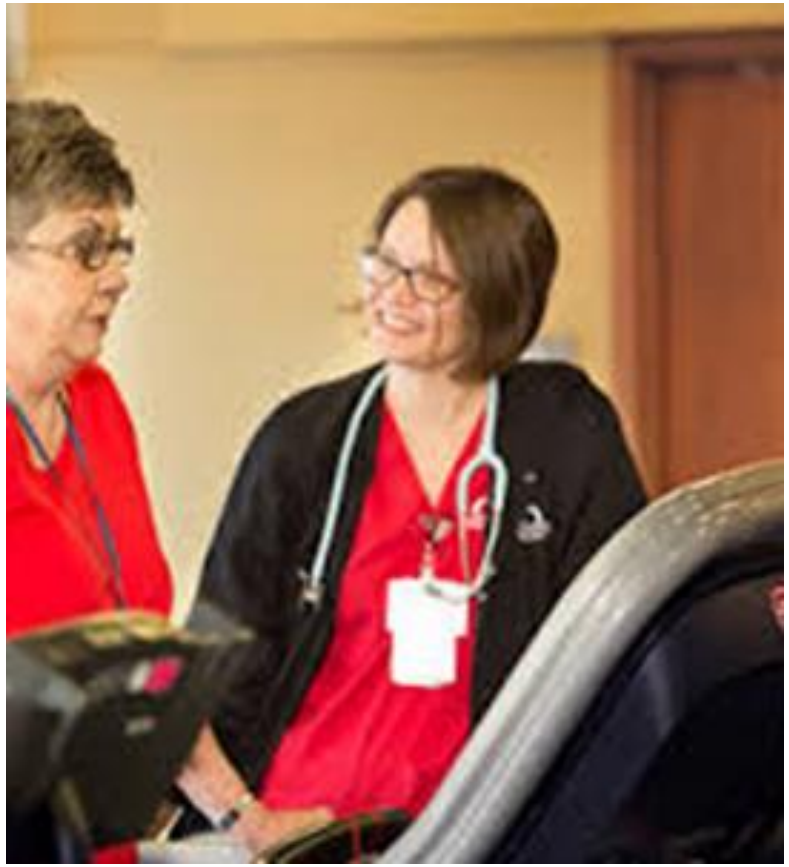
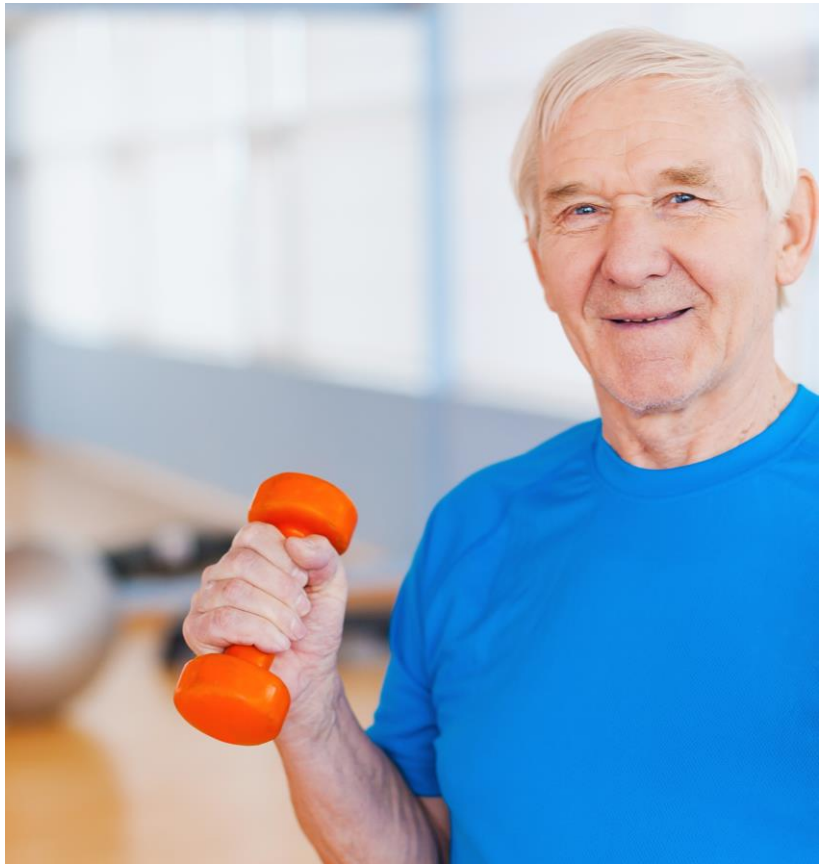
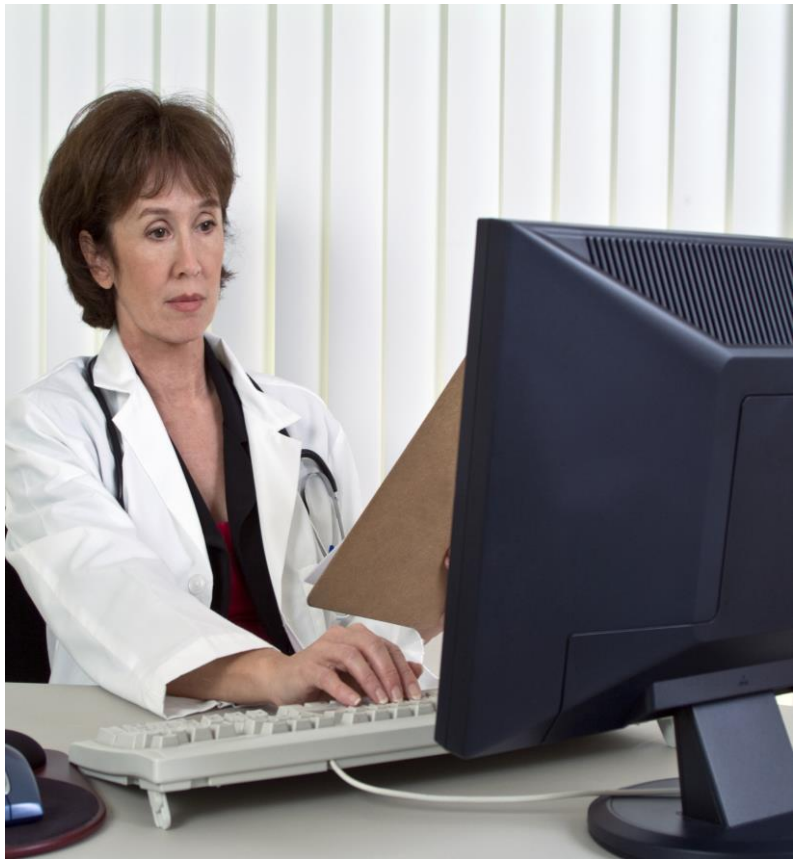
Country Heart Attack Prevention (CHAP)

