

Standardi u rehabilitaciji kardioloških bolesnika Standards in cardiac rehabilitation

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Temeljne komponente i ciljevi programa kardiološke rehabilitacije (KR) su standardizirani, ali struktura, trajanje i vrsta ponuđenih programa značajno se razlikuju u raznim zemljama, ovisi i o nacionalnim smjernicama i standardima, zakonskim i financijskim čimbenicima.^{1,2} U Hrvatskoj postoje standardi odobravanja KR i opći standardi i normativi prostora, opreme i kadrova za obavljanje medicinskih djelatnosti, no ne postoje standardi strukture, trajanja i načina provođenja KR. Ciljevi uvođenja i pridržavanja standarda u KR jesu osiguravanje kliničke učinkovitosti rehabilitacijskih programa, njihove troškovne učinkovitosti i postizanja održivih – optimalnih zdravstvenih ishoda za bolesnike. Komponente standardnog postupanja dijele se na strukturne (prostor, oprema, kadrovi) te standarde postupaka. Predlaže se bolje definiranje propisa o indikacijama i kontraindikacijama za KR, standardiziranje vremena i oblika provođenja rehabilitacije kroz rane intervencije u akutnoj bolnici, postakutnu rehabilitaciju te dugotrajne ambulantne programe, uz veći obuhvat rehabilitiranih bolesnika. Važno je da KR bude dobro strukturiranog tijeka u sigurnom, funkcionalnom i učinkovitom okruženju, uz prikladan i planski korišten prostor, prikladnu i održavanu opremu, vodeći računa o smanjenju i kontroli opasnosti okoliša i pridržavanje sigurnosnih uvjeta. Dobro educirano osoblje jedan je od najvažnijih preduvjeta za kvalitetno provođenje KR. Osim voditelja i multidisciplinarnog tima, važno je raspolagati osobljem i protokolima za rješavanje kriznih stanja, kao i dostupnim konzilijarnim specijalistima. Podaci o bolesnicima i provođenju KR trebali bi biti standardizirani, uz pisane protokole, s jasno postavljenim ciljevima, planom intervencija i načinima komunikacije, završnom procjenom. Na taj način ostvaruju se preduvjeti za mjerenje rezultata KR te otklanjanje nesukladnosti i poboljšanja kvalitete njenog provođenja i konačno poboljšanja kratkoročnih i dugoročnih ishoda. U planiranju i provođenju KR valja uvažiti i druge čimbenike poput, analize troškova, uloge udruga bolesnika, uloge primarne zdravstvene zaštite, lokalne i regionalne samouprave te uloge nacionalne zdravstvene politike. Standardi u KR mogu se tijekom vremena i revidirati i mijenjati.

The core components and goals of cardiac rehabilitation (CR) programs are standardized, but the structure, duration and type of programs differ considerably in different countries, depending on national guidelines and standards, legal and financial factors.^{1,2} In Croatia, there are standards of approval of CR and general standards and norms of space requirements, equipment and personnel for performing medical activities, but there are no standards of structure, duration and manner of implementation of CR. The goals of introducing and adhering to standards in CR are to ensure the clinical and cost effectiveness of rehabilitation programs, and the achievement of sustainable and optimal health outcomes for patients. CR facilities standard components are structural (space, equipment, staff) and procedural. We need better regulations of indications and contraindications for CR, standardized rehabilitation timing and services through early acute hospital intervention, post-acute rehabilitation and long-term outpatient programs, with planned larger proportion of rehabilitated patients. It is important that CR is well-structured, performed in a safe, functional and efficient environment, in convenient and well-utilized space, with suitable and maintained equipment, considering the reduction and control of environmental hazards and compliance with safety requirements. Well-educated staff is one of the most important prerequisites for a good implementation of CR services. In addition to the programme director and the multidisciplinary team, it is important to have crisis management staff and protocols as well as available consultant specialists. Patient data and the course of CR should be standardized, with written protocols and clearly set goals, intervention plan and communication methods, final assessment. In this way, the prerequisites for outcomes measuring, reduction of non-compliance, services quality improvement and finally, the improvement of short-term and long-term outcomes are achieved. Other factors such as cost analysis, the role of patient associations, the role of primary health care, local and regional administration and the role of national health policy should be considered in the planning and implementation of the CR. Standards in CR can be over time and revised and changed.

LITERATURE

1. Piepoli MF, Corrà U, Adamopoulos S, Benzer W, Bjarnason-Wehrens B, Cupples M, et al. Secondary prevention in the clinical management of patients with cardiovascular diseases. Core components, standards and outcome measures for referral and delivery: a policy statement from the cardiac rehabilitation section of the European Association for Cardiovascular Prevention & Rehabilitation. Endorsed by the Committee for Practice Guidelines of the European Society of Cardiology. *Eur J Prev Cardiol.* 2014 Jun;21(6):664-81. <https://doi.org/10.1177/2047487312449597>
2. Buckley JP, Furze G, Doherty P, Speck L, Connolly S, Hinton S, Jones JL; BACPR. BACPR scientific statement: British standards and core components for cardiovascular disease prevention and rehabilitation. *Heart.* 2013 Aug;99(15):1069-71. <https://doi.org/10.1136/heartjnl-2012-303460>