

An Advocacy Toolkit for Health Professionals



To Improve Cardiac Rehabilitation and Heart Failure Services

CVD

IS AUSTRALIA'S MOST EXPENSIVE DISEASE IN TERMS OF DIRECT HEALTH COSTS: **\$7.6 BILLION** EACH YEAR **\$7.6B**



Heart failure consumes **\$1 BILLION** of the national healthcare budget, with two-thirds of this amount on hospital services



1 IN 5

PEOPLE WILL HAVE ANOTHER HEART ATTACK WITHIN A YEAR

ABORIGINAL & TORRES STRAIT ISLANDER PEOPLES ARE

2-3x more likely to be

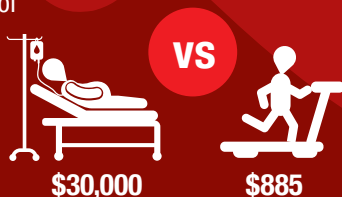
HOSPITALISED for every heart condition



MORE THAN **30%** OF HEART ATTACKS ARE REPEAT HEART ATTACKS



Hospitalisation and treatment of a heart attack costs \$30,000. Attending a cardiac rehabilitation program costs \$885 and can help prevent further heart attacks, plus other benefits!



Remote Australia has almost **2x** the rate of heart failure **ADMISSIONS** as **'S MAJOR CITIES**



Advocate to improve your cardiac rehabilitation and heart failure services

Why advocate to improve your service?

As a health professional you are in an influential position to steer system change, improve services and allow patient stories to be heard. This toolkit provides guidance to help you advocate for improved services within your health service and community. Improved services will support people to live well with heart disease and heart failure while also reducing costs. Cardiovascular disease is our most costly disease, with 59% of these costs attributed to hospital services.

Toolkit components:

1. Brochure: How to advocate, an innovative service example and patient stories.
2. Cardiac rehabilitation factsheet: Latest data and facts to support improving your service.
3. Heart failure factsheet: Latest data and facts to support improving your service.

Private and public hospital and health services need to improve inpatient education about the nature of their chronic heart condition. Patients need support to actively manage their condition through regular checkups, lifestyle changes, medication adherence and referral to a cardiac rehabilitation and heart failure service.

Use this toolkit to advocate for your service to be improved. Use the cardiac rehabilitation and heart failure factsheets to demonstrate why change is needed.

Emotional and physical wellbeing of patients

For all patients, it's important to address the link between mental health, heart disease and heart failure because depression and anxiety are common. It occurs in up to 20% of patients with coronary heart disease and 40% with heart failure. Depression and anxiety are independently associated with poor prognosis including higher mortality and hospital attendance.

It is recommended that depression screening for all patients with coronary heart disease and heart failure is embedded in practice. Download a copy of a screening tool (PHQ-2): heartfoundation.org.au/for-professionals/clinical-information/psychosocial-health to assist with the identification of patients who need further assistance. For additional information go to: heartonline.org.au/articles/psychosocial-issues



Where can patients get help?

- Lifeline is a 24-hour confidential crisis support service Tel: 131114 lifeline.org.au
- Beyondblue provides a support service and information: Tel 1300 22 46 36 or beyondblue.org.au
- Refer patients to their local doctor
- Refer patients to join a Heart Foundation Walking group: walking.heartfoundation.org.au
- Call the Heart Foundation's Health Information Service: Tel 1300 362 787

How you can advocate to improve services

Be an advocate for increasing patient referral

- Ensure all eligible patients are being referred to cardiac rehabilitation or heart failure services.
- Promote your programs to staff, patients and primary healthcare networks to increase knowledge about the value of your services.
- Invite staff and managers to site tours of your program.

Find your patients' stories: Make it personal

A good advocacy strategy is to communicate personal patient stories.

- Use media opportunities to showcase the success stories to target stakeholders.
- Identify patients who are willing to share their story and use these stories to promote to your manager, administrators and stakeholders. Many patients feel empowered to tell their stories and help others.

Become an ambassador of best practice

- Use current clinical guidelines and promote them to other staff.
- Attend training and conduct in-services.
- Apply to become a Heart Foundation Ambassador to get access to upskill in health advocacy and clinical practice at qld@heartfoundation.org.au

Become a culturally competent worker

- Be aware of special needs of people from non-English speaking backgrounds and Aboriginal and Torres Strait Island People.
- Seek training and resources to support you:
health.qld.gov.au/multicultural/support_tools/mcsr.asp
health.qld.gov.au/multicultural/support_tools/WCT.asp
- Complete Queensland Health's Introductory Aboriginal and Torres Strait Islander cultural practice online program. Both Queensland Health staff and external users are welcome and encouraged to undertake this program ilearnexternal.health.qld.gov.au/course/52/qld-health-introductory-aboriginal-and-torres-strait-islander-cultural

Use the latest data to guide your service planning and business case

Find your local district data via Heart Foundation's Heart Maps: heartfoundation.org.au/for-professionals/australian-heart-maps

The Chief Health Officer reports: health.qld.gov.au/cho_report

Write a business case to ensure security of your service

- Emphasise cost savings and improved patient outcomes – use the factsheets in this toolkit.
- Identify opportunities to fill any gaps in local services.
- Network with other peers to find out what program initiatives are working well.

