						Test Termination ☐ Yes ☐ No
6						Total Distance:
Recovery						Symptomology:
8						
10						

Test Termination Criteria

Chest pain or angina, HR > PHRmax, Mental confusion or pre-syncope, Severe physical fatigue, Intolerable dyspnoea, unrelieved by rest, Persistent spo2 <85% (pending clinical presentation), Abnormal gait (cramps, staggering, ataxia)

Relative Contraindications

- Left main coronary stenosis or its equivalent
- Moderate stenotic valvular heart disease
- Electrolyte abnormalities tachyarrhythmias or bradyarrhythmias
- Atrial fibrillation with uncontrolled ventricular rate hypertrophic cardiomyopathy
- Mental impairment leading to inability to cooperate
- High-degree AV block
- Severe arterial hypertension

Absolute Contraindications

- Acute myocardial infarction (MI) (within 2 days) high-risk unstable angina
- Uncontrolled arrhythmias & symptoms of hemodynamic compromise
- Active endocarditis
- Symptomatic severe aortic stenosis
- Decompensated symptomatic heart failure
- Acute pulmonary embolus or pulmonary infarction
- Acute non-cardiac disorder that may affect exercise performance or be aggravated by exercise (eg, infection, renal failure, thyrotoxicosis)
- Acute myocarditis or pericarditis
- Physical disability that would preclude safe and adequate test performance
- Inability to obtain consent
- Acute aortic dissection

RURALnorthwestHEALTH

Cardiovascular Risk Stratification

UR No. _____

Surname _____

Given Names _____

DOB: _____ Sex _____

Attach Patient Label

CLINICAL OUTCOME MEASUREMENTS	GOALS
	STG **LTG** **Education Topics:**

REHABILITATION PLAN

Health & Lifestyle Modifications:

REFERRAL	DOCUMENTATION
☐ Verbal Consent Referral to: DN, DE, DT, POD, SP, PT, CN, SW/C	☐ GP Letter ☐ Cardiologist letter

West Wimmera Health Service

Cardiac Rehabilitation Assessment

WWHS

UR Number	
Surname	
Given Name	
D.O.B. / Sex	
Doctor	
attach bradma label if available	

WWHSMR0265

Date of Surgery……/……../……..

Cardiologist…… referred by:……

Cardiac Event History……

……

Complications……Next review……../……../……

TEST	DATE	RESULT
Stress Test	……/……/….	
Angiogram	…./……/….	
Echocardiogram	…./……/….	EF %

TREATMENT	DATE	COMMENT
Stent (BMS, DES)	…./……/….	
Pacemaker (DCPM,BVPM,ICD)	…./……/….	
Coronary Artery Bypass Graft	…./……/….	
AVR / MVR	…./……/….	Tissue Mechanical *(please circle)*

Medical History:

- ☐ Stroke ☐ TIA's
- ☐ Blood Clot ☐ R) ☐ L) Leg ☐ Lungs
- ☐ Previous Heart Attack Date……/……/……
- ☐ High Blood pressure
- ☐ Epilepsy
- ☐ Pneumonia
- ☐ Anaemia ☐ Bleeding disorders
- ☐ Hepatitis
- ☐ Diverticulitis
- ☐ Cancer Location……
- ☐ Diabetes ☐ Type 1 ☐ Type II
- ☐ Auto Immune Disorders
- ☐ Kidney Disease
- ☐ Thyroid Problem
- ☐ Parkinson's Disease
- ☐ Multiple Sclerosis
- ☐ Dementia
- ☐ Spinal Cord Injury

Other:……

……

……

MEDICATIONS	DOSE

ALLERGIES / ADVERSE REACTIONS

CLINICIAN

Name	
Signature	
Date	

CARDIAC REHABILITATION ASSESSMENT

RISK FACTOR PROFILE					
Hypertension	Y	N	Lipids	Y	N
Family History	Y	N	Diabetes Type 1 / Type 2	Y	N
Smoking / Ex Smoker / Never Smoked	Y	N	Stress	Y	N
Obesity / overweight	Y	N	Physical inactivity	Y	N

MEDICATION	DOSE	FREQUENCY

	ASSESSMENT ON ADMISSION	ASSESSMENT ON DISCHARGE
Pulse (bpm)		
Blood Pressure		
Weight (kg)		
SpO2		
Waist Measurement (cm)		
WOUND		
Chest	Healed / Reddened / Sloughy	Healed / Reddened / Sloughy
Legs	Healed / Reddened / Sloughy	Healed / Reddened / Sloughy
Arms	Healed / Reddened / Sloughy	Healed / Reddened / Sloughy
Incisions / Groin / Wrist	Healed / Reddened / Sloughy	Healed / Reddened / Sloughy
Occupation……..	Currently Working Y N	Returned to work Y N
Occupational Therapy Work Assessment completed:	Yes No	Yes No
Interests / Activities		Returned to previous functioning level Y N

