



Country Heart Attack Prevention (CHAP)

Education Program: Session 4



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

 @CHAPproject



Acknowledgement of country



THE CHAP PROJECT

MY CARDIAC REHAB PROGRAM

CONTINUING PROFESSIONAL DEVELOPMENT

PUBLIC SEMINARS



HEARTHEALTH

Heart Healthy Diet



HEART HEALTH FOR LIFE

The Country Heart Attack Prevention (CHAP) Project: A four step model of care and clinical pathway for the translation of cardiac rehabilitation and secondary prevention guidelines into practice for rural and remote patients.

This is a National Health and Medical Research Council Partnership Grant (GNT) 1169893 with total project value of \$3.2million, 2019-2023.

Despite high level evidence, supporting the proven benefit of risk factor modification to reduce secondary events through Cardiac Rehabilitation (CR), statistics from Australia and around the world report that only 20-50% of eligible patients attend




www.chaproject.com.au





Continuing Professional Development

This is a specialised continuing professional education program for the participants in the Country Heart Attack Prevention (CHAP) Project.

Date	Session Topic	Facilitators	Link to Recorded Video Presentation	Link to Recorded Audio Presentation	Link to Presentation Materials
10 Jun 20	Introduction to CHAP	Professor Robyn Clark			



Integrated Cardiovascular
Clinical Network CHSA

Delivery of Outpatient Cardiac Rehabilitation Using a GP Hybrid Program / Telephone Program Model

Claudine Clark, Rosy Tirimacco, Nicholas Morfidis, Teena Wilson, Philip Tideman

Integrated Cardiovascular Clinical Network

Country Health SA (iCnet SA)

Bedford Park SA

CHAP Presentation, 9th September 2020

Acknowledgements



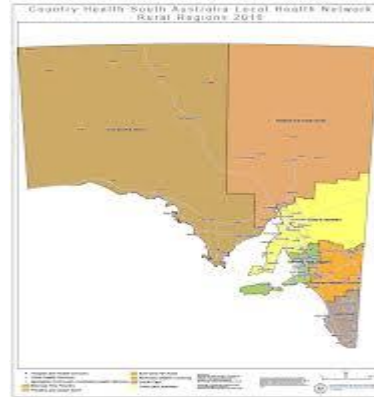
An Australian Government Initiative



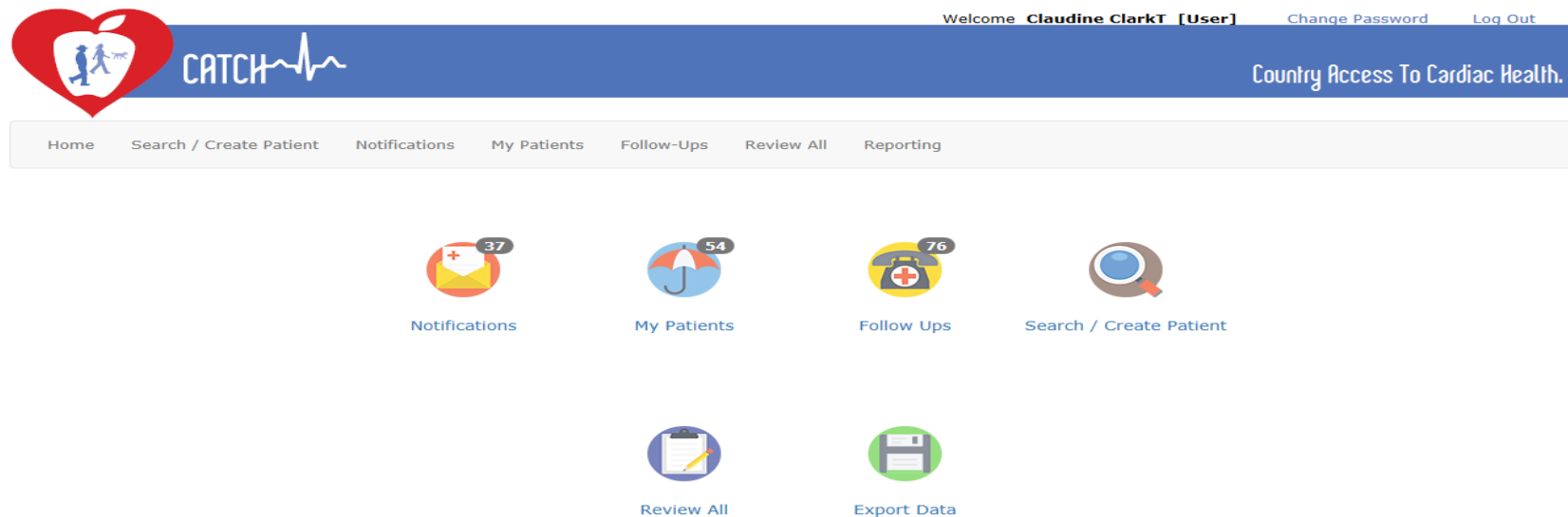
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Integrated Cardiovascular Clinical Network (iCCnet) gratefully acknowledges that this service is supported by funding from Country SA Primary Health Network through the Australian Government's PHN Program.

