# Reassessment

### Aims of module

To undertake an end CR program assessment (in addition to a reassessment during the program if time and capacity allow) of the participant's needs to assist in the development of a discharge plan.

### Logic

- All major CR guidelines recommend individualised assessments in the initial stages of CR and re-assessment during the program and prior to completion.
- Collaborative goal-setting and shared decision-making is essential to fostering self-care in a chronic disease population.[1] This process should commence at the initial assessment and be reviewed throughout the CR program.

## Program Reassessment Assessment Priorities

Give all CR participants a standardised discharge assessment on completion of CR.[2]

The post assessment should include at a minimum:

- exercise capacity
- lifestyle risk factors (physical activity, diet, smoking, alcohol)
- psychosocial health (depression, anxiety)
- medications
- review own personalised goals set at beginning of program

If program has capacity also reassess, if applicable:

- adiposity (waist circumference)
- medical risk factors (blood pressure, lipids, blood glucose)
- quality of life
- return to activities of daily living

*See the example data collection tool for further guidance (Initial Assessment module)*

**NHMRC Level of Evidence:** Expert Opinion

**Rationale:** All major clinical CR guidelines (e.g., British, Scottish, Canadian, American, Australian Core Components) support individualised assessment of CR participants.

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## Reassessment Best Practice Statement 2

**Review CR participants' goals at the completion of the CR program.**

**NHMRC Level of Evidence:** Expert opinion

**Example content:**

- The goal-setting process should be informed from needs determined by the initial assessment.
- If possible, provide CR participants with self-management strategies to help the transition from the CR program and ways to continue to work towards reducing their cardiovascular risk.
- Encourage engagement with available community services and Phase III CR.

**Rationale:** Goal setting has been identified as a critical component to CR by many international guidelines (e.g. British, Scottish). The British and Scottish guidelines recommend assessment after completion of the CR program to determine achievement of goals and to plan for transition to long-term management.[3,4]

## Reassessment Best Practice Statement 3

**Give the CR participant and their GP and cardiologist a discharge or summary letter.**

**NHMRC Level of Evidence:** Expert Opinion

**Example Content:**

- Each CR participant should have a copy of their CR management plan.
- Forward the care plan to the participant's cardiologist and GP.
- Discharge or summary letters can include a pre/post-CR comparison of the patient's risk factor profile, current medications, exercise guidelines, and a plan for ongoing management.

**Rationale:** The Australian Core Components recommend that the CR participant's GP and/or cardiologist should, within two weeks of CR completion, receive a discharge or summary letter that includes clinical outcomes and a plan for ongoing management.[2]



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## Resources for clinicians

- Sample data collection tool (see Table 2 in the Initial Assessment module)
- Goal setting – see action plans in My Heart My Life, https://www.heartfoundation.org.au/after-my-heart-attack/heart-attack-recovery/action-plans

## References

1. Department of Health and Human Services. Care for people with chronic conditions. Guide for the Community Health Program (Internet). Melbourne: Victorian Government; 2016 Nov (cited 2018 May 28). Available from: https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/chronic-care-guide
2. Woodruffe S, Neubeck L, Clark RA, Gray K, Ferry C, Finan J, et al. Australian Cardiovascular Health and Rehabilitation Association (ACRA) Core Components of Cardiovascular Disease Secondary Prevention and Cardiac Rehabilitation. Heart, Lung and Circulation. 2014.
3. British Association for Cardiovascular Prevention and Rehabilitation. The BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2017 (3rd Edition) (Internet). 2017 (cited 2018 Jan 2). Available from: http://www.bacpr.com/resources/BACPR_Standards_and_Core_Components_2017.pdf
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