



Service Priorities and Programmes Electronic Presentations

Convention ID: 1282

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Improve the Patient Engagement of Phase II Cardiac Rehabilitation Program (CRP II) after Restructuring

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Keywords:

Phase II Cardiac Rehabilitation Program

Acute Coronary Syndrome

Introduction

The Phase II Cardiac Rehabilitation Program (CRP II) is out-patient service for Acute Coronary Syndrome (ACS) and post-cardiac intervention patients. The aims are to improve the patients' physical, psychological and social functions, help patients adopt a healthy lifestyle and develop a regular exercise habit in order to minimize the recurrence of cardiac event. In the past, the participation rate in CRP II was low due to the long waiting time for treadmill exercise test (TET) after heart attack (average of four months). Meanwhile, shortening of TET waiting time seems difficult without resources and timeslot. Therefore, the CRP II class was restructured to revamp the situation.

Objectives

CRP II can be started early to enhance patient engagement and participation after restructuring.

Methodology

The CRP II was restructured into two parts: Part I 4 sessions (education and low intensity exercise class) and Part II 12 sessions (exercise training). The contents of CRP II were revised and updated. Part I was started at 3 weeks post discharge whereas Part II was started after TET. The time to enroll in CRP II was recorded. The participation rate was reviewed.

Result

From June to December 2017, the patients could start CRP II Part I within two months post heart attack rather than four months after TET.

76 eligible patients joined the revised CRP II. The attendance rate of CRP II Part I was 75.7% (n=193). The attendance rate of CRP II Part II was 79.7% (n=187). The attendance rate of CRP II was increased from about 68% in 2016 to about 76.9% (n=380) in 2017. The evaluation from the patients was positive for the contents and schedule of the revised CRP II.

The above data showed that simple rearrangement of class is effective to improve patient's engagement and attendance to CRPII.