SCTT (Shared Support Plan) completed	Y	N
Anticoagulation Therapy Education Checklist completed	Y	N
Patient Health Questionnaire Score		
Hospital Anxiety and Depression Scale		
Fagerstrom Test for Nicotine Dependence Score		
Sleep patterns / pillows:		
Social / family situation		

Signature	Designation

MENTAL STATE

Alert		Vague		Confused	
Semi-Conscious		Other			
Has memory and thinking problems					
Abbreviated Mental Test Score					

ALCOHOL

YES NO	
Average Daily Intake	

PSYCHOSOCIAL

Appropriate		*Cooperative*			
Anxious		Restless		Withdrawn	
Hostile		Angry		Depressed	
Other					

MOUTH CONDITION

Normal		*Dry*		*Gingivitis*	
Ulcerated		*Other specify*			

EYE SIGHT — No Problem

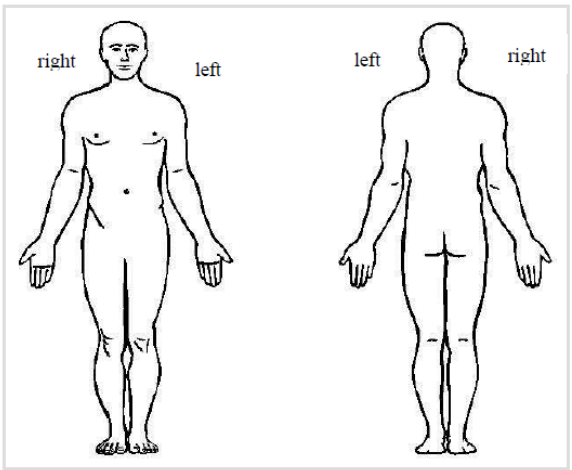
Deaf	L	R	Hearing Aids	L	R
Other					

SKIN INTEGRITY *(indicate wounds on illustration below)*

Normal		Tight		Loose	
Odema		Jaundiced		Ruddy	
Pale		*Other*			

Open Wound Assessment Chart

FRONT BACK



PAIN — No Problem

Origin	Onset
Location	Quality
Pain score 0 (no pain) – 10 (worst ever)	/10

Requires extra support aids for disability needs

Mobility e.g. wheel chair		*Info in alternative formats*	
Brochures in larger font		*Portable audio device*	
Communication board		*National relay service or interpreters & Translators service*	

GENITOURINARY

Incontinence				No Problem			
Retention		Nocturia		Frequency			
Urgency		Hesitancy		Haematuria			
Other		Ileostomy		Foley catheter			
Size fg		cc Balloon		Type			
Frequency of Change							
Comments							

RESPIRATORY — NO PROBLEM

Breath Sounds	Clear	Crackles	Wheeze	
Other:				
Shortness of breath	Y	N	On Exertion	
Sleeps with how many pillows				
Cough	Productive		Un Productive	
SpO2 on RA %			at rest	

SMOKING — Yes — No

Number of years		How many a day	
What			
Attempts to Quit	Yes	No	

Fagestrom Test for Nicotine Dependence

NUTRITION AND ELIMINATION

Normal Diet		Special Diet (specify)					
Appetite	Good		Fair		Poor		
Dysphagia	YES		NO				
Weight Changes	kg		Gain	Loss			
Bowel Movements							
Comments							

CARDIOVASCULAR

Chest Pain		Palpitations		Heart Rate	
Blood Pressure		Regular		Irregular	
Comments					

GENITALIA — No Problem

Male	Prostate Problem	Discharging	
Other			
Female	Menopause		Discharge

ENDOCRINE — No Problem

Thyroid problems							
Diabetes	Type I		Type II				
Diet Controlled							
Medication	Dose		Frequency				
Insulin	Dose		Frequency				
Diabetes Management Chart							

OCCUPATION / ADLs					SOCIAL HISTORY				
Currently working	Y	N			Married		Y	N	
Interests/Activities					Children		Y	N	
Cooking abilities	Y	N	MOW		Living arrangements	Alone		Family/Spouse	
Shire Home Help/Personal Care		Y	N		Other				
Other Support									
Transport									

PHYSIOLOGICAL TESTING			
Date		Age	
Contraindications to 6MWT		PHRmax:	85% PHRmax
	Resting HR >120bpm after 10 mins rest	B-Blocker Adjustment PHRmax	
	Systolic BP >180mmHg +/- Diastolic BP>100mmHg	PPM / ICD Thresholds	
	Resting SpO2 <85% on room air or O2 supplementation	Upper limit	Lower limit
	Physical disability preventing safe performance	Supplemental Oxygen:	
		Mobility Aid	

