The Heart Manual

The Programme

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The Heart Manual Package

The HM is written in simple language and laid out in three, easy-to-follow parts:

Part 1: Your Heart Condition: The Facts. This part contains important information for the patient to read during the initial phase of their recovery.

Part 2: The Weekly Programme. This part consists of six weekly sections, each containing important information to aid the patient's recovery, a graded exercise programme and a focus each week on a lifestyle risk factor.

The Post MI and Revascularisation editions of the Heart Manual are available in both paper and digital format

Part 3: Facts and Advice to Help Your Recovery. This part contains important information about the patient's recovery, medication, and other significant issues relating to their condition such as hospital investigations and treatments.

Supporting resources include:

- Relaxation audio- patients can choose from CD, online audio or HM Relax App (available on Apple and Android).

The relaxation audio is also available in the following South Asian languages:

Punjabi Urdu
Gujarati Hindi

- Home exercise plan video- demonstrates how to do each exercise correctly
- Question and Answer (Q&A) audio- choice of CD or online audio

The Heart Manual encourages the patient to take control of their condition and manage it through goal setting and pacing. Walking and exercise records, as well as daily activity records can be found in the weekly sections of Part 2. These are used to document and monitor daily progress as well as changes in mood and symptoms.

Interactive resources such as quizzes help raise awareness/ establish understanding and identify possible areas for change. A medication chart can be found in Part 3. This is intended to increase awareness of the standard cardiac medications and promote concordance.

Follow the link below to view our short video on the Heart Manual resources:

https://www.youtube.com/watch?v=T0Un3dE3L1c

Cardiac Rehabilitation Standards in the UK

Although there is no one set standard within the UK, NICE, BACPR, SIGN etc. all identify key components of a 'good' cardiac rehabilitation programme. **The key components for a comprehensive cardiac rehabilitation programme are included in the HM:**

- **an exercise programme**
- **lifestyle and risk factor education**
- **advice about safe and unsafe activities including pacing**
- **the common psychological responses and their management**
- **stress management and relaxation**
- **information about frequently prescribed medications**
- **event and intervention specific information, investigations and treatments.**

Patients should be encouraged to use the Heart Manual daily to help identify, plan and monitor weekly targets and pacing activities. Psychological support and health behavior change activities are imbedded throughout the manual. Some aspects of the manual may not be pertinent to all patients, but the resources are still useful and can act as a reminder of the positive things the patient may already be doing that affect their risk. As with any CR programme, onward referral to specialist services such as a dietician, psychologist, occupational therapist, smoking cessation etc. should be considered, as appropriate. Similarly, onward referral into Phase 4 programmes at the end of the 6 weeks should be discussed with each patient.

Heart Manual Training

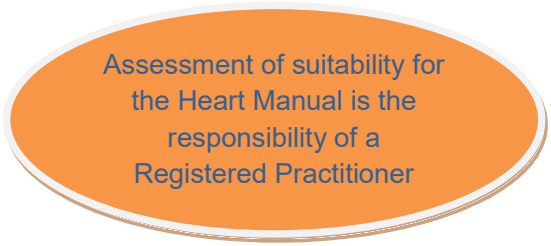
The Heart Manual is not supplied directly to the public. Patients receive the Heart Manual through their local NHS provider. Practitioners using the resource should attend a dedicated Heart Manual training course run by the Heart Manual Department prior to use. Training is provided across many disciplines, including nursing (acute and

community based), AHP's and exercise specialist roles. The HM Department maintains an active register of trained facilitators, allowing us to communicate updates and ongoing changes regarding HM materials.

The facilitator training is an essential part of the programme delivery. It introduces health behavior change techniques, the core principles of self-care management strategies such as lifestyle change, pacing and goal-setting, suggests patient rehabilitation pathways and develops the skills required to monitor and promote psychological well-being.
It is an advantage if several members of the team are trained and familiar with the programme to help spread the workload, cover leave and provide continuity for patients.
In addition, a facilitators area and additional education content is available to trained facilitators through a personal login provided prior to training. Content can be found at: https://services.nhslothian.scot/TheHeartManual/Pages/FacilitatorLogin.aspx

Delivering the Heart Manual to patients

Patients should be assessed by a registered practitioner (nurse or AHP) as suitable to commence the programme. Non-registered/ non-regulated health care workers such as exercise specialist or health care support workers may be trained in the resources and deliver aspects of the programme under the supervision of a registered practitioner according to each individual's clinical competence.