SA country regions



Background



Background

- CATCH – Phase 2 CR telephone program
- GP clinic – GP and practice nurse
- GPMP / TCA
- Up to 8 allied health consults
- Up to 7 CR education calls

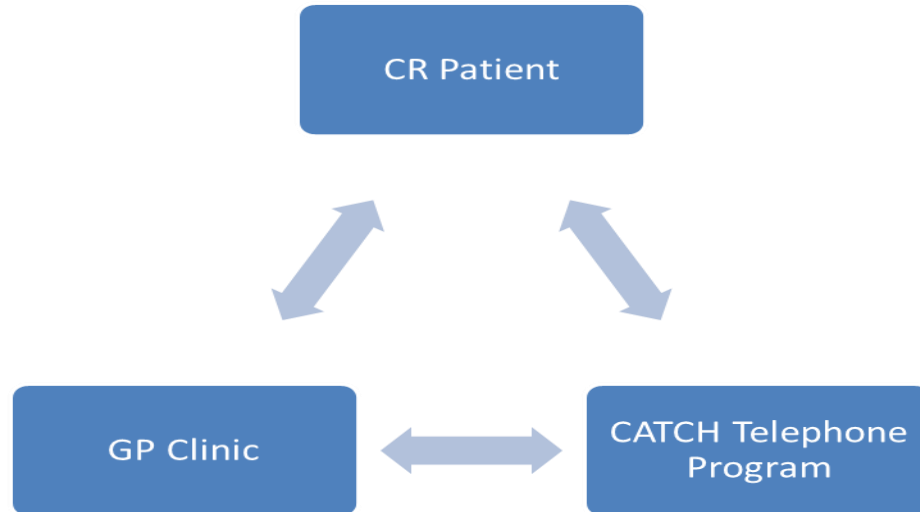


CATCH

Country Access To Cardiac Health.

Eligibility Criteria

- All patients eligible for CR and GPMP/TCA
- GP clinic involved in GP Hybrid program



Inclusion Criteria

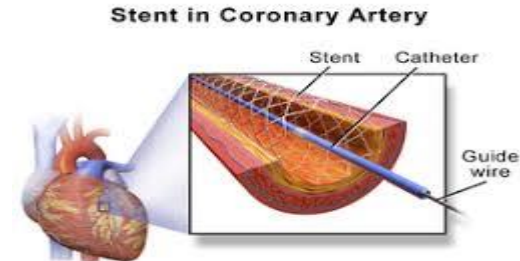
CHSALHN Cardiac Rehabilitation Inclusion Criteria

- **Core Criteria**

- Acute Coronary Syndrome(ACS) / Myocardial Infarction (NSTEMI/STEMI)
- Revascularisation procedure (Angioplasty / Stent)
- Stable and unstable angina
- Post coronary artery bypass grafting
- Post cardiac valve replacement surgery
- Heart Failure



Mechanical and Tissue Mitral Valves

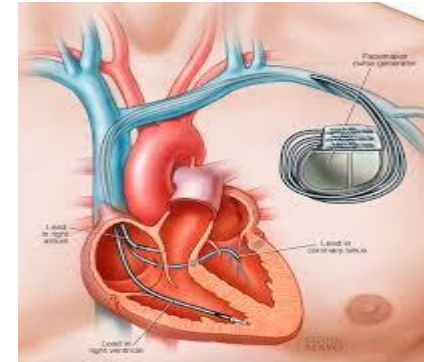
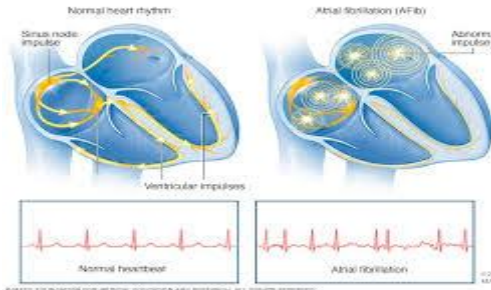