Education Program: Session 3

The CHAP project is co-funded by NHMRC Partnership Grant (GNT 1169893)

@CHAPproject

Acknowledgement of country

Developing cardiac rehabilitation (CR) quality indicators for Australia

Dr Emma Thomas, Centre for Online Health, The University of Queensland
A/Prof Carolyn Astley, College of Nursing and Health Sciences, Flinders University
ACRA/NHF National Cardiac Rehabilitation Taskforce

How do we define 'quality'?

Healthcare should be:

> *"**safe, effective, patient-centred, timely, efficient** and **equitable**"*

Quality of care is

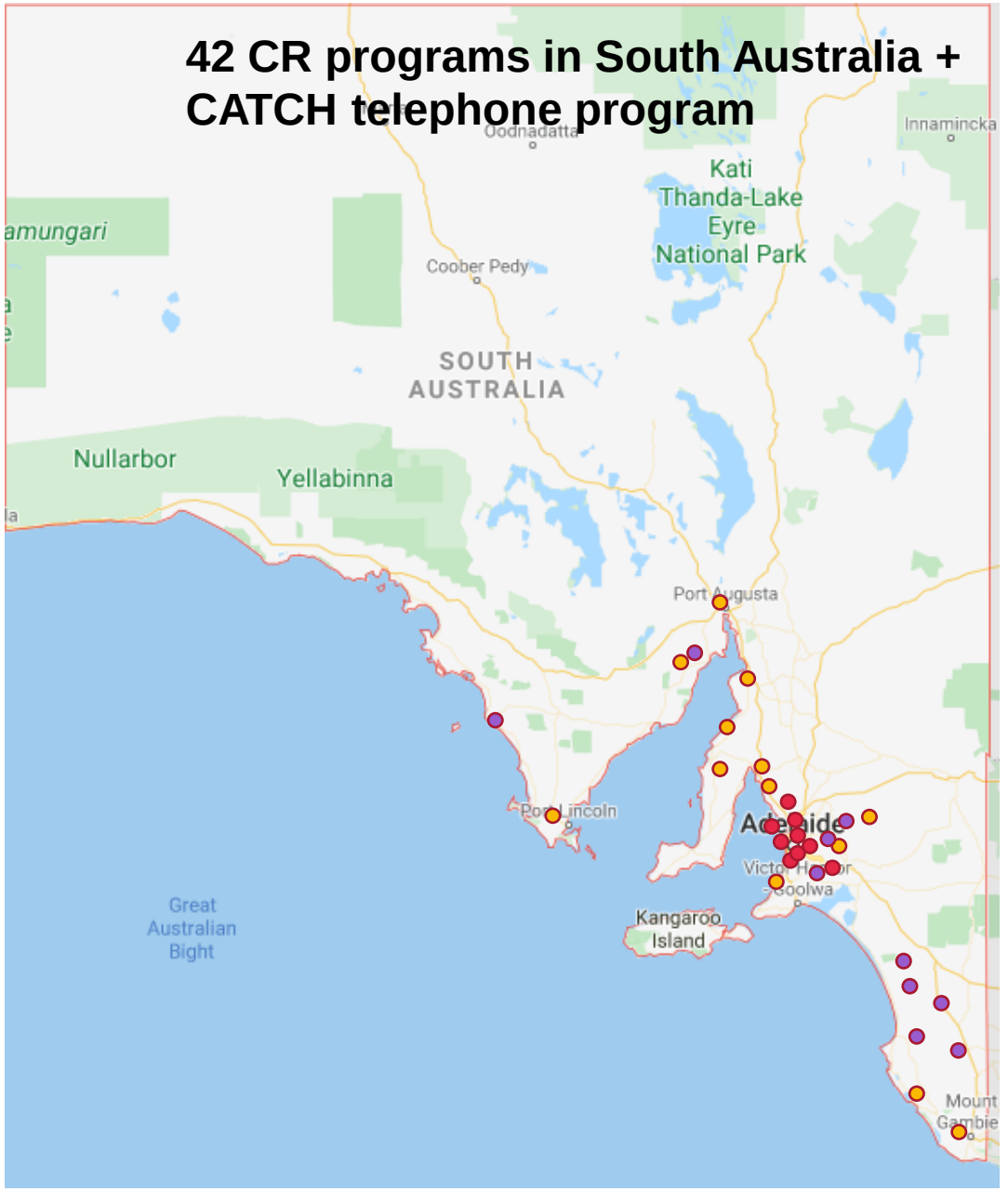
"the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

