



LUNGSMART
PULMONARY REHABILITATION



HEARTSTART
CARDIAC REHABILITATION

Bundaberg Health Promotions Place
14 Branyan Street Bundaberg Q 4670

T 4150 1800
F 4150 1888

Patient name: _____ DOB: _____

Address: _____

Phone (H): _____ Phone (M): _____

Pulmonary Rehabilitation

Inclusion criteria:

- COPD
- Bronchiectasis
- Interstitial Lung Disease

Heart Failure Rehabilitation

- HFpEF
- HFrEF

Cardiac Rehabilitation

- CABG
- Infarct/MI
- Stent/angioplasty
- Valve replacement/repair
- Ablation or cardioversion
- Coronary artery disease

Re-entry criteria for Phase 2 Rehabilitation <12mths of previous participation:

- Recent hospitalisation related to cardiac/respiratory condition. Please enclose hospital discharge summary.
- Specialist referral

COVIDSAFE changes to our business practice have been implemented for the COVID-19 Pandemic. Please contact our Clinical Directors if you have questions regarding our service delivery during this time.

- Tele-rehabilitation service delivery available for patients deemed too high risk for standard care.
- Our groups have been limited to a maximum of 8 patients per group, and physical distancing of at least 1.5m is maintained.
- Our group session times have been staggered to allow more time between classes for cleaning and to minimise overlap between patients arriving and leaving their session.
- Shared equipment will be limited as much as possible within a group session, but as a minimum will be cleaned in between participants.
- Touch surfaces of exercise equipment will be cleaned after patient use.
- Our staff will be performing additional environmental cleaning and disinfection between groups.

Please enclose:

- Patient Health Summary or equivalent
- Up-to-date medication list.
- Relevant investigations. Eg. Lung function, imaging, echocardiogram, angiography/operation details, exercise testing.
- Relevant specialist correspondence
- Relevant hospital discharge summaries

This patient is medically stable, meets clinical criteria (see above and overleaf), and is willing and able to participate in clinical rehabilitation.

Please specify the required service delivery model:

- Standard Face 2 Face service delivery model advised
- Tele-rehabilitation service delivery model advised

Referrer comments: _____

Referrer signature: _____

Referral date: _____

Name: _____

Referrer stamp: _____

Practice: _____

Telephone: _____

Our Phase 2 Clinical Rehabilitation programs are group-based and provide comprehensive treatment specifically tailored for people with chronic respiratory and cardiac disease. All sessions are supervised by our health professionals and designed to operate in line with recommended clinical guidelines. Standard Phase 2 clinical rehabilitation comprises 16 supervised exercise sessions. These are usually completed twice weekly over an eight-week period. Assessment consultations are completed before and after the program to accurately assess and monitor symptoms using internationally recognised clinical measurements and protocols.

- ✓ Phase 2 pulmonary or heart failure rehabilitation participation should be considered every 12 months for symptomatic patients.
- ✓ Phase 2 cardiac rehabilitation is recommended after an acute coronary event.
- ✓ Re-entry to Phase 2 clinical rehabilitation within 12 months of previous participation may be considered if requested by their treating specialist, or after hospitalisation related to their cardiac/respiratory condition.

Patients not meeting clinical inclusion criteria for Phase 2 clinical rehabilitation may be considered for our other clinical services including our Allied Health Chronic Disease Management programs and/or our Track Walking program.

General exclusion criteria:

- ✗ Significant cognitive or mental health impairment. Patients must be safe to participate in group exercise sessions with a supervisor:patient ratio of 1:8.
- ✗ Relevant infectious disease.
- ✗ Unstable cardiovascular disease including but not limited to acute coronary syndrome (ACS), uncontrolled hypertension (systolic >180; diastolic >100 mmHg), resting heart rate >120bpm, unstable exercise induced arrhythmia, unstable or severe pulmonary hypertension, or heart failure NYHA IV.
- ✗ Severe hypoxia (resting SpO₂ <88%) on room air or despite prescribed long term oxygen therapy.
- ✗ Musculoskeletal or neurological disorders that prevent low-moderate intensity group exercise.

Clinical inclusion criteria:

Phase 2 Pulmonary Rehabilitation is considered a key component of the management of people with COPD (regardless of severity)¹ and has been shown to reduce symptoms of breathlessness and fatigue, improve health-related quality of life (HRQoL)², and reduce hospital readmissions after an exacerbation³. Following hospitalisation for infective exacerbation, pulmonary rehabilitation should be commenced within 2 weeks of hospital discharge. It is recommended that people with bronchiectasis or interstitial lung disease also undergo pulmonary rehabilitation.⁴

Phase 2 Heart Failure Rehabilitation is recommended in patients with heart failure associated with high-risk features, to decrease mortality and rehospitalisation. Regular performance of up to moderate intensity continuous exercise is recommended in patients with stable chronic HF, particularly in those with reduced LVEF, to improve physical functioning and quality of life, and to decrease hospitalisation.⁵

Phase 2 Cardiac rehabilitation can reduce hospital readmissions and death within the first year after a coronary event by as much as 56% and 30%, respectively.⁶ Cardiac rehabilitation reduces mortality, accelerates recovery, improves clinical outcomes (e.g. improved cholesterol, blood pressure), improves behavioural outcomes (e.g. exercise tolerance, smoking cessation), reduces repeat cardiovascular events and hospital readmissions, strengthens adherence to medication, and enhances mental health and quality of life.

¹ Yang IA, Dabscheck EJ, George J, Jenkins S, McDonald CF, McDonald VM, Smith BJ, Zwar NA. The COPD-X Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease. Lung Foundation Australia, Brisbane, 2016.

² McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev.* 2015; CD003793.

³ Puhan MA, GimenoSantos E, Cates CJ, Troosters T. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. *Cochrane Database of Syst Rev.* 2016(12) CD005305.

⁴ Alison, J.A., McKeough, Z.J., Johnston, K., McNamara, R.J., Spencer, L.M., Jenkins, S.C., Hill, C.J., McDonald, V.M., Frith, P., Cafarella, P., Brooke, M., Cameron-Tucker, H.L., Candy, S., Cecins, N., Chan, A.S.L., Dale, M., Dowman, L.M., Granger, C., Halloran, S., Jung, P., Lee, A., Leung, R., Matulik, T., Osadnik, C., Roberts, M., Walsh, J., Wootton, S., Holland, A.E. On behalf of the Lung Foundation Australia and the Thoracic Society of Australia and New Zealand (2017) Australian and New Zealand Pulmonary Rehabilitation Guidelines. *Respirology*, doi: 10.1111/resp.13025.

⁵ Atherton J et al. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the prevention, detection and management of heart failure in Australia 2018. *Heart Lung Circ* (2018) 27, 1123–1208.

⁶ NHS Improvement Heart. Making the case for cardiac rehabilitation: modelling potential impact on readmissions, 2013.