Inclusion Criteria

CHSALHN Cardiac Rehabilitation Inclusion Criteria

- **Strong Recommendation Criteria**

- Arrhythmia management (PPM/AICD/ medication / EP studies /ablation)
- Coronary Vasospasm
- Atrial Fibrillation
- Pre and post trans catheter heart valve repair or replacement (TAVI/mitral clip)
- Coronary Slow Flow
- Structural heart disease



PATIENT CONTACTED – Initial Phone Call from Central Referral (within 5 working days)

- Established is patient of GP Medical Practice
- Offered Cardiac Rehab options – Telephone support / GP Practice - hybrid program
- Once patients accepts, patient details entered into CATCH database
- Referral sent to Telephone (primary) & GP medical practice via email from central referral

GP Medical Practice

GP Practice Nurse

Develops: Patient Care Plan (GPMP/TCA)

Identifies: with Patient, 5 allied health services to be accessed via Care Plan.

Completes: GPMP/TCA

Send: copy of GPMP/TCA to CATCH

GP Practice Nurse

Informs: CATCH Telephone Program that GPMP/TCA has been completed
Indicates: Risk Factors/Allied Health services patient required from CATCH

GP

Conducts: 3 x 3 month Care Plan follow up consultations (Review) over next 12 months if needed.

GP Practice Nurse

Conducts: 12 month GPMP Review

CATCH Telephone Program

Documents: on CATCH database
Clinical Tab – 6 and 12 month Review

CATCH Telephone Support Program

CATCH Telephone Program commences after **GP Practice Nurse** has been notified via email of enrolment into program

Uploads: into CATCH Program Tab patient Health Summary/patient notes

Risk Factors covered by **CATCH Cardiac Rehab Nurse:**

- Heart Disease/Warning signs
- Smoking/Hypertension
- Depression/Social Supports
- Heart Failure (if required)
- Exercise – **Exercise Physiologist** (if required)
- Medications – **Pharmacist** (if required)
- Diet/Cholesterol – **Dietician** (if required)
- Completion Call – **CATCH Cardiac Rehab Nurse**

CATCH Telephone support program conducted for up to next 8 weeks
Conducts: 6 and 12 month Review

Example of GP Practice/Practice Nurse conducting Initial Assessment/CATCH database/CATCH Telephone Support v2

Method

Referrals	CATCH Central Referral Office
Enrolment	CATCH Nurse
GPMP/TCA	GP and Practice Nurse
Nursing Assessment	CATCH Nurse
CP Program	CATCH Nurse
6 & 12 month review	CATCH Nurse
Ongoing review	GP and Practice Nurse
Correspondence with GP and Cardiologist	CATCH Nurse

Completion Summary

phn
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PHASE 2 CARDIAC REHABILITATION PROGRAM SUMMARY

This form can be filed out electronically. Buttons and instructions will not show when printed.

Name of Organisation		Select	
Patient/Client Name		DOB	
Diagnosis			
General Practitioner		Cardiologist	
Program Dates		Commencement	Completion
		6 Month Review	12 Month Review

Risk Factors	CLINICAL OBSERVATIONS							
	Target		Program		6 Month		12 Month	
Cholesterol	Lipids	mmol/L	Lipids	Result	Lipids	Result	Lipids	Result
	LDL	< 1.8	LDL		LDL		LDL	
	HDL	> 1.0	HDL		HDL		HDL	
	Triglycerides	< 2.0	Trig		Trig		Trig	
	Total	< 4.0	Total		Total		Total	
Diabetes	Glucose		HbA1c		Glucose		HbA1c	
	<input type="checkbox"/> Fasting		<input type="checkbox"/> Fasting		<input type="checkbox"/> Fasting		<input type="checkbox"/> Fasting	
Blood Pressure	< 130/80 mmHg							
Weight	Waist	BMI	Waist	BMI	Waist	BMI	Waist	BMI
Smoking Status	Select		Select		Select		Select	
	Details (if applicable):		Details (if applicable):		Details (if applicable):		Details (if applicable):	
Depression	Se. (Score):		Se. (Score):		Se. (Score):		Se. (Score):	
	Details (if applicable):		Details (if applicable):		Details (if applicable):		Details (if applicable):	
Alcohol	Aim for 2 alcohol-free days per week							
Physical Inactivity	Aim for 30 minutes of moderate-intensity exercise daily							
Medication Adherence	Adherence: Sp. (Score):		Adherence: Sp. (Score):		Adherence: Sp. (Score):		Adherence: Sp. (Score):	
Obstructive Sleep Apnoea	Screening Tool: STOP-BANG Score: []		Select		Select		Select	
Goals Additional Information Referrals		GP to action if required						
Summary Completed By: Name: Claudine Clark								
Designation: Nurse Consultant - Cardiac Rehabilitation								
Date: []								

For further information about the content and format of the Cardiac Rehabilitation program attended by this client please do not hesitate to contact me.

