Cardiac Rehabilitation Factsheet

For health service planners, program directors and clinical staff

Heart Foundation

Evidence to support cardiac rehabilitation

Cardiac rehabilitation (CR) is effective, affordable and efficient. Private, public and community health services need to resource this essential service to help cardiac patients to stay productive and out of hospital after they have been diagnosed. There is overwhelming evidence that cardiac rehabilitation is an important part of recovery after a heart event and benefits people of all ages. However, it is only effective if accessible and suitable to people's needs and people participate in it.

The key issues

Lack of referral

Despite being a component of the Acute Coronary Syndrome National Clinical Care Standard[1], referral to cardiac rehabilitation is not standard practice:

Only about 30% of patients are referred to cardiac rehabilitation[2].

65% is the gold standard target set by the UK National Health Service which meets international best practice[2].

71% of patients would go to cardiac rehabilitation if a health professional discussed it with them before leaving hospital[3].

Prevalence

500,000 More than half a million Australians have ischemic heart disease[4].

Deaths

2013:

Heart Disease is the leading single cause of death in Queensland. One in every seven deaths in 2013 was a result of heart disease[5].

Hospitalisations

Heart disease was the main cause for **149,000** hospitalisations in 2013/14 [6].

Repeat heart attacks are costing Queensland **$1.6 Billion**[7].

Innovative models of care needed

Services need to adapt to patient needs. Innovative models of cardiac rehabilitation should be considered as current models are not meeting enough patients' needs[8].

Traditional group-based cardiac rehabilitation services can be a barrier to some patients who are younger, work, live remotely, have mobility issues, have cultural or language needs or don't want to attend a group format.

Modalities for patients include:

Facility – based group or individual sessions

Web-based – explore web-based services like CSIRO's Cardihab: csiro.au/en/Do-business/ON-Program/AcceleratiON/Cohort1/Team-Cardihab

Phone-based – access phone-based services like the free, state-wide COACH Program. It offers a 6 month program of support, with calls every 4-6 weeks from registered nurses. Ph: 13 43 25 84 or coach@health.qld.gov.au

Available services can be found at:
heartfoundation.org.au/cardiac-services-directory

Benefits of cardiac rehabilitation

Health and clinical benefits:

can REDUCE

WITHIN THE **1st YEAR** **BY 56%**

Cardiac rehabilitation can reduce hospital readmissions and death within the first year after a coronary event by as much as 56% and 30%, respectively[2].

Increased uptake of cardiac rehabilitation will save lives and reduce costs because it:[9]

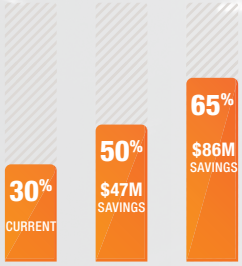
- reduces mortality
- accelerates recovery
- improves clinical outcomes (e.g. improved cholesterol, blood pressure)
- improves behavioural outcomes (e.g. exercise tolerance, smoking cessation)
- reduces repeat cardiovascular events and hospital readmissions
- strengthens adherence to medication and
- enhances mental health and quality of life.

Economic benefits:

Cardiac rehabilitation is essential to support people to stay productive and out of hospital because:

1 in 2 PEOPLE **DON'T RETURN BACK TO THEIR NORMAL WORK CAPACITY AFTER A HEART ATTACK.**

1 in 4 **DON'T RETURN TO WORK AT ALL**[3]



Cardiac rehabilitation referrals:

Significant health care savings could be made if referrals to cardiac rehabilitation were increased from 30% to[8]:

- 50% uptake = $47M savings
- 65% uptake = $86M savings

Data and Performance Monitoring

Data are critical to demonstrate the excellence of services. Queensland Cardiac Outcomes Registry (QCOR) manages quality and safety data across cardiac specialities including cardiac rehabilitation and heart failure (refer to Heart Failure Factsheet).

QCOR is establishing state-wide data for cardiac rehabilitation to compare against existing standards of care and research to identify opportunities for service improvement. To find out what data your program should be collecting and reporting contact: scciu@health.qld.gov.au

Improving patient access to Cardiac Rehabilitation

Program Directors and clinical staff

- **Increase referral to CR through system change:** The CR Quality Improvement Payment (QIP) scheme is an example of a system change that aims to embed CR referral processes into everyday systems to improve efficiencies. Services can contribute to continuous improvement activities to CR referral processes by participating in the State-wide CR data collection program. For more information: scciu@health.qld.gov.au.
- **Increase referral to CR with a routine discussion:** 71% of patients will participate in CR if a health professional discusses it with them before they leave hospital[3]. Therefore, to increase patient referrals to cardiac rehabilitation, health professionals should use this example statement with their patients:

"Cardiac rehabilitation is a recommended part of your clinical care. It is a valuable part of your recovery and helps you make the necessary changes to minimise having another heart event".

Available services can be found at: heartfoundation.org.au/cardiac-services-directory.

Aboriginal and Torres Strait Islander peoples

All health services need to support participation in CR for Aboriginal and Torres Strait Islander peoples[10]. They are at higher risk of heart disease and repeat heart events, have specific cultural needs and participation in CR is much lower than non-Indigenous patients.

Hospital and community-based health services need to work together to expand the delivery of CR that is appropriate for Aboriginal and Torres Strait Islander peoples.

Tips to increase referral and medication adherence can be found at:

heartfoundation.org.au/images/uploads/main/ Cardiac_rehab_INF-082-P_6__factsheet.pdf

heartfoundation.org.au/images/uploads/main/ Adherence_to_medication_INF-083-P_7_factsheet.pdf

State Government Policy framework Queensland

The Queensland Aboriginal and Torres Strait Islander cardiac health strategy 2014-2017 highlights the need for cardiac rehabilitation: **health.qld.gov.au/atsihealth/cardiac-care.asp**

Health Service Planners

- Embed the CR referral QIP activities into your HHS service level agreements to uphold quality improvement activities to increase referral to CR as a key potential preventable hosptialisation strategy.
- Identify resources, skills and networks required to offer cardiac rehabilitation services to your patients.
- Ensure existing structured CR programs are aligned with recommended care. Use ACRA's Core Components of Care as a best practice guide. The components underpin effective cardiac rehabilitation services that deliver maximum benefits for participants[11]. **acra.net.au/acra-research-and-papers**

Human Resource Management

A cardiac rehabilitation service needs to have a formalised process to ensure team members have access to educational/training opportunities to maintain competency. This process should include access to opportunities for continual professional development.[12]

CR staff also need to be equipped with the latest evidence based patient resources to deliver optimal guideline care. Heart Education Assessment and Rehabilitation Toolkit (HEART) Online is a web-based resource developed for clinicians by clinicians—**heartonline.org.au**

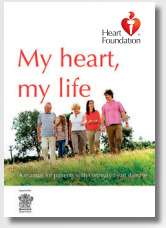
Patient access to self-management tools

Patients need quality information and tools, such as the preferred resource, *My heart, my life* (MHML).

Health services can ensure that every patient receives these by securing funding through your Service. Private services can receive this resource by signing up to the MHML Support Program Trial. For advice on how your service can fund MHML, contact qld@heartfoundation.org.au.

To order MHML, contact our Health Information Service on 1300 36 27 87.

To download MHML and the MHML app, visit: **heartfoundation.org.au/for-professionals/clinical-information/acute-coronary-syndromes.**



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