Current Status of Cardiac Rehabilitation Program after applying of Critical Pathway

Jong Hyun Kim^{1*}, Eun Young Han^{1†}, So Young Lee¹, Bo Ryun Kim¹, Young Tae Jeon¹, Won Bin Kim¹

Jeju National University Hospital, Department of Rehabilitation Medicine¹, Jeju National University, Department of Rehabilitation Medicine²

Backgrounds and Objectives

Cardiac rehabilitation (CR) has recently emerging as an essential component of critical pathway (CP) of acute coronary syndrome in Korea. However, there are few reports about the current status of CR. Therefore, we aimed to investigate the proportions of patients referred to and attending CR programs in OO regional cardiocerebrovascular center and to provide basic information for CR of ACS patients in Korea.

Methods

Data was retrospectively collected from October 2013 to December 2017. The phase I 4-day CP protocol of ACS is described in Figure 1 which is composed of the patients screening and education for analysis of body components, various risk factors, arterial stiffness, and CR program. The phase II (outpatient) CP protocol consisted of comprehensive assessment of cardiopulmonary exercise (CPX), isometric muscular strength of lower limb, gait endurance (Figure 2). And then, according to risk factor classification, the patients were divided into the center-based CR or the home-based CR. The prescription of aerobic and resistance exercise and the education for the modification of risk factors were conducted at the same day of CPX and the education book and brochure were also provided.

Results

401 patients were referred for phase I CR after percutaneous coronary intervention (PCI). Among them, 266 patients (66.3%) underwent CPX and before the initiation of phase II CR according to CP of CR. And, 160 patients (39.9%) completed in center-based CR or the home-based CR.

Conclusion

We confirmed the basic data about the proportions of patients referred to and attending CR and CP protocol including CR might be beneficial for increasing the CR enrollment and adherence. Therefore, CR should be an essential component of CP of ACS in Korea.

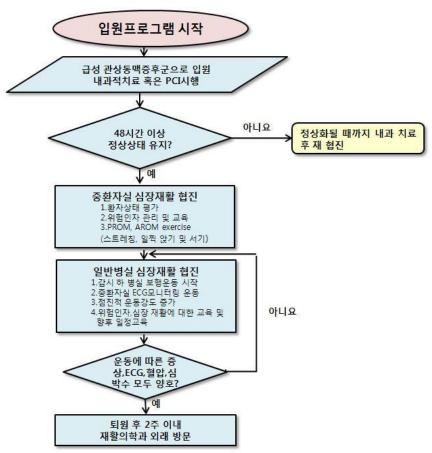


fig1. The phase I inpatient CP protocol

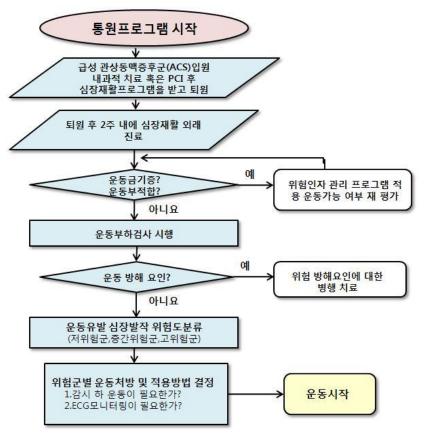


fig2. The phase II outpatient CP protocol