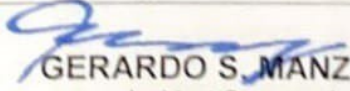


 <p>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</p>	Document Type	Document Code:
	POLICY	POL-ICP-059
		Effective Date:
		September 2020
	Document Title	Revision Number:
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REVISION HISTORY			
Rev. No.	Review Date	Description of Change	Date of Next Re- view
			September 2020
1	November 2020	3. Tool 3.2 inclusion of "remote real time monitoring."	2022

Reviewed by:	 GERARDO S. MANZO, MD Incident Commander	Approved by:	 JOEL M. ABANILLA, MD Executive Director
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I. POLICY STATEMENT:

Amidst the ongoing COVID-19 Pandemic, and with a view to maintaining the accessibility of Cardiac Rehabilitation Services to patients who are at risk of a more severe infection should they be exposed to SARS-COV2, the section has come up with this policy to make Cardiac Rehabilitation for Online (CaRe for OI), or more commonly referred to as Telerehab, accessible to our patients. This is to avoid a potential healthcare crisis that would result from a ballooning of the burden of non-communicable disease on top of the pandemic we're experiencing right now. Moreover, this would also allow those who have difficulty attending the program in person to have access even after the pandemic has been resolved..

II. PURPOSE:

Due to the rise in COVID-19 cases, the Phase 2 outpatient cardiac rehabilitation program has been stopped since the implementation of the Enhanced Community Quarantine last March 16, 2020. After cardiac surgery, a certain proportion of our patients were able to complete their Phase 1 inpatient cardiac rehabilitation. However, they were not able to proceed to the Phase 2 outpatient program because of the risks involved.

Eligible patients are those who are hemodynamically stable as assessed by a physician during the start of the program. Most of these patients have undergone phase 1 cardiac rehabilitation. Thus, they were already oriented by our cardiac rehabilitation staff. The program would also accept patients who had their phase 1 from other hospitals provided they have an endorsement letter from their attending physician. They would also have to be evaluated by the cardiac rehabilitation consultant to ensure that they have no contraindications for joining the program. It would be made sure that they have basic equipments at home for monitoring their vital signs such as a BP monitoring apparatus and a pulse oximeter. Stable heart failure patients up to Class IIb, without arrhythmias, would be included in the virtual cardiac rehabilitation sessions. A special program would be given to these patients which is patterned over the special program (Project HOPE) for stable heart failure patients given in the outpatient.

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Exclusion Criteria

1. Hemodynamically unstable patients characterized as having:
2. Unstable and severe angina
3. Uncontrolled hypertension
4. Patients with significant coronary artery disease who were advised to be revascularized.
5. Patients with unstable gait and balance

III. GUIDELINES:


1. Program Enrollment and Screening

- 1.1. An initial face to face consult is required at the Philippine Heart Center wherein the cardiac rehabilitation specialist and/or fellow would do a complete history and physical examination.
- 1.2. The physician would make sure that the patient is eligible for the virtual cardiac rehabilitation program.
- 1.3. There would another face to face evaluation at the end of the program at the Philippine Heart Center. However, the frequency of evaluation may increase depending on the physician and the patient.
- 1.4. Schedule of Rotating Fellows in Cardiac Rehabilitation Section:
 - 1.4.1. One (1) Clinical Research Fellow
 - 1.4.2. One (1) Junior Adult Cardiology Fellow rotator
- 1.5. Schedule of Rotating Consultants Out-Patient:

Mondays, Wednesdays and Fridays ; One (1) consultant for the day

2. Consent

- 2.1. An informed consent form would be accomplished and signed by the patient during the initial visit.
- 2.2. Included in the consent form are the following:
 - 2.2.1. Introduction and Purpose
 - 2.2.2. Nature of the virtual cardiac rehabilitation program
 - 2.2.3. Benefits
 - 2.2.4. Potential Risks

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2.2.5. Data Privacy and Confidentiality

2.2.6. Rights

2.2.7. Limitations

2.2.8. What to do in case of urgent concern

2.3. The components of the informed consent form would be explained to the patient.

A Filipino version of the informed consent form would also be made. It would also be emphasized in the informed consent form that a patient would need a companion that would supervise the patient during the cardiac rehabilitation program.

2.4. An online consent form through Google forms has been proposed.

The main objective of the informed consent form is to ensure that the patient is well aware of all the risks and benefits of the program, thereby protecting the rights of the patient and the institution.

2.5. A letter of recommendation from the attending internal medicine physician or cardiologist would be sought before starting the patient in the virtual cardiac rehabilitation program.

3. Tool

3.1. For the patient to be able to effectively participate in the virtual cardiac rehabilitation program, they must have a phone, tablet or laptop capable of supporting online video-conferencing applications such as Facebook messenger and/or Zoom.

3.2. Cardiac Rehabilitation Center : WIFI connectivity, laptop with webcam and microphone, mobile phone, remote real time monitoring and our usual exercise equipment

4. Exercise Schedule and Program

4.1. The program would consist of 2-3x a week sessions for 4 to 6 weeks.

4.2. The exercise program would consist of warm-up, calisthenics, cool down.

A modified aerobic exercise would be done in lieu of brisk walking.

The program duration would last for approximately 1 hour per session.

5. Lectures

Health education lectures will be made available in a Facebook group made especially for Cardiac Rehabilitation patients enrolled in the program (whether onsite or remote).