

Australian Cardiovascular Health  
Rehabilitation Association  
17th Annual Scientific Meeting & Exhibition

*Presentation by Emma Boston*

Hotel Grand Chancellor, Hobart, Tasmania  
22 - 24 August 2007

Free Private Cardiac Failure  
Maintenance Program  
- 24 Month Assessment -

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St John of God Nepean Rehabilitation Hospital  
Frankston, Victoria

## Chronic Heart Failure

- CHF patients living on the Mornington Peninsula had difficulty and/or were excluded from participating in community based exercise programs.

## Cardiac Maintenance Program

- The Cardiac Maintenance Program (CMP) at Nepean Rehabilitation is a Divisional initiative of SJGHC in line with the Australian Government National Health Priority Area; Cardiovascular Health.
- Patients come from ALL social classes.

## CMP Team Members

- 2 Nurses (CRC) and 2 Physiotherapists (P/T) work directly with the Group.
- Minimum of 1 RN and 1 P/T to a maximum of 13 patients.
- The broader CR Team consists of CR Physician, Psychologist, Occupational Therapist, Clinical Dietitian, Pharmacist, Registrar, Pastoral Care Practitioner and Social Welfare & DVA Liaison Officer.

## CMP Entry Requirements

- CHF confirmed by Echo and/or NYHC less than (iv).
- Participant resides in the Mornington Peninsula area.
- Phase Two CR completed.
- Health Assessment by CR nurse and P/T including London Scale QOL and 6MWT.
- CMP Consent/Disclaimer agreed and signed.

## How the CMP is Run

- Participants attend either in the morning or afternoon each Wednesday
- Runs during State School Term
- Short health check questionnaire completed prior to each session

## CMP Health Self Assessment

Name:	Please circle "Yes" or "No" and let the nurse know if you answer "Yes" to ANY of these questions.
Date:	
Do you feel well enough to exercise today?	Yes No
Has any of your medication changed since last week?	Yes No
Have you been more short of breath this week?	Yes No
Have you had any chest discomfort/angina this week?	Yes No
Have you had any palpitations this week?	Yes No
Have been troubled by dizziness this week?	Yes No
Has there been an increase in your weight this week?	Yes No
Since exercising last week have you noticed an increase in your fatigue or lethargy?	Yes No

## CMP Group Exercising



## How the CMP is Run

- Group exercise lasts for approximately 45 minutes
- Free refreshments at the end of each session

## Monitoring

- BORG scale whilst exercising.
- Further parameters as needed.
- Initial assessment routinely repeated every 12 months.
- Assessment includes 6MWT, London QOL Scale and hospital readmission rates, plus an in-house customer satisfaction survey.
- Investigation of an appropriate depression tool has proved difficult.

## CMP Data

- Nine participants have been attending for more than 24 months
- Gender:
  - 2 women / 7 men
- Current age range:
  - 66 to 85 years; average age: 77 years
- Diagnosis:
  - 3 with cardiomyopathy
  - 6 with CHF

### Admission Scores

- Average age 75 years, range 64-83 years;
- 100% completed 6MWT with no rests

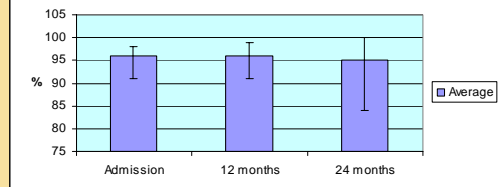
### 12 Month Scores

- 100% completed 6MWT with no rests
- 1 pt x 2 cardiac hospital admissions, 1 pt x 1 non cardiac hospital admission,

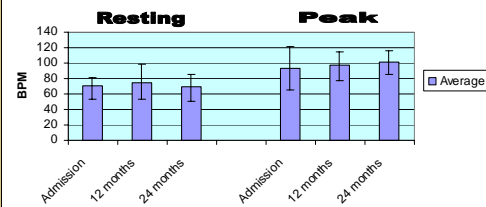
### 24 Month Scores

- 100% completed 6MWT with no rests
- 1 pt 3 x cardiac hospital admissions, 4 pts 5 x non-cardiac hospital admissions