The Institute of Medicine

What benefits are there from assessing *quality*?

1. Understand the ‘state of play’

- Who is attending or not attending?
- What care is being provided?
- How does that relate to outcomes?
- What is working well?
- Sharing successes



2. Reduce variation in care

- Every person post a heart event *should* have equitable and timely access to evidence-based care

- Every person *should* be provided with the *'best possible **physical, mental** and **social** conditions, so that patients may, by their own efforts, preserve or resume when lost as normal a place as possible in the community'*

Cardiac risk factors and prevention

openheart

Does cardiac rehabilitation meet minimum standards: an observational study using UK national audit?

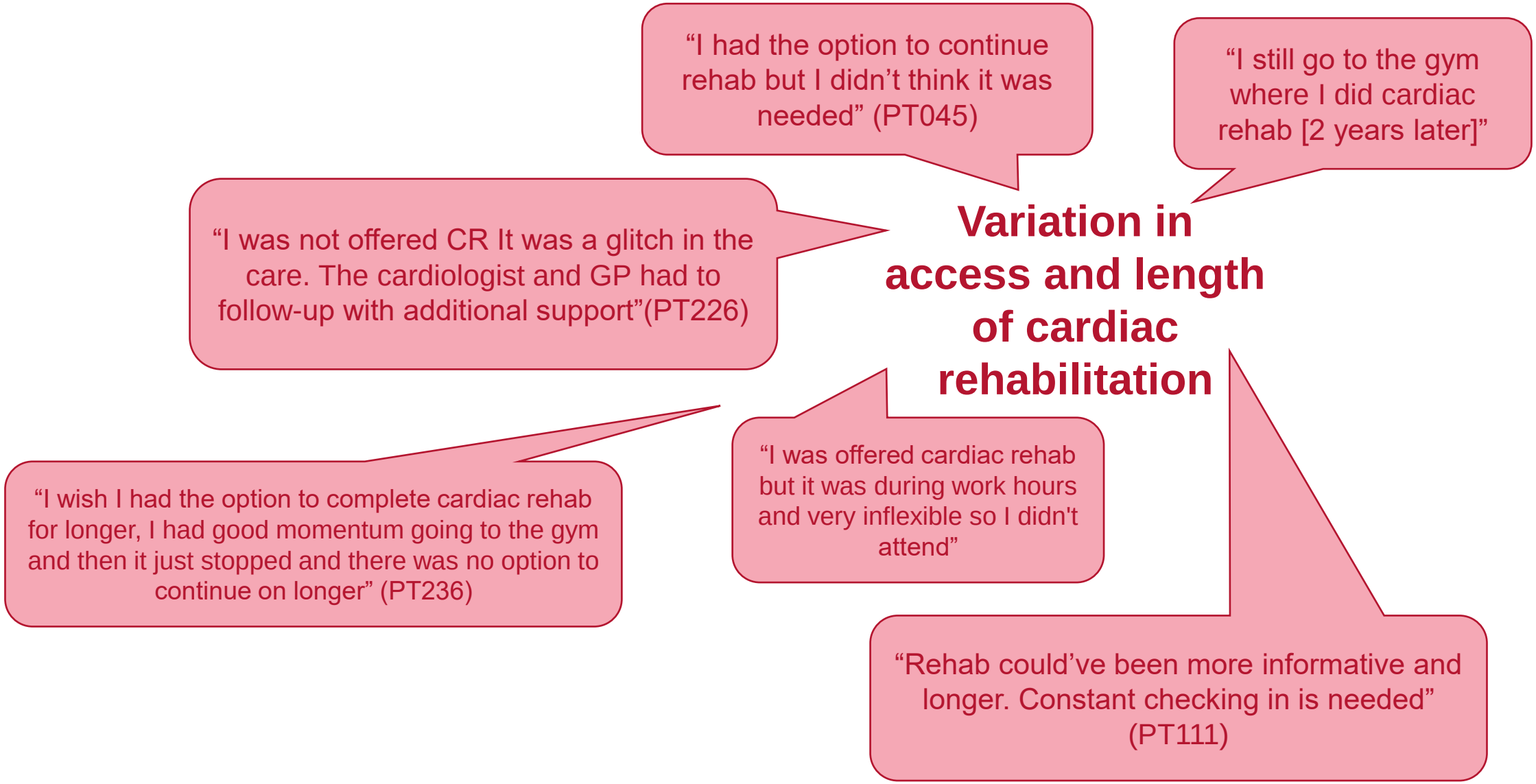
Patrick Doherty,[1] Ahmad Salman,[1] Gill Furze,[2] Hasnain M Dalal,[3] Alexander Harrison[1]

