

# ACRA: A Practitioner's Guide to Cardiac Rehabilitation 2007

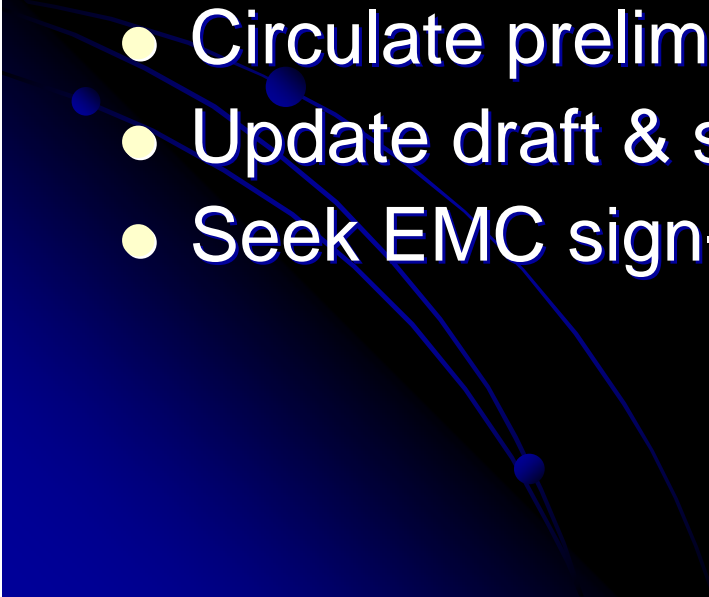
Update by Kerry Inder



# Objective

- In August 2006 ACRA EMC called for expressions of interest to review A Practitioner's Guide to Cardiac Rehabilitation, 1999
- Objective: to provide a document that is evidence based & include expert opinion of respected CR & HF specialist practitioners from across Australia
- In December 2006 I was notified of acceptance
- The review commenced in January 2007

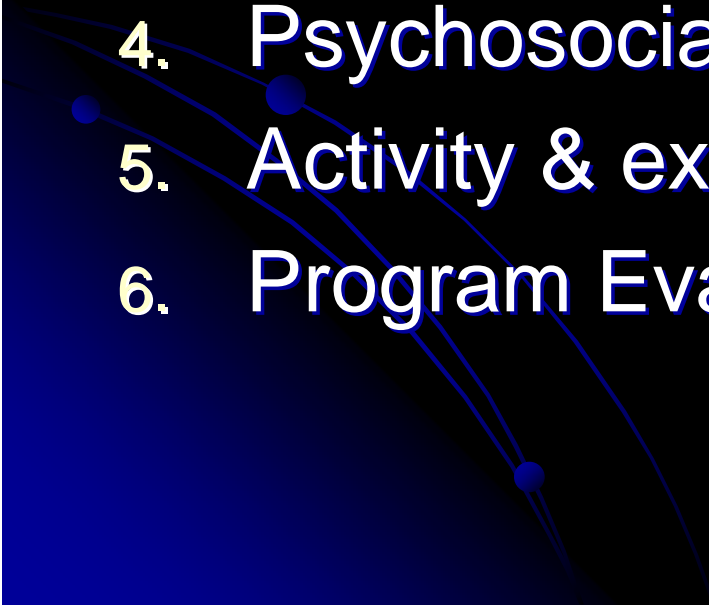
# Process in summary

- Clarify purpose & methodology
  - Establish reporting mechanisms
  - Identify key contacts
  - Critically review 1999 guidelines
  - Undertake a systematic literature review
  - Circulate preliminary draft for comment
  - Update draft & systematic review
  - Seek EMC sign-off
- 

# Feedback on existing guidelines

- Nominations were called
- Contact with contributors to 1999 Guidelines
- Notice placed in April ACRA newsletter, seeking interested people to comment
- Approximately 30 professionals responded & provided feedback

# Outline of 1999 Guidelines

1. Introduction to CR
  2. Program planning & strategic management
  3. Program Administration
  4. Psychosocial Issues
  5. Activity & exercise
  6. Program Evaluation
- 

# Feedback on 1999 guidelines

- Better application of info on planning, administration, evaluation
- Forms to be incorporated as appendices
- Models of care, incl. self-management
- Stronger behaviour change component
- Strategies to engage Indigenous Australians
- More on heart failure, disease management, every day activity, device implantation, wound
- Addition tools – anthropometric measurements
- Updating of references
- Better formatting, index

# Existing versus Revised Guidelines

1. Introduction to CR
2. Program planning & strategic management
3. Program Administration
4. Psychosocial Issues
5. Activity & exercise
6. Program Evaluation

1. Rehabilitation & secondary prevention of cardiovascular diseases
2. Service provision
3. Inpatient cardiac rehabilitation
4. Outpatient cardiac rehabilitation
5. Long term chronic disease management
6. Important considerations

# 1. Rehabilitation & secondary prevention of cardiovascular diseases

- Definition
- Development of CR services in Australia
- Biology – why it works
- Effectiveness
- Service provision
- Eligibility



## 2. Service provision


- Planning

- Needs assessment, community consultation
- Management & integration
- Financial planning & resources
- Performance indicators
- Disease specific versus generic

- Implementation

- Coordination, team work & collaboration
- Cost effectiveness & feasibility
- Health care system capacity