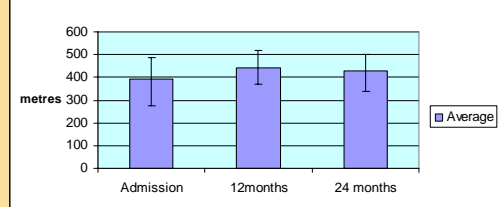
### Oxygen Saturation



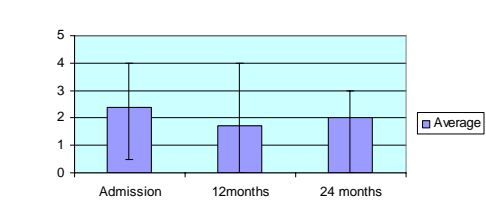
### Heart Rate



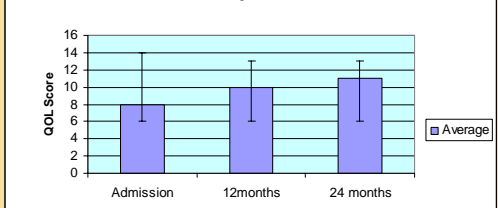
### Maximum 6MWT Distance



### Peak BORG Score



### Quality of Life



## 24 Month Data Summary

- Average age now 77 years
- 100% maintained no rests in 6MWT
- 56% maintained/improved SaO<sub>2</sub>%
- 67% improved/distance
- 67% maintained/improved BORG
- 55% QOL score deteriorated, however 100% subjectively reported maintenance at least
- 5 cardiac admissions x 1 pt
- 6 non cardiac admissions x 4 pts

## Case Study CMP 2007

- Lyn 72 year old female
- Dilated cardiomyopathy 2002, PPM
- 1x hospitalisation, gallstones

## Lyn's CMP Data

Assess	QOL	6MWT Distance	6MWT BORG	SaO <sub>2</sub> %
O/A	6	300m	0-4	98%
12 Months	6	450m	0	98%
24 Months	6	450m	0	98%

## Case Study cont

- Apart from medical order to rest with a DVT, Lyn has remained fully independent in ADLs and DADLs, drives, not restricted in any activity.
- Quote from Lyn about CMP...

*"It all has do with attitude...by keeping up the exercises it definitely helps a lot...being together in a group; it boosts you up"...*

## Private Health Care with a Difference

- A not for profit, benevolent, private health care provider.
- SJGHC's - Social Outreach & Advocacy (SOA) program funding in Australia is met entirely by SJGHC.
- No financial assistance from Government Organisations or Health Funds.
- The patient is not charged

## How Does it Work?

- There are no share holders
- Any surplus goes directly back into the "business"
- \$15.2 million was provided in the financial year 2006/2007 by SJGHC for its SOA Programs locally, nationally and internationally

## SOA Locally, Nationally and Internationally

- SJGHC - SOA provides significant care and relief for those who are oppressed, poor, powerless or are marginalised; eg ....

## SOA Nationally

- The “Strong Women, Strong Babies, Strong Culture” Program for Indigenous Australians



## SOA Internationally

- Setting up Timorese Pathology Laboratories with local Timorese



*Kevin Taylor (Pathology CEO) discusses a blood film diagnosis with a staff member in East Timor*

## References

- Annual Report 05/06 SJGHC
- “A Corporate Profile 2006” – SJGHC DVD
- “SJGHC Vision Statement 2005-2006”
- “Continuing The Mission of Jesus Christ” – SJGHC
- Zena Liston Pastoral Care Practitioner – Nepean Rehabilitation Hospital, Frankston, personal communication July 2007
- Rebecca Temple HeiQ Design and Development Project Officer, Melbourne University, personal communication June 2007
- Suzie Hooper Group Coordinator – Rehabilitation Services Development SJGHC – Melbourne, personal communication June 2007
- John Palmer Finance Manager-Social Accountability, SJGHC Inc., personal communication, July 2007