

Continuity of Care in Cardiac Rehabilitation “ From Hospital to Community”

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Introduction:

The 'Cardiac Shared Care Program' which commenced in August 2005 focuses on collaboration between the medical and welfare sectors with the vision of continuity of care for cardiac patients in the community. Patients who had completed the hospital-based cardiac rehabilitation are referred to a 3-month community-based exercise program which is supervised by a physiotherapist in District Elderly Community Centre. Community Nursing Service would provide follow up services and support for the patients after the exercise program. The exercise program will also be followed with mutual support and self-management training group in which emotional and educational support as well as lifestyle counseling are rendered by social worker to the cardiac patients.

Purpose of the Project:

To achieve the aim of continuity of care for patients who completed the cardiac rehabilitation in hospital, cardiac patients are assisted in community centre to develop an independent and heart healthy lifestyle so as to reduce hospital admissions and the potential for further heart problems.

Material & Methods:

There are totally 46 cases referred from hospital in the period of August 2005 to August 2006. 87% of cases are successful to complete the community-based exercise program. A study was conducted in March 2006. 25 patients with heart disease who had completed hospital based phase III cardiac rehabilitation were recruited to join a 3-month community cardiac rehabilitation program at a community centre in Hong Kong from August 2005 to January 2006. The change in six-minute walk test (6MWT), rate of perceived exertion (RPE), blood pressure, quality of life (SF36) and hospital admission before and 3 months after the program were analyzed.

Results:

25 patients with mean age of 71.74 were recruited into the study. 6MWT was 336.4 ± 48.7 and 343.8 ± 49 meters before and after intervention for supervised training ($P < 0.05$). RPE was 10.2 ± 1.6 and 9.3 ± 1.9 before and after intervention for supervised training ($P < 0.05$). For the score of SF36, increments were shown in Physical functioning ($P = 0.001$), Role physical ($P = 0.001$), General health ($P = 0.001$), Mental health ($P = 0.001$), Vitality ($P = 0.004$) and Bodily pain ($P = 0.006$). A significant change in 6MWT, RPE and quality of life was found.

Conclusion:

The 3-month community-based exercise program is beneficial to patients with heart disease as a continuation of hospital-based cardiac rehabilitation program. This program is really an exciting and significant step towards care for cardiac patients in the community. It is our future goal that the community care will also be extended to the general public through community health education and health screening.