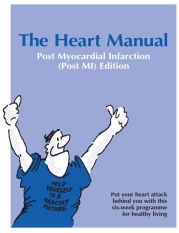
Limitations to delivery: As the main Heart Manual book is available only in English, non-English reading patients and carers will need help with the written content via English reading family members, where practical and acceptable. Some health services may provide personnel to assist with the facilitation process. Sites where this is available often have a good appreciation of the social and cultural diversity of their local population, as well as the ability to translate and discuss the HM text. Similarly, patients who are visually impaired can be assisted by a fully sighted individual, if this is deemed appropriate.

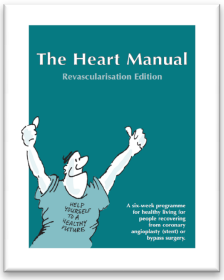
The digital versions of the Heart Manual can be translated using some free to use translation software e.g. Google Translate. Caution is advised in using such software as not all content translates exactly, and words can have different meanings in different languages.

Who may receive the Heart Manual?

The initial study criteria specified a confirmed diagnosis of MI, age under 80 years, the ability to read and understand English and be resident in a catchment area served by a trained facilitator. Subsequent studies, however, had no upper age limit. It is important to conduct a holistic assessment of the patient and their needs when addressing suitability for the Heart Manual and seek potential solutions where appropriate.

Patients who have experienced a myocardial infarction (MI) with or without subsequent percutaneous coronary intervention (PCI) should receive the Post MI edition of the Heart Manual.





Patients who have attended for a planned PCI or have had a coronary artery bypass graft (CABG) should be given the Revascularisation edition of the Heart Manual.

The HM not only focuses on short-term recovery but aims to assist the patient to adopt and maintain self-management skills, promoting the maintenance of well- being from their event or intervention on to long-term self-management.

The Heart Manual as a home- based programme should be offered alongside traditional centre-based CR, giving the patient choice in the mode of delivery. Options also include paper or digital versions

Is anyone excluded?

The HM is not suitable for patients with a very poor prognosis, those who have unstable conditions or those with complex comorbidities such as severe cognitive impairment. This is because the manual takes an active and optimistic approach which may be inappropriate or increase individual risk. The judgement of who receives the HM is therefore a clinical one. Patient safety should always be considered by the practitioner who prescribes and those who facilitate the manual.

The patient pathway and contacts

The traditional method of CR delivery focuses on Phases I-IV and is still referred to by most practitioners. In addition to this the Department of Health (DoH 2010) advised a 7 stage approach to CR, from identification and referral through to final assessment and discharge. The HM programme fits well within these pathways and can be introduced pre-discharge in Phase I of the pathway, supporting the patient thought 6 weeks of recovery, the transition to long-term self-maintenance and secondary prevention. Further referral to additional phase IV rehabilitation or primary care services can then be provided as necessary.

NICE National Institute for Health and Care Excellence

"Begin cardiac rehabilitation as soon as possible after admission and before discharge from hospital. Invite the person to a cardiac rehabilitation session which should start within 10 days of their discharge from hospital". *(2013 recommendation)*

"Offer cardiac rehabilitation programmes in a choice of venues (including at the person's home, in hospital and in the community) and at a choice of times of day, for example, sessions outside of working hours. Explain the options available." *(2013 recommendation)*

