

National Cardiac Rehabilitation Quality Indicators

Care quality is an increasing focus of funders, providers and consumers of healthcare. Measuring quality and the clinical effectiveness of health services is important for ensuring accountability of healthcare providers, enhancing patient outcomes, minimising adverse events and aligning care with what patients want and the best available evidence.

Quality indicators are explicitly defined statements that aim to measure adherence to aspects of evidence-based care that are deemed necessary for reaching optimal patient outcomes and provide a basis for quality improvement projects.

The need for Australian cardiac rehabilitation (CR) quality indicators was determined at a Think Tank on improving CR measurement which was held on the 26th of September 2018 at the SA Translation Centre and was attended by researchers, clinicians, policymakers and consumers with representation from each state and territory. The aim of the Think Tank was to discuss state-based activities and future national directions and it was agreed that a national set of quality indicators for CR service measurement was required.

A Taskforce, co-chaired by the National Heart Foundation of Australia (NHFA) and the Australian Cardiovascular Health and Rehabilitation Association (ACRA), was established to progress the development of the quality indicators. The purpose of the quality indicators is to set recommendations for what should be collected and reported on at a minimum so that CR programs can collect uniform data.

The Taskforce developed a draft set of 11 quality indicators and disseminated these to ACRA members for feedback (via email and at the 2019 ACRA Annual Scientific Meeting) on their perceived importance to: (i) clinicians, (ii) managers and (iii) patients and the (iv) feasibility of



**In 2017-18, 579,600
Australians reported
having heart disease¹**

collecting the indicators. Based on feedback, one indicator (waist circumference) was removed.

This document provides the proposed 10 quality indicators developed by the Taskforce.

Additional details are required beyond the quality indicators to enable complete collection of data and for usefulness beyond the individual site (e.g. data linkage). A complete data dictionary of these variables is being developed by the Taskforce.

1. Australian Bureau of Statistics 2019, National Health Survey, 2017-18. Data customised using TableBuilder.



Australian Cardiac Rehabilitation Quality Indicators Summary

The below provides a summary of the 10 quality indicators for CR. Some indicators aim to evaluate processes of care (process indicators) while others evaluate the outcomes of CR (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 of 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 CR receive a comprehensive assessment of cardiovascular risk factors.

QI-4. DEPRESSION SCREENING

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

QI-7. EXERCISE CAPACITY

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

QI-8. HEALTH-RELATED QUALITY OF LIFE

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

QI-9. RE-ASSESSMENT

Patients who participate in CR 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

The National Cardiac Rehabilitation Quality Indicators were developed by a Taskforce group comprising the following members:

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|---------------------------|------------------------------------------------------------------------------------------------------|
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Acknowledgement: The quality indicators document were based on: The National Heart Foundation of Australia, NSW Agency for Clinical Innovation and Australian Cardiovascular Health and Rehabilitation Association NSW/ACT. NSW cardiac rehabilitation quality indicators data dictionary and definition guide 2017.

National Heart Foundation of Australia (National Cardiac Rehabilitation Measurement Taskforce) National Cardiac Rehabilitation Quality Indicators, October 2019, © 2019 National Heart Foundation of Australia ABN 98 008 419 761