Table 1 Programme performance categories

Programme performance rating	Frequency	Percentage
Poor	9	5.3
Low	31	18.2
Middle	78	45.9
High	52	30.6

Only 30% of sites were "high" performers

3. Provide the best patient experience



4. Ensure that we are providing best evidence care

Heart, Lung and Circulation (2015) **24,** 430–441
1443-9506/04/$36.00
http://dx.doi.org/10.1016/j.hlc.2014.12.008

REVIEW

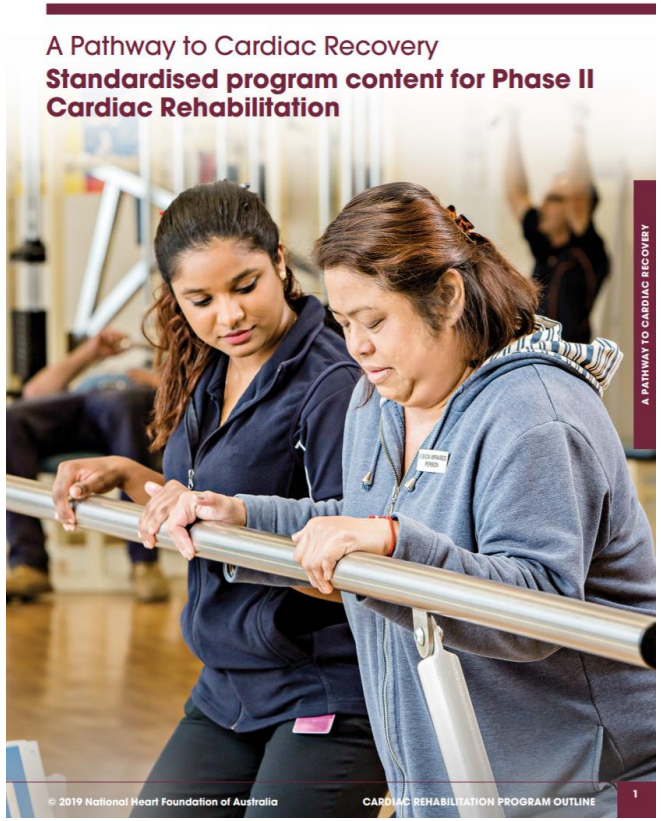
Australian Cardiovascular Health and Rehabilitation Association (ACRA) Core Components of Cardiovascular Disease Secondary Prevention and Cardiac Rehabilitation 2014

Stephen Woodruffe [a*], Lis Neubeck, PhD [b,c], Robyn A. Clark, PhD [d], Kim Gray [e], Cate Ferry [f], Jenny Finan, MN [g], Sue Sanderson [h], Tom G. Briffa, PhD [i]

