IRISH ASSOCIATION OF CARDIAC REHABILITATION

SUBMISSION TO THE DEPARTMENT OF HEALTH & CHILDREN & THE HEALTH SERVICE EXECUTIVE ON POLICY / STRATEGY FOR THE PROVISION OF REHABILITATION SERVICES

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INTRODUCTION

The Irish Association of Cardiac Rehabilitation welcomes the opportunity to make a submission on the national policy / strategy for the provision of rehabilitation services at acute and community levels in Ireland.

Cardiac Rehabilitation Programmes are invaluable for improving patients' quality of life, confidence and longevity and they empower people to manage their own chronic illness. The emphasis of the Cardiac Rehabilitation Programme in the 38 cardiac rehab centres in Ireland is on education and support, provided in a thorough and systematic manner. It is vital that this service continues to be developed and resourced into the future.

SUBMISSION SUMMARY

Developments in cardiac rehabilitation were one of the best outcomes of the first cardiovascular strategy – Building Healthier Hearts (1999). However, while centres were made available to all relevant hospitals, staffing was inadequate to provide services for all eligible patients (it has been estimated that less than 50% of MI/CABG/PCI patients received rehabilitation). With further developments and the evidence now of the benefits of cardiac rehabilitation for patients with heart failure and peripheral arterial disease, the services available are seriously under-resourced to provide adequate cover. Hence cost-effective and evidence-based therapies are not being provided. For instance, few heart failure patients receive any rehabilitation.

Moreover, in the last year, at least 6 of the 38 (16%) centres have had staff cuts in what is already recognised as an under-resourced service. Rehabilitation as currently provided is limited to the evidence base of a decade ago, when these services were planned. With some exceptions such as the programmes on heart failure in St Michael's Dun Laoghaire and Wexford General Hospital (both who can only deal with small numbers in terms of current resourcing), Irish cardiac rehabilitation has not evolved and now needs a major investment to provide services to the wider group of cardiac conditions who can benefit. This includes some of the milder cases of stroke and TIA where preventive efforts through a rehabilitation programme provision can prevent further events.

We submit that a national Rehabilitation Strategy needs to signal the broad basis of rehabilitation, the major developments already made in cardiac rehabilitation as a model of chronic disease management, and the investment needed to retain and develop this service to address the wider group of patients now eligible for evidence based rehabilitation. We strongly urge that a first signal of the commitment to rehabilitation in its widest sense is the reversal of cuts made in cardiac rehabilitation services to date and the protection of current services from additional cuts.

Secondly we submit that resources be allocated for the appointment of staff, particularly multi-diciplinary staff, to ensure a thorough rehab service is offered to patients. Finally we also submit that funds be committed to allow for the development of Phase 3 in the community and the introduction of Phase 4 nationwide.

IRISH ASSOCIATION OF CARDIAC REHABILITATION (IACR)

The IACR was established in 1995 and is a multidisciplinary group under the auspices of the Irish Heart Foundation. It endeavors to promote a greater awareness and understanding of Cardiac Rehabilitation in Ireland and to facilitate communication and support between multi-disciplinary groups involved in the area.

A DEFINITION OF CARDIAC REHABILITATION

Cardiac Rehabilitation is the process of encouraging and facilitating individuals make the transition from a state of illness, back to a state of health that is as near to normal as possible (Jones and West 1995). It is a multidisciplinary approach that aims to facilitate individuals restore and maintain their optimal physical, psychological and vocational status (Wenger 1999). However, as well as facilitating recovery it also aims to promote secondary prevention and long-term changes in lifestyle (Goble and Worcester 1999, Scottish Intercollegiate Guidelines Network (SIGN) 2002).

CARDIAC REHABILITATION IN IRELAND

Cardiac Rehabilitation services have been in development since the mid-1970's. In 1998, CR was available in 29% of relevant hospitals. This had increased to 95% in 2005. Full time equivalent staff numbers went from 46 to 135 and there was a 6-fold increase in patients receiving a CR service (from 696 in 1996 to 4210 in 2005). (Delaney et al 2006). Unfortunately the last twelve months has seen staff cutbacks in at least 6% of Cardiac Rehab units – undermining the ability of rehabilitation programmes to achieve maximum potential in terms of effectiveness.