## 2. Service provision

- Development
    - Periodic review
    - Role of key-stakeholders, participants
  - Continuous improvement & evaluation
    - Monitoring performance
    - Quality indicators
    - Types of evaluation
- 

# 3. Inpatient cardiac rehabilitation

- Aim & objectives
- Referral process, access, eligibility
- Components – information & supportive counselling, goal setting, activity in hospital, discharge planning
- Referral to outpatient services
- Staffing

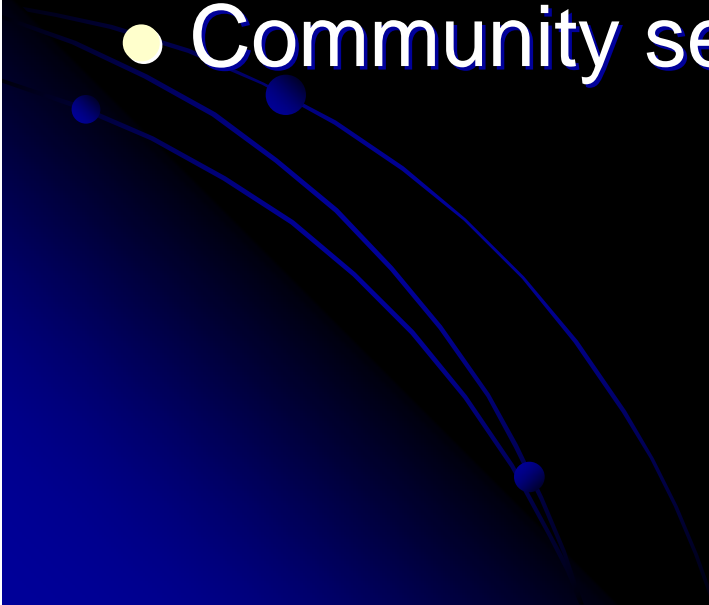
# 4. Outpatient cardiac rehabilitation

- Aim & objectives
- Referral process, access, eligibility
- Components – information & education, behaviour change, self-management, exercise & physical activity
- Referral to community, maintenance services, follow-up care
- Staffing

## 4. Outpatient cardiac rehabilitation

- Specific guidelines for people following hospitalisation for:
  - Acute coronary syndromes
    - With & without revascularisation
  - Chronic ischaemic heart disease
    - Recurrent angina
    - Stable angina with revascularisation
  - Heart Failure
    - Incl. End-of-life care

# 5. Long term chronic disease management

- Maintenance CR services
  - Chronic disease management programs
  - Non-medically supervised exercise programs
  - Community services
- 

# 6. Important considerations

- Factors that influence access, participation, service provision or outcome
  - Age and gender
  - Employment, socio-economic disadvantage
  - Rural & remote
  - Mental health: anxiety, depression
  - Social isolation
  - Co-morbidity
  - Aboriginality
  - Ethnicity & culture

# Proposed format

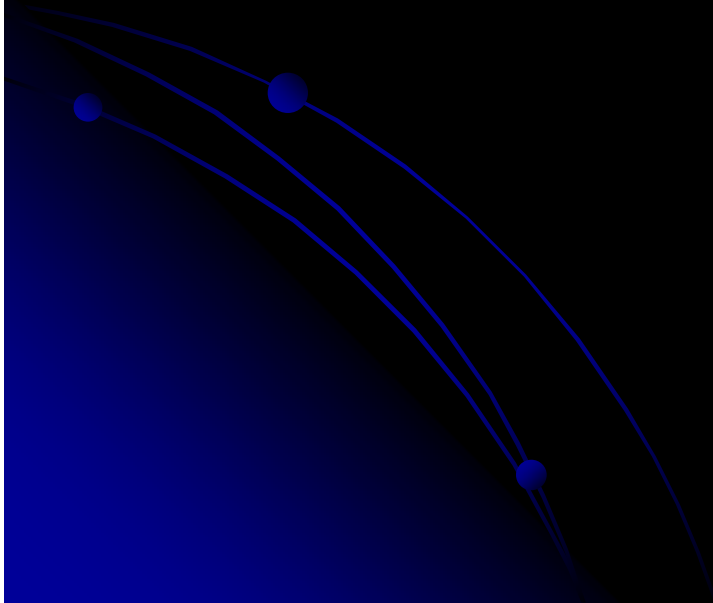
- Revised guidelines to be available to ACRA members to download free of charge from website, in sections
- Feasibility of a limited number of printed documents to be explored
  - Aim to recoup development costs – useful for health services, universities, libraries, some members and others



# Membership feedback

- To date I have received valuable and timely feedback, thankyou...
- Anyone with an interest in rehabilitation and secondary prevention of people with heart disease is welcome to comment
- Comments from the broad membership are essential to make this a useful and relevant document

Opportunity knocks...



# Contact

Kerry Inder

Centre for Clinical Epidemiology &  
Biostatistics, David Madison Building

University of Newcastle

Callaghan NSW 2308

Tel: 02 4913 8191\* \*recently changed

Fax: 02 4913 8148\*

Email: [Kerry.Inder@newcastle.edu.au](mailto:Kerry.Inder@newcastle.edu.au)

# Australian Cardiovascular Health and Rehabilitation Association Annual Scientific Meeting

22 – 24 August 2007

Hotel Grand Chancellor  
Hobart, Tasmania



Principal Sponsor



Supporting Sponsors