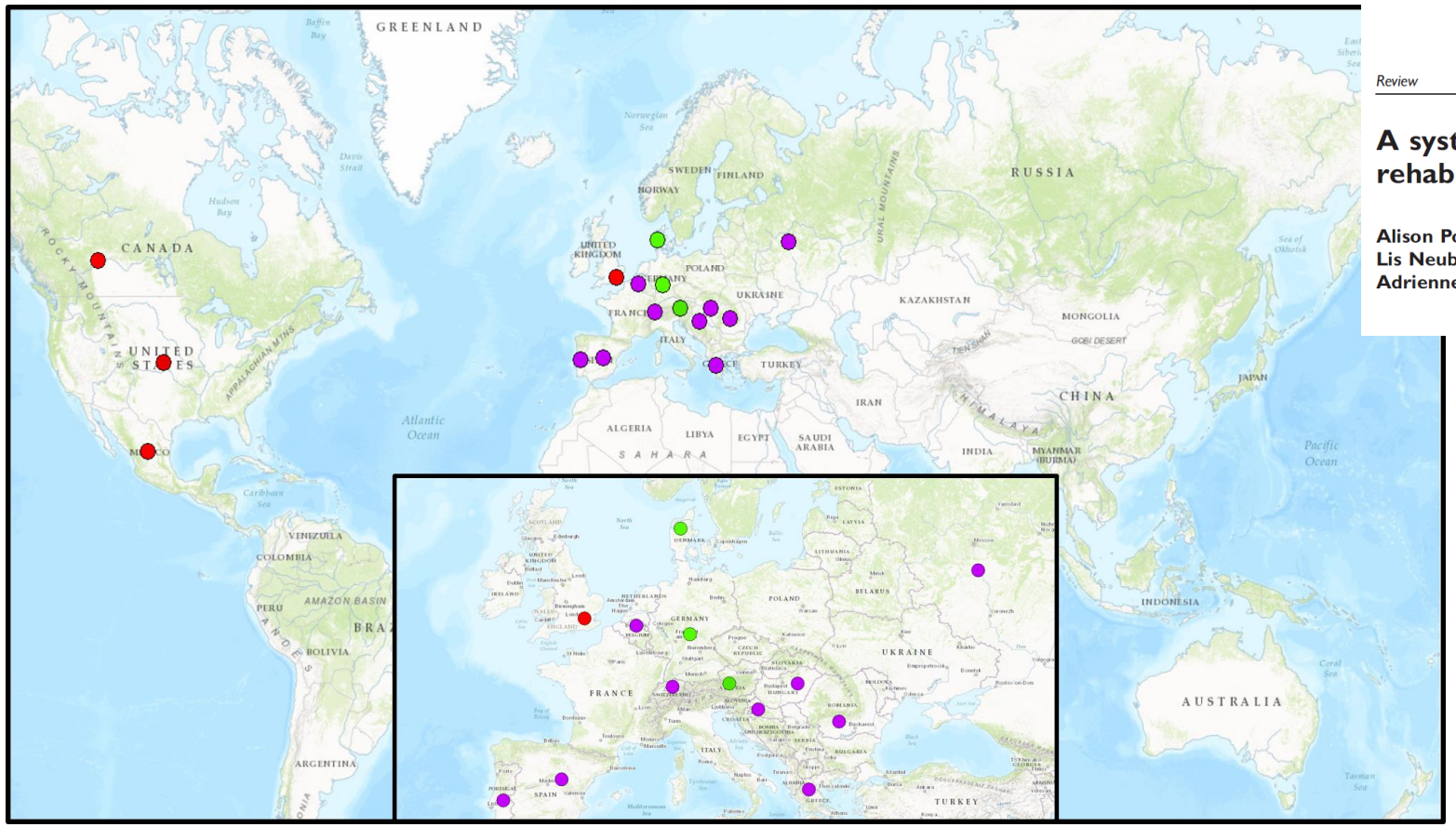
[a]Ipswich Cardiac Rehabilitation Service, West Moreton Hospital and Health Service, Ipswich QLD 4305
[b]Sydney Nursing School, Charles Perkins Centre, University of Sydney, Camperdown, NSW 2006
[c]The George Institute for Global Health, Camperdown, NSW 2050
[d]School of Nursing and Midwifery, Faculty of Health Sciences, Flinders University, Adelaide, SA 5000
[e]Physiotherapy Department, Austin Health, Melbourne, Vic. 3084
[f]National Heart Foundation of Australia (NSW Division), Sydney NSW 2012
[g]Calvary Health Care Adelaide, Calvary Rehabilitation Hospital, Walkerville, SA 5081
[h]Cardiology, Royal Hobart Hospital, Hobart, Tas., Australia
[i]School of Population Health, The University of Western Australia, Perth, WA

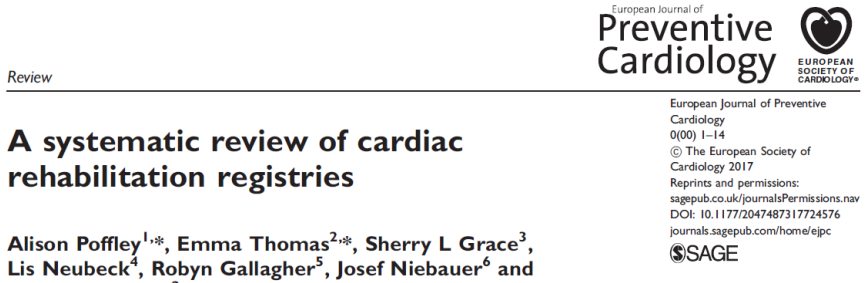
Online published-ahead-of-print 12 January 2015

