Pediatric Cardiac Rehabilitation Program

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Introduction

- Congenital heart disease is the number 1 birth defect in the world. Heart disease is second only to asthma as the leading cause of illness in children.
- Every year in Saskatchewan there are about 140 children who are diagnosed with heart disease and approximately 70 children go out of province for cardiac surgery.
- Due to medical and surgical advances there are now more adults than children living in Canada with Congenital Heart disease.
My Inspiration
What is a Pediatric Cardiac Rehab Program?

- Similar to Adult Cardiac Rehabilitation Program

- For children ages 6-18 with Congenital or Acquired Heart Disease

- Participation is voluntary with Pediatric Cardiologist approval
Components of the Program

- Program will provide:
  - Fun exercise programs
  - Nutrition information
  - Family involvement
  - Emotional support
  - Education
Multidisciplinary Team

- Multidisciplinary involvement in program development and implementation
  - Exercise physiologist
  - Dietician
  - Psychologist
  - Registered nurse
  - Patient and family
Benefits of Cardiac Rehabilitation

- Psychological
  - Ability to confidently manage physical activity
  - Increased sense of well being
  - Support system
- Physiological
  - Increased cardiac function
  - Increase exercise capacity and energy
- Education
  - Knowledge of their specific cardiac issues
Boston Pediatric Cardiac Rehab Study

❤️ A 12 week pediatric cardiac rehab study was done in 2005 by Dr. Jonathan Rhodes at the Children’s Hospital in Boston

❤️ At the 7 month follow-up testing they found significant, sustained improvements in exercise function in the participants who continued to exercise

❤️ The participants also showed improvement in their behavior, self esteem and emotional state
Where do we go from here?

- Parent and patient survey
- Pilot study
- Western Canadian Children’s Heart Network
- Saskatchewan Union of Nurses
- Coronary Artery Rehabilitation Group
12 KEY Patient and Family- Centered Practices

♥ Patients and families are seen as essential members of the health care team in all settings across the continuum of care.

♥ Staff and clinicians introduce themselves to patients and their family members in all encounters.

♥ Patients and families are supported in collaborative self-management in ambulatory settings.

♥ Families are no longer viewed as visitors.

♥ Patients and families are partners with staff and clinicians in enhancing patient safety.
Patients and families are encouraged and supported to participate in nurse change of shift report and rounds.

Patients and families have timely, useful information about medications.

Patients and families have access to a Rapid Response Team.

Patients and families according to patient preference, have easy access to their clinical information, medical record, and the daily recording of care.
Patients and families are encouraged and supported in participating in the planning for discharge and other transitions.

Education and support are provided to front-line nursing and allied health staff, physicians, unit leaders, and trainees for how to introduce themselves and how to collaborate with patients and families.

Patients and families participate in meaningful sustained ways in policy and program development, implementation, and evaluation; in quality improvement and safety initiatives; in facility design planning; and in professional education.

Institute for Patient-and Family-Centered Care
Bethesda, Maryland (www.ipfcc.org)
Thank You

Saskatchewan Union of Nurses
Western Canadian Children’s Heart Network
Pediatric Cardiology
Coronary Artery Rehabilitation Group
Health Council of Canada
Little Hearts Family Group Inc.
Sean and Joanne Telfer
“Appropriate educational and psychological support for the children and their families is the next challenge for all of us in the field of paediatrics. How ironic it would be to have invested so much in early survival, only to allow the child to fail in life itself.”

Dr. Derek G. Human
Medical Director, Cardiac Sciences Program, BC Children’s Hospital
Head of the Division of Cardiology, University of British Columbia
References


Kendall et. al. (2003). The views of parents concerning the planning of services for rehabilitation of families of children with congenital cardiac disease. Cardiol Young, 13 (1), 20-27.


References


♥ Rhodes,T. et.al.(2005) Impact of Cardiac Rehabilitation on the Exercise Function of Children With Serious Congenital Heart Disease. Pediatrics;116;1339-1345

♥ The Heart and Stroke Foundation of Canada. www.heartandstroke.ca/