

Implementation and Evaluation of the CRIC project

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What is CRIC?

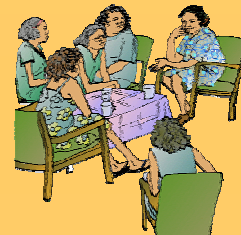
Cardiac Rehabilitation for Indigenous Communities

The purpose of the project is to increase the uptake of Aboriginal and Torres Strait Islander peoples in cardiac rehabilitation

More of this ...



... And this



How did the project start?

Obtained a funding grant through the Commonwealth's Rural Health Support Education and Training (RHSET) program

The project has been funded specifically to *Pilot a cardiac rehabilitation training program for clinicians working in Indigenous communities in the Cairns, Cape York Peninsula and Torres Strait regions May 2006 - May 2008*

3 main phases to the project

1. Consultation and engagement of the nominated Indigenous community (site)
2. Develop and deliver a Cardiac Rehabilitation Training Program
3. Evaluate the uptake of CR into the community and the uptake of Indigenous people into CR in that community

1. Consultation & Engagement

Pilot sites had to represent:

1. Aboriginal Community Controlled Health
2. Community Health Centre
3. Primary Health Centre
4. Rural Hospital

Consultation with Executive at each site:

- CEO, DON, SMO, GP, Director, Manager
- Senior staff of Aboriginal and/or Torres Strait Islander ethnicity (not simply a non-Indigenous person working in the field of Indigenous health)
- Source an interested, committed Indigenous mentor working at the site

CRIC project sites



We're talking about the pointy end of Queensland!

2. The CR Training Program

Participants

- Stakeholders at sites given background re: CR
- Then they had to identify potential CR "team" staff to undergo the training (HW, RN, Dr, AH)

Content

- **The Cardiac Rehabilitation Process**
 - What are the steps in the CR process?
 - How to implement each step at their site?
 - What is the role of each discipline in their team?
- Clinical content related to CR

The CR Training Program

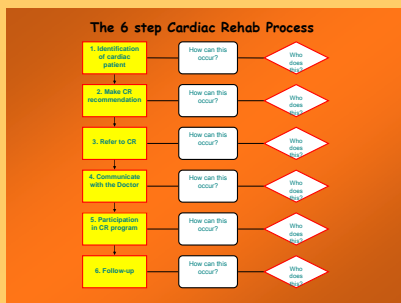
Training format

A 2-part workshop

- 1st part held at CBH (their closest referral hospital)
 - The CR process
 - Foundation Learning
- 2nd part held at their workplace
 - Implementation of the CR process at their site

Aim was for the identified 'team' members (staff) to all participate in both stages of the workshop

The CR process flowchart



The Workshops

- **Foundation W/S** at the region's referral hospital - cardiac facilities and an established CR program

- **Implementation W/S** at the sites
Each site identified their Cardiac Rehab Coordinator

7 workshops in total - all different. 20 participants

3. Evaluation phase

- A. Evaluation of the implementation of the CR process, that is:
- Identification of the cardiac patient
 - Making the recommendation for CR
 - Referring to CR
 - Communicating with the Primary Care Doctor
 - Participating in CR (designed by the site)
 - Follow-up after CR

Evaluation phase

- B. Evaluation of the uptake of Aboriginal and Torres Strait Islander people into CR
- Did ATSI people participate?
 - How many were involved?
 - What was the nature of their involvement?

Evaluation Methods

- Discussions with the identified CR coordinator at each site
- Survey with the CR coordinator of each site
- Audit of participant enrolment forms
- Chart audits of cardiac patients at each site

Outcomes so far

- Going well.
- Each site identified different needs.
- Training was only one aspect of this.
- Most sites wanted extra resources.
- All sites need an enormous amount of support.

Summary

- There is more to CR service delivery than simply what your program looks like!
- Need the will and means (commitment) of stakeholders and executives in the area to provide the service
- Need to have systems set up for each of the stages in the CR process
- Indigenous communities must be included in all aspects of planning right from the beginning and also have ongoing support

Thank-you