Heart Foundation



5. Align with practices internationally





Review

European Journal of Preventive Cardiology

A systematic review of cardiac rehabilitation registries

Alison Poffley[1,*], Emma Thomas[2,*], Sherry L Grace[3], Lis Neubeck[4], Robyn Gallagher[5], Josef Niebauer[6] and Adrienne O'Neil[2]

European Journal of Preventive Cardiology
0(00) 1–14

DOI: 10.1177/2047487317724576
journals.sagepub.com/home/ejpc
SAGE

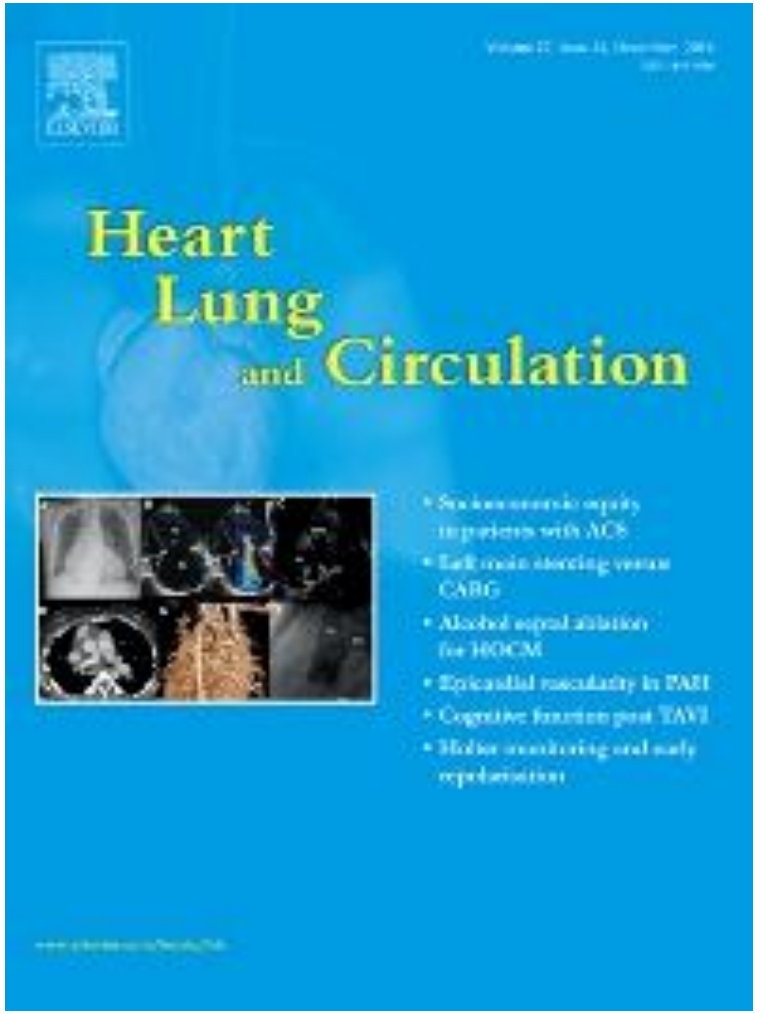
The location of included studies with national- and regional-level CR registries.
Inset: Location of European CR registries.
Red pin: identified national-level registries; purple pin: countries involved in the regional-level EuroCaReD database;
green pin: country has both a national-level CR registry and involved in the EuroCaReD.

