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

<table>
<thead>
<tr>
<th>Give all CR participants a standardised discharge assessment on completion of CR.(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The post assessment should include at a minimum:</td>
</tr>
<tr>
<td>• exercise capacity</td>
</tr>
<tr>
<td>• lifestyle risk factors (physical activity, diet, smoking, alcohol)</td>
</tr>
<tr>
<td>• psychosocial health (depression, anxiety)</td>
</tr>
<tr>
<td>• medications</td>
</tr>
<tr>
<td>• review own personalised goals set at beginning of program</td>
</tr>
<tr>
<td>If program has capacity also reassess, if applicable:</td>
</tr>
<tr>
<td>• adiposity (waist circumference)</td>
</tr>
<tr>
<td>• medical risk factors (blood pressure, lipids, blood glucose)</td>
</tr>
<tr>
<td>• quality of life</td>
</tr>
<tr>
<td>• return to activities of daily living</td>
</tr>
</tbody>
</table>

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.
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.

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.
Resources for clinicians

- Sample data collection tool (see Table 2 in the Initial Assessment module)

References


Terms of use: This material has been produced by the National Heart Foundation of Australia (Heart Foundation) for the information of health professionals. The Heart Foundation does not accept any liability, including for any loss or damage, resulting from the reliance on the content, or its accuracy, currency or completeness. Please refer to the Heart Foundation website at www.heartfoundation.org.au for Terms of Use.

©2019 National Heart Foundation of Australia ABN 98 008 419 761

This guide was developed jointly by the Heart Foundation and Institute for Physical Activity and Nutrition (IPAN) at Deakin University as part of the Development of Standardised Curriculum for Cardiac Rehabilitation project, funded by Safer Care Victoria.

Funded by This resource was developed in collaboration with