Explore funding sources to improve your service

- HHS Quality Improvement Payments (QIPs) like Cardiac Rehabilitation QIP and smoking QIP.
- Local Hospital Foundations.
- Grants, local businesses – visit qld.gov.au/community/community-organisations-volunteering/funding-grants-resources

Share your stories with Patient Opinion

Patient Opinion is a confidential online portal: patientopinion.org.au

Encourage patients to also share their stories.

Seek confidential support and advice from the Heart Foundation by contacting the Clinical Manager on 07 3872 2500 or qld@heartfoundation.org.au

Innovative models of care in cardiac rehabilitation and heart failure

Example of success: Bundaberg cardiac rehabilitation and heart failure service

Innovative models of care can improve patient outcomes. *The HeartStart Cardiac and Heart Failure Rehabilitation Program* stands out as an example of collaborative, innovative and patient centered care run by Bundaberg Health Promotions Ltd., catering for public and private patients in the one place.

The program is run by multidisciplinary health professionals in heart disease, heart failure and pulmonary disease. It is located within a GP super clinic making it easier for patients with co-morbidities to be managed at the same place.

A key innovation is to offer patient choice and have two alternate maintenance programs including Cornish Walking (specific cardiovascular track walking program) and a Water Walking and Aerobic Program held three times per week, at a low cost to patients. Other stand out features are the peer support activities to enhance the social wellbeing of clients. The free and easy access to parking for patients has added to sustained uptake and attendance rates. For more information about the program contact: heartstart@bundaberghealthpromotions.org



Bundaberg Heart Smart Service Coordinator, Jess Auer

Tracee's Story

Tracee (46) knows what it is like to live with heart failure. She was diagnosed with it in 2014 after suffering from symptoms that were first thought to be pneumonia.

"I started to get breathless just from walking up the stairs and had a persistent cough I couldn't shift," said Tracee.

"I was given antibiotics and Ventolin for pneumonia but the symptoms just continued to get worse, I wasn't able to sleep as every time I lay down I felt like I was suffocating."

Tracee was then diagnosed with heart failure – her heart function was down to 22 percent, putting an incredible strain on the rest of her heart to compensate for the heart tissue that wasn't working.



"Twelve years ago I beat cancer, but there is no 'beating' heart failure – but you can manage it and learn how to live well with it," said Tracee.

"The cardiac rehabilitation program I attended helped me to understand my condition and helped me to work out what changes I had to make to my life, and my family's lives, so that we could manage this condition and I could live well for as long as I could."

Tracee has now created a 'new normal' for herself and her family, which involves breaking everyday routine tasks into workable pieces, listening to her body, keeping in regular contact with her GP, and taking heed of the advice given during cardiac rehabilitation.

"This was a curve ball. A big one. I grieve a little, every single day, but I have not given up," said Tracee.

"I believe that with good management of this chronic condition I will be around long enough to create more memories with my children. I'd like others to believe that too."

John's Story

John (62) was visiting friends in rural Victoria when he started to feel unwell. John's friends saved his life by calling an ambulance – he had open heart surgery and a double bypass that day.

John says his rehabilitation journey started the day after his bypass surgery.

"After the operation, hospital staff encouraged me to get out of bed for meals and sit up when eating," said John.

"The next day I was walking up and down the corridors of the hospital with their help and started doing some light physiotherapy exercises."

John was supported to do this level of activity in the hospital over three days before he was discharged.

"When I left hospital I was instructed to walk, so I did – every day for a week. I walked up and down the hallway of my sister's house and backyard."

"When I visited the surgeon he commented how well I looked and that I had a lot of colour in my face – so I knew I was doing the right thing by taking the time to walk where I could."

When John returned home to Queensland his rehabilitation journey began in earnest.

"I had three weeks recovering from the surgery at home and I continued my walking routines around the house, the garden and

even helping my daughters with the shopping – but no lifting though!"

"I then returned to work under a rehabilitation plan – which helped me to reintegrate back into work but also gave me time to focus on my health," said John.

"For the first fortnight I did three x half days of work, then we increased it to three full days of work for another fortnight and finally back to five full days of work."

John also participated in a cardiac rehabilitation program at Ipswich Hospital.

"I did a cardiac rehabilitation program at the hospital for five weeks at the same time as I started back at work," said John.

"The program helped me to remain positive and focused on getting well."

John said he did not doubt he would be able to return to good health and able to get on with his life.

"I have no doubt that my speedy recovery was facilitated by my participation in cardiac rehabilitation.

"It helped me both physically and mentally in my recovery – and both of these are incredibly important after a heart attack."