6. Establish quality indicators for measurement

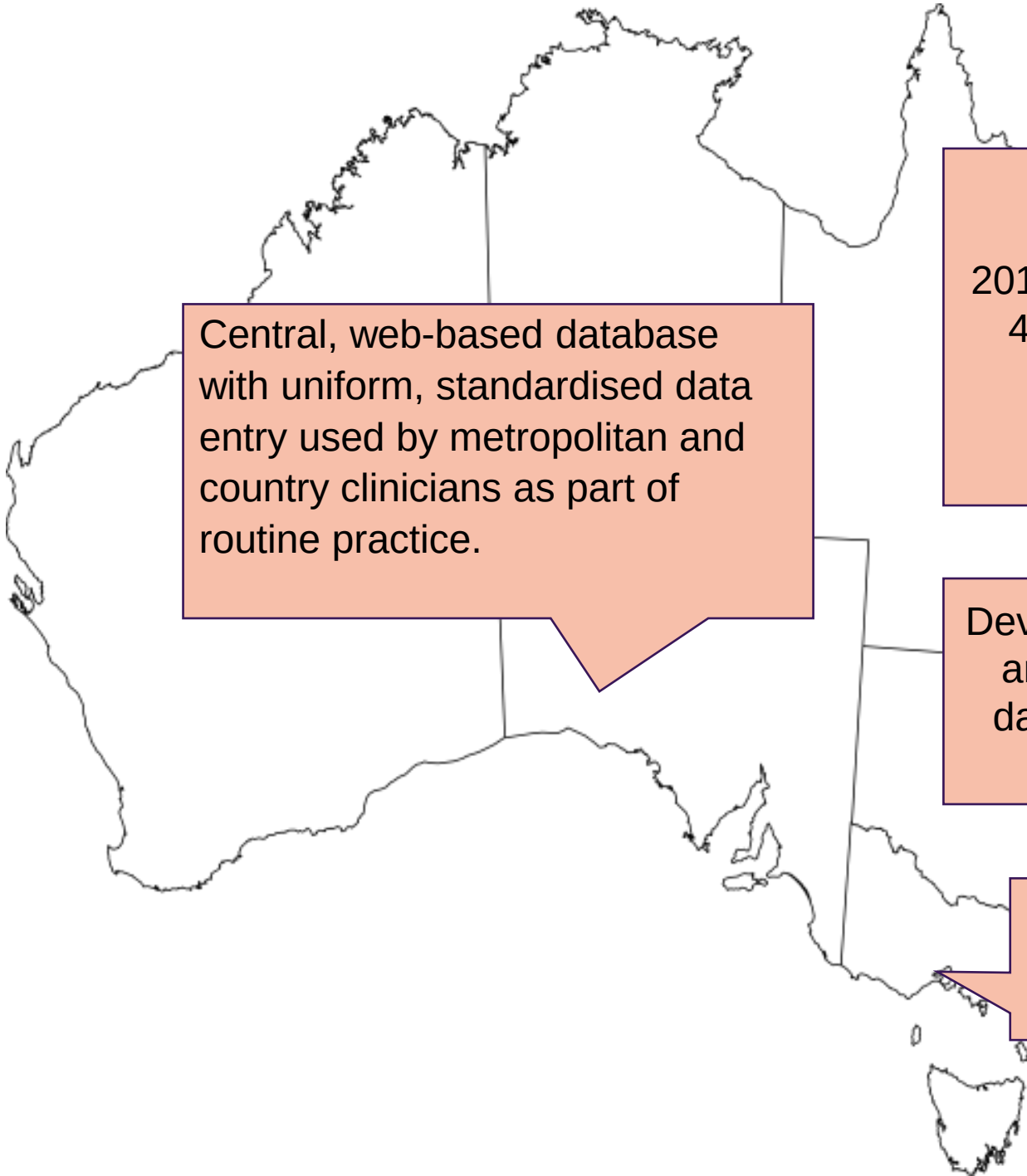
Gallagher R., Thomas, E., Astley, C., Foreman, R., Ferry C., Zecchin R., Woodruffe S. **Cardiac Rehabilitation Quality in Australia: proposed national indicators for field-testing.**

Heart, Lung, Circulation. 29 April 2020,

https://doi.org/10.1016/j.hlc.2020.02.014.



Australian Cardiovascular Health and Rehabilitation Association



Central, web-based database with uniform, standardised data entry used by metropolitan and country clinicians as part of routine practice.

QCOR
2017 added a CR module
43/48 outpatient sites included

Development of quality indicators and a data dictionary, piloting data collection across 41 sites (Excel)

Vic CR Databases 1998 -1999
Testing methods for data collection

Australian Cardiovascular Health and Rehabilitation Association

Developing CR quality indicators for Australia

Heart Foundation

ACRA
Australian Cardiovascular Health and Rehabilitation Association

National Cardiac Rehabilitation Quality Indicators: Data Dictionary

Version 8.0

July 2020

Overview of data elements	
Pre-program	
Identifiable information 1. Patient record ID 2. First name 3. Last name 4. Hospital medical record number 5. Medicare number 6. Date of birth *Socio-demographic information* 7. Age 8. Gender 9. Aboriginal and Torres Strait Islander status 10. Interpreter needed 11. Post code	*Referral information* 12. Hospital discharge date 13. CR referral date 14. Principal referral diagnosis *Initial assessment* 15. Initial assessment date 16. Depression screening 17. Depression referral 18. Smoking status 19. Smoking referral 20. Medication adherence 21. Exercise capacity 22. Health-related quality of life
Post-program	
Re-assessment 23. Re-assessment date 24. Re-assessment depression screening 25. Re-assessment depression referral 26. Re-assessment smoking status 27. Re-assessment smoking referral 28. Re-assessment medication adherence 29. Re-assessment of exercise capacity 30. Change in exercise capacity 31. Re-assessment of health-related quality of life 32. Change in health-related quality of life 33. Care transition	*Service delivery information* 34. Mode of program delivery 35. Frequency of program delivery 36. Content of program 37. Number of supervised exercise sessions attended 38. CR completion 39. Reason for CR non-completion

Australian Cardiac Rehabilitation Quality Indicators Summary

The below provides a summary of the 10 quality indicators for Cardiac Rehabilitation. Some indicators aim to evaluate processes of care (process indicators) while others evaluate the outcomes of Cardiac Rehabilitation (outcome indicators). These are colour co-ordinated as per the key below the figure.