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SAVE AS PRINT

PHASE 2 CARDIAC REHABILITATION PROGRAM SUMMARY

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Name of Organisation	CATCH CHSA Telephone Cardiac Rehab - 12 Month Review Summary									
Patient/Client Name	[REDACTED]						DOB	[REDACTED]		
Diagnosis	Inferior STEMI - PCI & drug-eluting stent to RCA x2 (20/03/18 - 22/03/2018 - FMC)									
General Practitioner	Dr Neville Witford, Broughton Clinic				Cardiologist		Professor Philip Aylward			
Program Dates	Commencement		Completion		6 Month Review		12 Month Review			
	17/04/2018		04/06/2018		19/11/2018		06/06/2019			
CLINICAL OBSERVATIONS										
Risk Factors	Target		Program				6 Month		12 Month	
	Date Bloods Taken		20/03/2018		01/06/2018		29/11/2018		01/04/2019	
Cholesterol	Lipids	mmol/L	Lipids	Result	Lipids	Result	Lipids	Result	Lipids	Result
	LDL	< 1.8	LDL	3.3	LDL	1.5	LDL	1.7	LDL	1.6
	HDL	> 1.0	HDL	1.0	HDL	1.1	HDL	1.0	HDL	1.2
	Triglycerides	< 2.0	Trig	0.7	Trig	1.1	Trig	1.8	Trig	1.0
	Total	< 4.0	Total	4.6	Total	3.1	Total	3.5	Total	3.2
Diabetes	Not Applicable		Glucose	HbA1c	Glucose	HbA1c	Glucose	HbA1c	Glucose	HbA1c
			<input type="checkbox"/> Fasting		<input checked="" type="checkbox"/> Fasting		<input checked="" type="checkbox"/> Fasting		<input checked="" type="checkbox"/> Fasting	
			-	5.7%	5.2mmol/L	-	5.9mmol/L	5.7%	5.8mmol/L	-
Blood Pressure	<130/80 mmHg		130/80		110/70		138/89		-	
Weight			Waist	BMI	Waist	BMI	Waist	BMI	Waist	BMI
Men: Waist <94cm BMI 18.5 - 24.9 Kg/m2			79cm	24.3	82cm	25.4	82cm	25.4	82cm	25.4
Smoking Status			Smoker - Ceased		Smoker - Ceased		Non-Smoker		Non-Smoker	
			Details (if applicable):		Details (if applicable):		Details (if applicable):		Details (if applicable):	
			Quit at time of MI - March 2018				Nil relapse		Nil relapse	

Results

- 22 GP clinics involved
- 138 patients
 - 130 completed
 - 6 active
 - 2 awaiting enrolment
- Video conferencing capability



Results

- Evaluation of clinical outcomes over 12 month period – good overall
- High commencement and completion rates ✓
- Meeting Heart Foundation targets ✓
- Few hospital readmissions at 6 and 12 month review ✓
- Medication adherence decline ✗

Results – Lipids

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	26	24	17	14
LDL Mean Result (mmol/L)	2.42	2.18	1.89	1.70

Target LDL < 1.8mmol/L

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	27	24	17	14
HDL Mean Result (mmol/L)	1.18	1.25	1.20	1.30

Target HDL > 1.0mmol/L

Results - Lipids

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	30	26	17	15
Total Chol Mean Result (mmol/L)	4.44	3.95	3.75	3.45

Target Total Cholesterol < 4.0mmol/L

Results – Diabetes & BMI

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	14	15	10	11
HbA1c Mean Result (%)	6.68	6.68	6.51	6.21

Target HbA1c $\leq 7\%$

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	31	30	23	19
BMI Mean Result (kg/m ²)	29.08	28.91	29.40	28.21

Target BMI 18.5-24.9 kg/m²

Results – Medication adherence

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	27	19	13	11
Aspirin (%)	87	61	48	68

	Pre Commencement	Post Completion	6 Month Review	12 Month Review
No. of patients	27	27	21	16
Statin (%)	90	87	77	67

Limitations

- Consider other measures when evaluating data
- Assess successes and barriers



Implications for practice

- Easy access to referral forms and flow charts
- More GP clinics to be involved
- Increase video conferencing consults
- Gain continued feedback from patients and GP clinics

Conclusion

- Collaborative care approach
- Patient-centred
- Level of expertise
- Evidence-based practice



Questions?

- Email Claudine.Clark@sa.gov.au