Chinook Health Region Striving for “The Best of Health for Everyone”

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As we all know, education is a key component of any cardiac rehabilitation program (CRP). From the time our patients are identified with heart disease, the learning begins and continues indefinitely. In the perfect world, everyone would receive information when they need it, in a convenient location, and in the language and format that best suits their learning needs. However, the real world consists of, among other things, limited resources, budgetary constraints, varied geography and the lack of personnel and facilities. Here at the Chinook Health Region (CHR), our region consists of 11 acute and continuing care facilities and 15 community health sites servicing more than 150,000 people in south western Alberta. As our CRP is responsible for providing all cardiac education resources for the region, it is our challenge to find creative and cost effective ways to provide information in a timely, appropriate and consistent manner. The importance of communicating with our health care partners to present consistent messaging is vital, as our patient population travels out of the region for diagnostics and interventions.

Quick Overview of How Things Happen at CHR

Cardiac education begins in the patients’ acute phase. On admission to the “Acute Coronary Syndrome (ACS) clinical pathway, patients are automatically referred to the CRP thus ensuring post hospital follow up. As part of the referral process patients are given our “Cardiac Education Package”. This information package was created to provide patients/families with an introduction to heart disease, risk factors and related lifestyle issues. It is not intended to give them all the information needed to manage long term but it is meant to help them through their initial hospitalization and immediate post hospital phase. Additional leaflets in this package provide information on the cardiac rehabilitation process, the Heart to Heart Support Society, community resources and CRP contact numbers.

If smoking is an issue, patients also receive our “Quitter’s Coping Kit”, a package which addresses concerns regarding heart disease and tobacco use, cessation issues and community resources. Conveniently included in this package are gadgets and ideas to help with cravings. Our pharmacists address cessation strategies prior to discharge.

During the development phase of both packages, our multi-disciplinary education committee met with our counterpart in the Calgary Health Region to ensure consistency with messaging.

Prior to transfer or discharge, in addition to individual teaching, patients/families can also view a variety of additional materials through booklets, videos, or our in-house television viewing “Medicine Show” which is a continuous 3-hour loop of presentations. All materials are standardized and are available in ICU and on the medical units. These materials can also be sent out to other sites in the region on request. A public resource centre offering a variety of lifestyle materials is situated on one of the medical units.

If appropriate, in their post-hospital phase, patients on the ACS clinical pathway are scheduled into a series of classes. Patients typically attend two to four weeks post event depending on their specific interventions and stage of recovery. Classes consist of small groups of 10 – 20. Support personnel are invited to participate in all aspects of our programming. These classes are presented in an informal, interactive setting using the “Experiential Design Model” of presentation. (1) The first of the series is Heart CHEC (Cardiac Health Education Class). During introductions in this class, participants have an opportunity to “tell their story”, voicing any struggles or burning questions they may have. At times much discussion follows, with others making comments, offering suggestions- in a way normalizing many of the issues by confirming similarities. A group dynamic quickly develops and the dynamics of each group differs. The class is presented using a flip chart, overheads, and a video, with a participant handout package to follow along with and take home for review. An Activity Log/Journal is also given at this time to help track progress. Active participation is encouraged. The majority of the agenda for this class deals with the commonalities this group is facing at this time in their recovery; coping with their medications; understanding angina, identifying, managing, and preventing symptoms; guidelines for safe, beneficial and progressive activity. It also includes an introduction to risk factors, nutrition, tobacco issues, coping with stress and change. These latter topics differ among individuals and are explored more closely in individual sessions. There are also topics specific to non-heart related chronic illness prevention and management. To maximize our resources, we have pulled these topics out of our disease specific programming and made them available to the non-cardiac population as well. These and many others have become part of our “Building Healthy Lifestyles” (BHL) initiative. The mandate of BHL is “to integrate services and approaches to chronic disease prevention and management in the CHR”. (2)

The second class of the cardiac series is “Smart Choices and Changes” which is a class offered to anyone in the region as part of BHL. This class deals with identifying health concerns, outlining individual barriers and supports. It explains and assists in formulating SMART goals (3) which are used consistently throughout programming in the region. These goals are Specific, Measurable, Achievable, Realistic and Timely (SMART). This class also encourages patients to successfully set and achieve their personal health goals.

The third class in the series is “Eating for a Healthy U”, a back to basics nutrition class offered through BHL presented by a dietitian.

Following attendance at the above-mentioned series or if patients are not appropriate for the group classes, patients meet with the program staff one on one. Through motivational interviewing, (4) we set out to review their specific situations and needs. Goals and action plans are set in motion. These plans may include more classes through BHL, consultation with other health care providers, attending exercise classes and/or beginning home exercise. The patients are key players in the decision making as to what, when, and where. Many of the classes through BHL are offered at varied dates, times and...
locations within the region. Participants can choose the education they feel they need. Following our coaching model,(5) we suggest and direct them to classes we feel may be appropriate and beneficial.

Education continues with their participation in the “12 Week Exercise / Education Program”. Our exercise is done with the same group for 12 weeks. Involvement of spouses, family or friends is encouraged. The dynamics of the groups are amazing; a truly supportive atmosphere develops in time and time again. The format of the class consists of a modified walking program which involves aerobic conditioning, in addition to resistance training for muscular strength and endurance and exercises to help coordination, balance and flexibility. During the activity classes we take the opportunity to educate on technique, body mechanics, exercise modifications, functional fitness, etc. During the recovery phase, a variety of disciplines present further lifestyle information in 30-minute sessions. These are informal, interactive discussions among the group. Some of the topics include: specific risk factors, coping with stress, demonstrating relaxation techniques, alternate therapy, humour, sex (always a hot topic), how to stick with your changes, community resources, plus many others. Again the education is participant driven, if questions arise we try to answer them or recruit experts who can. To add interest, we use a variety of presentation techniques: flip charts, models, videos, games, etc. injecting humour to lighten the seriousness of the situation, if only temporarily. We have supportive materials we hope will help with retention of messages. Most recently we have developed a resistance-training manual. Once participants have graduated from the 12-week program, they once again meet with their coach and review, update and set new goals.

At any time during their recovery and rehabilitation and beyond, they may attend any of the many BHL classes. The BHL calendar includes both disease specific and generic classes.(6) These are free of charge and do not require a specific referral, which allows for self-directed learning. Numerous lifestyle topics are available presented by CHR personnel and our community partners in a number of locations across the region. Arrangements can be made to present these topics to interested parties on request. Many of the handouts and classes have been modified for our Aboriginal population. Our hope in the future is to produce self-learning modules for many of the classes. All CRP patients are assigned a “lifestyle coach” who assists in directing interventions, including education. BHL also addresses duplication of service. The initiative acknowledges co-morbidity of our patient population by striving “to implement a more coordinated and appropriate service delivery model within participating programs and teams.”(7) If a patient sees a dietitian in the diabetes clinic and enters the system with angina, they would re-connect with the same dietitian. This prevents repetition and ensures a continuum of service. Since generic classes have been removed from disease specific programs, there is greater access and utilization of services. For example, “Relaxations and You”, is now available to the general population, in addition to those connected with CRP.

We are all asked to do more with less. In an attempt to meet the challenges at CHR we are constantly exploring new partnerships, searching for creative ways to maximize our minimal resources ...by the way, “Have you anything you care to share?”

References:

Suggested Reading:
12. Wagner EH, Davis C, Schaefer J, VanKorff M, Austin B. “A Survey of Leading Chronic Disease Management Programs: Are They Consistent with the Literature?” Managed Care Quarterly 1999; 7(3); 56-66.