QI-1. REFERRAL

Eligible in-patients are referred to cardiac rehabilitation within 3 calendar days after hospital discharge.

QI-2. TIME TO ENROLMENT

Eligible in-patients commence cardiac rehabilitation within 28 calendar days after hospital discharge.

QI-3. COMPREHENSIVE ASSESSMENT

Patients who commence Cardiac Rehabilitation receive a comprehensive assessment of cardiovascular risk factors.

QI-4. DEPRESSION SCREENING

Patients who commence Cardiac Rehabilitation are screened for depression at initial and re-assessment and offered counselling (or a referral to counselling) if symptoms are identified.

QI-5. ASSESSMENT OF SMOKING

Patients who commence Cardiac Rehabilitation are assessed for smoking use at initial assessment and offered smoking cessation counselling if they are a current or recent smoker.

QI-6. ASSESSMENT OF MEDICATION ADHERENCE

Patients who commence Cardiac Rehabilitation are assessed for medication adherence at initial and re-assessment.

QI-7. EXERCISE CAPACITY

Patients who commence Cardiac Rehabilitation have an initial assessment and re-assessment to determine exercise capacity change.

QI-8. HEALTH-RELATED QUALITY OF LIFE

Patients who commence Cardiac Rehabilitation have an initial assessment and re-assessment to determine health-related quality of life change.

QI-9. RE-ASSESSMENT

Patients who participate in Cardiac Rehabilitation receive a comprehensive re-assessment of their cardiovascular risk factors.

QI-10. CARE TRANSITION

Patients and ongoing care providers are provided with a report which outlines patient risk factors and an individualised ongoing management plan.

Process indicator Outcome indicator

Heart Foundation

ACRA

Australian Cardiovascular Health and Rehabilitation Association

CR QUALITY INDICATOR – 1

Eligible in-patients are referred to cardiac rehabilitation within 3 calendar days of hospital discharge.	
Short name	QI-1 – Referral to CR
Description	The percentage of eligible in-patients who are referred to a CR program within 3 calendar days of hospital discharge
Individual data elements required to be collected	• Ref 12: Hospital discharge date • Ref 13: CR referral date • Ref 14: Reason for no documented referral
Method of calculation	This variable will be reported as a percentage. Step 1. CR referral date (Ref 13) – Hospital discharge date (Ref 12) Step 2. (Numerator/Denominator) * 100
Numerator	The total number of patients who were referred to a CR program within 3 calendar days of hospital discharge (Ref 13 - Ref 12) ≤ 3 days.
Denominator	The total number of CR eligible patients in the reference period as per eligibility definition (Table 1) and exclusion definition (Ref 14.)
Rationale	CR participation significantly reduces mortality and morbidity. In-patient referral prior to discharge facilitates timely, universal access to CR.
Clinical recommendations	*ACRA Core Component No. 1:* All eligible patients must be offered referral to a CR service which best suits their individual needs, as soon as possible after diagnosis or before discharge from hospital.

Hospital discharge date

Reference number	12
Description	The date the patient was discharged from an acute episode of care.
Codes and values	DD/MM/YYYY
Help notes	The patient may have several inpatient separations during a single acute episode of care (i.e. short stay unit to ward to ICU to ward). The final date of discharge from the acute episode of care should be used. May source from patient's medical record, CR referral log.

CR referral date

Reference number	13
Description	Date CR referral document was signed by referring healthcare provider
Codes and values	DD/MM/YYYY)
Help notes	May source from patient's medical record, CR referral log, GP letter

Principal referral diagnosis

Reference number	14
Description	The referral diagnosis refers to the most recent diagnosis preceding the patient's referral to cardiac rehabilitation.
Codes and values	Select all that apply 1. Acute myocardial infarction (STEMI, non-STEMI) 2. Percutaneous coronary intervention 3. Coronary artery bypass surgery 4. Valve surgery 5. Other [enter]
Help notes	Please use ICD codes to guide selection (See Appendix A). There may be more than one possible referral diagnosis reported if the second occurred within the same hospitalization period. DO NOT report historical diagnoses/interventions. May source from patient's medical record, CR referral log.

ACRA endorsement of CR indicators

This has been an activity requested by ACRA members over the years,

They support clinicians to deliver best practice,

Provides a conduit to organisational leadership to demonstrate effectiveness of their programs.

Australian Cardiovascular Health and Rehabilitation Association

Questions?

Dr Susie Cartledge

susie.cartledge@flinders.edu.au

(08) 8201 2686

@CHAPproject

Country Heart Attack Prevention (CHAP) Project

Heart Health for Life

Looking back, looking forward:

CELEBRATING 30 YEARS

Australian Cardiovascular Health and Rehabilitation Association

30th Annual Scientific Meeting

10-12 August 2020

Online event: A new digital experience

We've gone virtual, not viral!