CR is predominately offered to individuals following acute Myocardial Infarction, Percutaneous Coronary Intervention, Coronary Artery Bypass Surgery and Heart Valve surgery, although evidence now suggests that the programme is very effective for heart failure and peripheral arterial disease patients also. Cardiac Rehabilitation in Ireland is managed by a Cardiac Rehab Co-ordinator in each of the 38 centres who direct patients to services needed and harness resources of the wider hospital and community system. The cardiac rehab co-ordinator works with and is supported by Cardiologists, Physiotherapists, Nurses, Occupational Therapists, Dieticians, Pharmacists, Psychologists and Social Workers.

CARDIAC REHABILITATION IN PRACTICE

Cardiac Rehabilitation is a continuous process commencing in hospital following an acute event and continuing on discharge into the community (AHA1994). It can be divided into four distinct phases.

- ***Phase 1:*** This phase relates to the period of hospitalisation following an acute cardiac event. The duration of this phase may vary depending on the initial diagnosis, the severity of the event and individual institutions. During this phase, individuals typically undergo a risk factor assessment and risk stratification as well as receiving information regarding their diagnosis, risk factors, medications and work/social issues. Involvement and support of the partner and family is facilitated and encouraged. This phase also includes early mobilisation and adequate discharge planning.

- ***Phase 2:*** This phase encompasses the immediate post discharge period, which is typically a period of four to six weeks. It focuses on health education and resumption of physical activity, however the structure of this phase may vary dramatically from centre to centre. It may take the format of telephone follow up, home visits, or individual or group education sessions. Either way, some form of contact is maintained with the patient, facilitating ongoing education and exchange of information.

- ***Phase 3:*** This phase is sometimes erroneously referred to as the 'exercise' phase, however it incorporates exercise training in combination with ongoing education and psychosocial and vocational interventions. The duration of Phase 3 may vary from six to 12 weeks, with patients required to attend a CR unit two to three times weekly for structured exercise and other lifestyle interventions.

- ***Phase 4:*** This phase constitutes the components of long-term maintenance of lifestyle changes and professional monitoring of clinical status. It is when patients leave the structured Phase 3 programme and continue exercise and other lifestyle modifications indefinitely. This may be facilitated in the CR unit itself or in a local leisure centre. Alternatively, individuals may prefer to exercise independently and Phase 4 may involve helping them set a safe and realistic maintenance programme.

(Coats et al 1995, Brodie 2000)

BENEFITS OF CARDIAC REHABILITATION

There is robust clinical trial evidence demonstrating the benefits of Cardiac Rehabilitation, which include

- Reduction in cardiac and all cause mortality by 26% and 20% respectively.
- Improvement in aerobic exercise capacity
- Reduction in cardiovascular risk factors
- Delayed progression of disease
- Improvement in symptoms
- Improved psychological and psychosocial well-being

CHALLENGES FACING CARDIAC REHABILITATION

There are a number of key challenges currently facing cardiac rehabilitation. These include:

- The need to protect cardiac rehab from cutbacks in healthcare system. The IACR is aware of six CR centers who have suffered cutbacks in recent months.

- The need to ensure availability of a multi-disciplinary team in each cardiac rehab centre.

- Increased demand for cardiac rehabilitilation due to aging population and increase in numbers of people surviving a cardiac event.

- The need to streamline approach and structure of cardiac rehab in different centres – ensuring adequate resources and best practice in all centres.

- Successful introduction of Phase 4 in all cardiac rehabilitation centres.

- Recognition of key role played by Cardiac Rehab Co-ordinators and the development of the post.

CONCLUSION

Cardiac Rehabilitation Programmes are a very effective way to help individuals who experience a cardiac event to deal with the consequences of their illness and support and facilitate them on the road to recovery. It also plays a major preventative role thus reducing the burden on acute hospital services. It is a cost effective programme with great scope for development. The IACR urges the Health Service Executive and Department of Health and Children to prioritise cardiac rehabilitation in its National Rehabilitation Strategy, reverse the recent cuts and provide support and resources into the future.

For further information please contact:
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