



6 June 2023

[Doctor address details]

Dear Doctor,

RE: [client details]

I would like to advise you that **your** client has recently completed the **phase 2 cardiac rehabilitation** program at ***[health service]***.

Sessions attended:

- Module 1 Tell us about yourself and set your goals
- Module 2 Heart education and self-management
- Module 3 Exercise training and physical activity
- Module 4 Healthy eating and weight management
- Module 5a Quit smoking (if required)
- Module 5b Healthy drinking (if required)
- Module 6 Medication education and review
- Module 7 Managing medical risk factors
- Module 8 Mental and emotional wellbeing
- Module 9 Resuming your daily activities

The outcomes for ***[clients name]*** participation in this program is outlined below as guided by the Heart Foundation National quality indicators and the European Society of Cardiology accreditation benchmarks.

Their completion Summary is included.

Should you require any further information, please do not hesitate to contact the ***[health service]***.
Thank You.

Kind regards,

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|----------------------|--|--------------|--|
| Organisation Name | | | |
| Patient/Client name | | DOB | |
| Diagnosis | | | |
| General Practitioner | | Cardiologist | |

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|-----------------------|----------------|--|---|--|-----------------|--|
| Hospital Admission | Admission Date | | Discharge Date | | Procedural Date | |
| CR Admission | Admission Date | | Discharge Date | | | |
| CR Sessions Completed | | | <ul style="list-style-type: none"> European Society of Cardiology standard-75% Australian standard-To complete the CR program a patient must have participated in at least some of the CR intervention components (guided by a health professional) and have had a documented re-assessment | | | |

| Risk Factors | Enrolment to CR (Pre-Assessment) | Discharge from CR (Post-Assessment) | Improvement | International (ICRR), European (ESC), Australian (HF) Standards and Benchmarks |
|--|----------------------------------|-------------------------------------|-------------|---|
| Functional Capacity 6 Minute Walk Test (MWT) | | | | >5% improvement Can be measured remotely https://academic.oup.com/ehjdh/article/2/1/75/6133227 For normal the Mean \pm SD 6MWT is 571 \pm 90 m (range 380–782 m). Minimal important difference (MID) in distance is estimated at 30 m for chronic lung disease, 25 m for coronary artery disease, 36 m in heart failure and 25–38 m in pulmonary arterial hypertension. |
| Muscle Strength 30 sec sit-to-stand Or Hand Grips | | | | >5% improvement scores ranging from 0 for those who cannot complete 1 stand to greater than 20 for more fit individuals Hand grips are age, sex and BMI related (Range 20-50) |
| Mean minutes of moderate to vigorous-intensity activity per week | | | | Self-reported or wearables 150 minutes per week at discharge |
| Depression and Anxiety PHQ2 | | | | >10% improvement PhQ2: a PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression. PhQ9: If the score is 3 or greater, major depressive disorder is likely. Total scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively. Note: Question 9 is a single screening question on suicide risk. A patient who answers yes to question 9 needs further assessment for suicide risk by an individual who is competent to assess this risk. |
| PhQ9 | | | | |
| GAD7 | | | | GAD7: When screening for anxiety disorders, a score of 8 or greater represents a reasonable cut-point for identifying probable cases of generalized anxiety disorder. Further diagnostic assessment is warranted to determine the presence and type of anxiety disorder. Using a cut-off of 8 the GAD-7 has a sensitivity of 92% and specificity of 76% for diagnosis generalized anxiety disorder. The following cut-offs correlate with level of anxiety severity: Score 0-4: Minimal Anxiety, Score 5-9: Mild Anxiety, Score 10-14: Moderate Anxiety, Score greater than 15: Severe Anxiety. |
| Quality of life score | | | | >10% improvement Euroqol5DL: The maximum score of 1 indicates the best health state , by contrast with the scores of individual questions, where higher scores indicate more severe or frequent problems. In addition, there is a visual analogue scale (VAS) to indicate the general health status with 100 indicating the best health status. |
| Weight reduction Weight | | | | 5% or > weight loss |
| Waist Circumference | | | | <ul style="list-style-type: none"> Normal weight (BMI 18.5-24.9) or abdominal circumference <94 cm in man and <80cm in women), Overweight (BMI 25 and <30 or Abdominal circumference 94 and <102 cm in men or 80 cm and <88 cm in women) and Obese (BMI 30 or abdominal circumference 102 cm in men or 88 cm in women) patients. |
| BMI | | | | |

| Risk Factors | Enrolment to CR (Pre-Assessment) | Discharge from CR (Post-Assessment) | Improvement | International (ICRR), European (ESC), Australian (HF) Standards and Benchmarks |
|--|----------------------------------|-------------------------------------|-------------|--|
| Blood Pressure control in hypertension | | | | Clinic BP < 140/90 mm Hg in all patients (targeted to 130/80 mm Hg or lower in most patients when treatment is well tolerated). |
| HbA1c | | | | >HbA1c goal < 7% (53 mmol/mol) in general for non-pregnant adults; pre-prandial capillary plasma glucose 80–130 mg/dl (4.4–7.2 mmol/l); peak post-prandial capillary plasma glucose 180 mg/dl (10.0 mmol/l). |
| LDLc | | | | Very-high risk: a therapeutic regimen that achieves 50% LDL-C reduction from baseline and an LDL-C goal of < 1.4 mmol/l (< 55 mg/dl). No current statin use is likely to achieve this goal, which requires high-intensity LDL-lowering combination therapy High risk: a therapeutic regimen that achieves 50% LDL-C reduction from baseline and a LDL-C goal of < 1.8 mmol/l (< 70 mg/dl) |
| Smoking Cessation | | | | 50% of patient should QUIT after CR |
| Medication Adherence | | | | >80% improvement in score |

Medication Management Plan*Discharge Medications*

| Status | Name | Details | Duration | Notes |
|--------|------|---------|----------|-------|
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|---------------------|--|
| INITIAL GOAL | Write the goal you have in mind |
| SPECIFIC | What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal? |
| MEASURABLE | How can you measure progress and know if you've successfully met your goal? |
| ACHIEVABLE | Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve? |
| RELEVANT | Why am I setting this goal now? Is it aligned with overall objectives? |
| TIME-BOUND | What's the deadline and is it realistic? |
| SMART GOAL | Review what you have written, and craft a new goal statement based on what the answers to the questions above have revealed |

Additional information / referrals made (ie recommended lipid profile monitoring and phase 3 physical activity levels)

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|-----------------------------------|--|-------------|--|
| Summary completed by: Name | | Date | |
| Signed | | | |