

# Implementation and Evaluation of the CRIC project

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## What is CRIC?

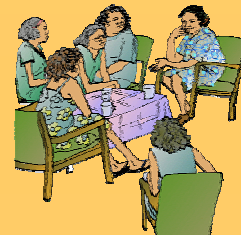
Cardiac Rehabilitation for Indigenous Communities

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

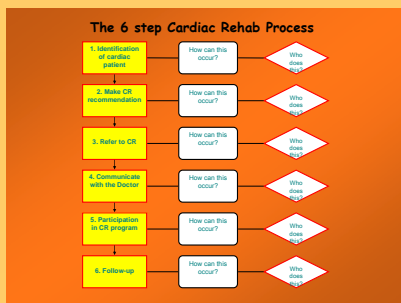
## Training format

### A 2-part workshop

- 1<sup>st</sup> part held at CBH (their closest referral hospital)
  - The CR process
  - Foundation Learning
- 2<sup>nd</sup> 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

