Solutions for evaluation of quality outcomes for Cardiac Rehabilitation in South Australia
Outcomes and Six Recommendations to Statewide Cardiac Clinical Network
SAHMRI Friday 24th February 2023

Recommendation	Issue	Solution
1	**CR Leadership** o Who is the **CR champion in SA**? o Where is the voice for the 23 services? o Proxy and Succession planning	Review appointments in 1. Statewide Clinical Network and 2. CR subcommittee (Coalition) 3. Ensure proxy systems are in place for succession planning
2	**The CATCH Database Renovation** o The CATCH Database requires urgent renovation to relieve workload burden and usability. o There is clear disengagement from entry of data into the CATCH Data base with >50% missing data per site. o Range of missing data for pre and post assessment ranges from 21%-100% per KPI per CR program o There is overwhelming duplication in the system at this time. o Ideas for redesign include intuitive text autofill, drop down boxes etc. o Links to complete pre and post assessment on iPad etc. o Standardise integrated data entry. o (Sunrise / Private / Community or Primary Care based) o Eligibility Metro vs. Country	Workshop 1 - CATCH Database Renovation Urgent workshop for re-design needed in second half of 2023. Sponsored by 1. iCCnet 2. Country PHN 3. Statewide Clinical Network After renovation conduct a 2-week snapshot to remeasure more accurately current Qis
3	**Review of CR service funding is urgently required.** o Clinical leaders urgently need to know how the funding system works to ensure their services receive optional funding	Workshop 2 - CR Funding Models Urgent workshop for introduction to funding models from experts Public vs. Private; Metro vs. Country in second half of 2023. Sponsored by 1. iCCnet 2. Country PHN 3. SA Health 4. Private Provider
4	**Statewide average waiting time to start CR is 40 days (6 weeks) (Range 17 days to 84 days)** **Heart Foundation Benchmark is 28 days after discharge.**	Workshop 3 - Reduction of waiting times. o Waiting times have not changed in the past 6-10 years. o Strategies are urgently required to address. o Impact on funding and workload should be considered. Sponsored by 1. Country PHN 2. SA Health Statewide Cardiac Network 3. ACRA 4. Heart Foundation
5	**Only 31% of Eligible Patient are referred** o This referral rate is consistent with National and international data o Workshop determined that eligible = ACS for Metro and ACS/ HF/ Arrhythmia / Surgical for Country	o Strategies included e-referral systems. o E-referral has been successfully implemented in QLD. o Self-referral via My Heart My Life o GP Based CR Program using the business model from CHAP Project
6	**One CR Program does not fit al!!** o Specialist programs urgently needed for o Women o CALD o Aboriginal and Torres Strait Islanders people This groups currently have a very low rate of attendance at CR	o Consider alternate modes of delivery. o Options in Metro open to all o Heart Foundation resources o Ethic groups o Women only gym sessions o Car Park Coupons for Low SES or for ALL

Notes from CR Outcomes Workshop – Friday 24 February 2023

What do we want to tell the Clinical Network? summary

Number	Idea
1	CATCH Data – network – CEO – back to service
2	Support for data entry and standardised integrated data entry (Sunrise / private / community)
3	Two week snapshot of perfect data (QUICR RCT)
4	Eligibility metro vs rural
5	One size CP program does not fit all (women, aboriginal, CALD)
6	Date entry duplication
7	Workshop to renovate CATCH
8	Activity based funding – need funding workshop (CATCH = yearly applications longer term investment) / Funding not re-investment in services
9	Increase mentoring / succession planning / program investment / skills building
10	Who is the CR champion in SA? Who / where is the voice

Notes from previous workshop:

- Education program
- Audit
- Data burden
- State-wide
- Telephone program / web

Comments from tables (by theme)

Theme	Idea
Data	Service to get own data (eg PHN report / generate own reports)
Data	Data collected via CATCH / report to network
Data	2/52 snapshot 100% collection / document disadvantages re increased workload for data entry
Data	Positive patient feedback (collate and send to Dept)
Eligibility	Spoke and hub model in rural areas – access
Eligibility	Highlight non-ACS groups (eg AF etc) and ways to support
Eligibility	Separate data by non-ACS groups
Eligibility	Division between CR and HF model (selective criteria)
Eligibility	Consistency of inclusion (triaging / value adding / rationalising / looking for best gains for your buck)
Eligibility	Core component of eligibility ie ACS
Eligibility	Women specific CR. Always more men in group
Funding	Fund telephone support service for country & metro
Funding	Activity based funding so we can expand programs etc
Funding	Equitable based funding
Funding	Activity based funding
Funding	Permanent Government funding (longer cycles)
Funding	Don't separate city & country
Planning	Transition business model
Planning	Succession planning
Resources	Provide peer support / group support ie via zoom / video conference
Resources	Protected time for research activities

Theme	Idea
Resources	Coordinator ie CHAP
Resources	Admin support to enter data
Resources	Nursing clinicians involved Statewide (network /EOI)
Resources	Need a level 3 or 4 nurse / allied health (CR coalition?) to pull it all together (FTE, no advocate,) or Andrea Church type of role – PhD, brainstorm issues
Resources	Service not included (can't give full service innovation because no support or connectivity
Resources	No Aboriginal health liaison
Support	Help with presenting data – using it to your advantage
Systems	Centralise CR referrals (Sunrise)
Systems	Have CR link with auto-fill so can see in both
Systems	Unified system for all aspects of program (data collection / consolidation)
Systems	Use technology to collect data (connects directly to the CATCH system)
Systems	Single system for data entry (talk between data systems / automation / admin not nurse / dependant on patient volume?)
Systems	CHAP web based not user friendly