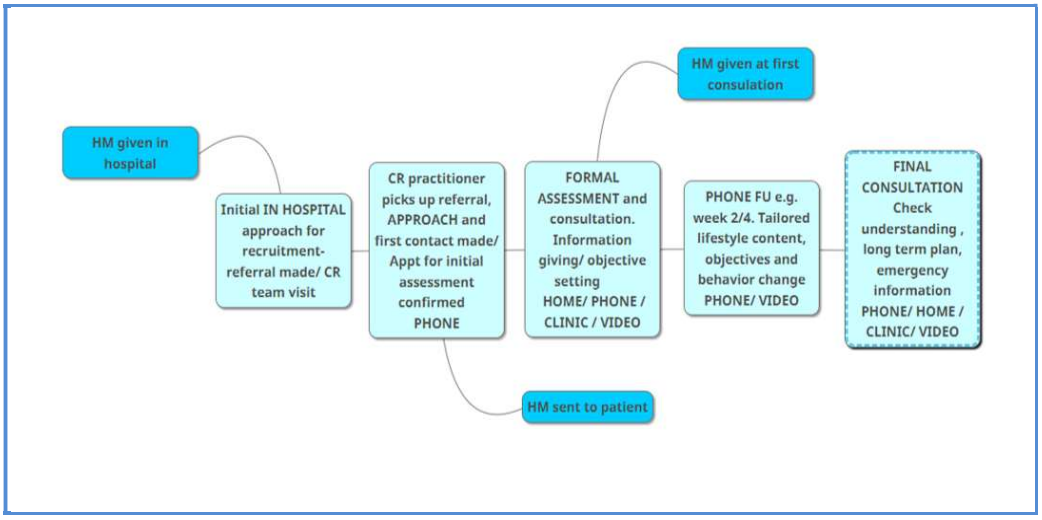
NICE Guideline (NG185) Acute Coronary Syndromes (Nov 2020)

The timepoint of the initial contact with the patient will vary according to local service delivery. Ideally recruitment and introduction of the HM should happen pre-discharge, however this does not always fit with how services are set-up and referrals to CR are made. The inherent flexibility of the HM makes it possible to introduce the resource at any point in the recovery process (see Flowchart 1), across both urban and rural settings and by community or hospital-based teams. That said, it is important to consider where improvements in referral and recruitment processes and timelines could be made in line with national guidance e.g. NICE NG185.

Established trials of the Heart Manual have concluded that for those who are recovering from an acute event or following elective revascularisation, making a contact within one week of discharge and then at week 3 and at week 6 provides a structure which not only meets the patient's needs but can be realistically implemented within practice (Lewin et al. 1992; Dalal et al. 2007; Jolly et al. 2007). Patient contacts however need to be decided on an individual basis. Those who have received surgical intervention (coronary artery bypass graft) have a more protracted recovery, thus may require additional support, for example, further interim contacts, or contact at 12 weeks, if service provision allows. Similarly, the profile and scope of patients being referred to CR has changed over the years and many more patients with multiple morbidities are being referred to CR, resulting in additional resources and support.

The importance of individual assessment and flexibility within the number and duration of contacts is both useful, necessary and can be built into the HM progrmame as needed.

The specific pathway for referral and progress through the CR pathway for each patient and site will vary. Options for potential contact points, introduction and initiation of the HM and delivery are demonstrated below:



Flowchart 1: Possible contact points and options for delivery

Hints for delivery:

- **Initial assessment consultation will take about 1 hour**
- **Subsequent contacts are likely to average about 30-45 mins**
- **Be flexible:**
    - **shorter, more frequent consultations may be useful for some patients**
    - **some patients will need minimal input, shorter and/ or fewer sessions**
- **Contacts can be face to face at home or in clinic, by telephone or video call (first contact benefits from being face to face if service provision allows)**
- **Phone calls are useful for checking in on patients between longer consultations**
- **If visiting patients at home, allow time for travel, record keeping etc.**

These are general guidelines based on the success of the trial delivery sites and feedback from sites and patients over the years.
The HM can be delivered by community based or hospital-based teams. Home visits may be more practical to implement by community-based teams than hospital- based teams therefore the site set-up and local issues will influence how and what you are able to offer.

Refer to The Heart Manual Development section for further information on the resources available within Heart Manual, how they have been developed and the subsequent evidence base over the years.

For any further information please contact us at:
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