6MWT

Time mins	BP	HR	Spo2%	RPE/Dyspnoea	Distance	Rests/Comments
Resting						
1						
2						
3						
4						
5						Test Termination Yes / No
6						Total Distance
Recovery						Symptomology
8						
10						

Test Termination Criteria

Chest pain or angina, HR>PHRmax, Mental confusion or pre-syncope, Severe physical fatigue, Intolerable dyspnoea, unrelieved by rest, Persistent spo2<85% (pending clinical presentation), Abnormal gait (cramps, staggering, ataxia)

Relative Contraindications	***Absolute Contraindications***
-Left main coronary stenosis or its equivalent	-Acute myocardial infarction (MI) (within 2 days) high risk unstable angina
-Moderate stenotic valvular heart disease	-Uncontrolled arrhythmias & symptoms of hemodynamic compromise
-Electrolyte abnormalities tachyarrhythmias or bradyarrhthmias	-Active endocarditis
-Atrial fibrillation with uncontrolled ventricular rate hypertrophic Cardiomyopathy	-Symptomatic severe aortic stenosis
-Mental impairment leading to inability to cooperate	-Decompensated symptomatic heart failure
-High-degree AV block	-Acute pulmonary embolus or pulmonary infarction
-Severe arterial hypertension	-Acute non-cardiac disorder that may affect exercise performance or be aggravated by exercise (e.g. infection, renal failure, thyrotoxicosis)
	-Acute myocarditis or pericarditis
	-Physical disability that would preclude safe and adequate test performance
	-Inability to obtain consent
	-Acute aortic dissection

CLINICAL OUTCOME MEASUREMENTS	GOALS
	STG *LTG* *Education Topics*

REHABILITATION PLAN

Health & Lifestyle Modifications:

REFERRAL			DOCUMENTATION		
Verbal Consent	*Yes*	*No*	*GP Letter*	*Yes*	*No*
Referral to DN, DE, DT, POD, SP, PT, CN, SW/C			*Cardiologist Letter*	*Yes*	*No*

FALLS RISK ASSESSMENT SCORING SYSTEM (FRASS)

Instructions

- Assess patient's current status for each risk factor and record the relevant rating in the score system.
- Add up the total scores and record in the space provided.
- Document each patient's falls risk status in the medical history.
- Implement appropriate fall prevention strategies (over page)

Risk Factor	Rating	Score
Age		
65-79	1	
80 and above	2	
Mental Status		
Orientated at all times or comatose	0	
Confused at all times – poor cognition, lack of insight		
Into own safety, impulsive	4	
Intermittent confusion – as above	8	
Emotional Status		
Moderately agitated / uncooperative/anxious	2	
Severely agitated/uncooperative/anxious	4	
Toileting		
Independent and continent	0	
Catheter and/or ostomy	1	
Needs assistance with toileting	3	
Ambulatory with urge incontinence or episodes of incontinence	5	
History of falling within 6 months		
No	0	
Has fallen one or two times	2	
Multiple history of falling	5	
Sensory impairment		
Blind /deaf /cataracts / not using corrective device	1	
Ambulates / transfers without assistance	0	
Ambulates / transfers with assist of one or assistive device	2	
Ambulates / transfers with assist of two	1	
Unsteady gait / mobility affected by pain/ deconditioned	2	
Medications		
• Cardiovascular / antihypertensive		
• Anti-depressants		
• Psychotropics		
• Tranquilisers / sedatives		
• Anti-parkinsons / anticonvulsants		
• Opiods		
• Diuretics		
None of the above medications	0	
One or more of the above medications	1	
Two or more of the above listed medications	2	
Add one point if there has been a change in these		
Medications or dosage on the past 5 days	1	
HIGH RISK = 8+ TOTAL SCORE		

PREVENTION MANAGEMENT STRATEGIES	**Staff Initials**
High Risk = 8+	
Place items within easy reach	
Ensure immediate client area is clutter free	
Discuss falls risk with client and family	
Procide education on how to maximise safety	
Encourage client to wear low heeled, non-slip footwear	
Adequate light in room and toilet at night	
Evaluate environment safety factors (if indicated refer to OT)	
Ensure client uses appropriate aids when ambulating -Mobility aids -Glasses	
Communicate falls risk status to the other service providers	
Lying and standing Blood Pressure	

If Falls Risks are identified Refer to

Community Rehabilitation Centre for Gait and Balance Assessment

Balance Assessment
- Recent Falls
- History of dizziness

Date referral sent _____

Continence Nurse if incontinent, urgency or frequency

Date referral sent_____

Clients Doctor if lying / standing Blood Pressure abnormal

Date referral sent _____