Australian Cardiovascular Health and Rehabilitation Association

Heart Foundation

Advocacy and Communications Toolkit for Health Professionals

Why advocate to improve your cardiac rehabilitation and heart failure service?

The Heart Foundation and ACRA strongly recommends that people who experience a heart event are referred to and attend a cardiac rehabilitation program. Cardiac rehabilitation supports long-term lifestyle changes, improving individuals' quality of life and reducing hospital re-admissions.

Yet Australian rates of cardiac rehabilitation uptake are low: a recent study of 49,000 patients showed that only 30% of patients were referred to cardiac rehabilitation and of these only 28% attended[1]. Healthcare professionals often play a critical role in patient participation in cardiac rehabilitation through advocating for and referring patients to local services.

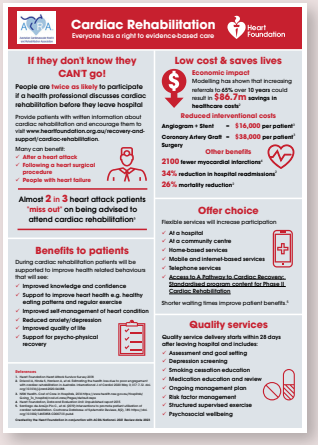
As a health professional you are in an influential position to facilitate individuals and their loved ones to share their lived experience and steer system change. You play a critical role in patient participation in cardiac rehabilitation through advocating for and referring patients to local services.

Improved services will support people to live well with heart disease and heart failure while also reducing costs.

This toolkit will equip your health service and practice with resources and key messages to demonstrate why change is needed, spread awareness about the value of cardiac rehabilitation and solutions for increasing participation.

Toolkit components:

- Evidence based program outline for delivery of cardiac rehabilitation
- Infographic and fact sheet
- Advocacy statements of support for cardiac rehabilitation
- Individual and family stories
- Cardiac rehabilitation quality indicators



The Heart Foundation and Australian Cardiovascular Health and Rehabilitation Association (ACRA) has designed an infographic to help healthcare professionals advocate to managers, administrators, stakeholders and patients the benefits, emphasise potential cost savings and improved patient outcomes from cardiac rehabilitation.

A strong recommendation by the consumer's cardiologist/physician can greatly increase the likelihood of participation[1,2]. Healthcare professionals can improve cardiac rehabilitation by reinforcing the cardiologist/physician's recommendation, identifying and referring eligible patients and following up with referred patients after discharge to ensure enrolment. For examples of cardiologists' statements for cardiac rehabilitation advocacy visit **https://www.acra.net.au/cardiologists-advocacy-statement-for-cardiac-rehabilitation/**

Many individuals and their loved ones feel empowered to tell their stories and help others. The Heart Foundation has a series of videos to help healthcare professionals advocate the benefits of cardiac rehabilitation to patients to increase participation in these services.

The CHAP program has also developed a video wall of clinicians and consumers endorsing and recommending cardiac rehab and may be a useful tool to promote with this document:

https://www.chapproject.com.au/

To deliver a cardiac rehabilitation service with effective patient outcomes, health professionals must ensure they use evidence-based content and measure the impact of interventions. The collection of data on quality indicators contributes to regular monitoring and reporting of the quality and delivery of cardiac rehabilitation across Australia.

Be an advocate for the delivery of evidence-based practice

You can follow the *Six Steps to Cardiac Recovery* to guide your inpatient conversation about key recovery messages soon after their heart event https://www.heartfoundation.org.au/getmedia/246cc01d-2a86-4fce-b78b-6cac83bb89cc/Six-Steps-To-Cardiac-Recovery.pdf

The resource, *A Pathway to Cardiac Recovery: Standardised program content for Phase 11 Cardiac Rehabilitation* will guide cardiac rehabilitation service providers on the content to deliver face to face, via telehealth or mobile technology to achieve a high – quality, evidence-based program. View the Pathway to Phase II Cardiac Recovery, or **download it here**.

Be an advocate for increasing patient referral by using the cardiac rehabilitation infographic

Ensure all eligible individuals are being referred to cardiac rehabilitation or heart failure services.

The Heart Foundation and ACRA have developed an infographic to advocate for and increase awareness of the importance of cardiac rehabilitation and its benefits to managers, administrators, stakeholders, policy makers and patients.

To find out more, see the cardiac rehabilitation infographic, or **download it here**.

Be an advocate for increasing referrals by using the heart failure and support service fact sheet

Those with heart failure benefit from cardiac rehabilitation and chronic disease management programs. Use this heart failure fact sheet to promote these programs to those you care for who have a diagnosis of heart failure.

To find out more, see the Heart Failure fact sheet, or **download it here**.

Cardiac rehabilitation videos

An effective advocacy strategy is to communicate personal heart stories. The Heart Foundation has created videos of cardiologists and patients sharing their opinions and experiences of cardiac rehabilitation. You can view these here:

Video: overview of cardiac rehabilitation

Video: view the expert opinions of cardiologist Dr Nicholas Cox on cardiac rehabilitation

Video: view Cyril's lived experience of cardiac rehabilitation

Video: view Debbie's lived experience of cardiac rehabilitation

Identify persons who are willing to share their story and use these stories to promote to your manager, administrators, stakeholders, policy makers, media and via social media.

Using personal stories or narratives can significantly emphasise the evidence about the need for and the benefits of cardiac rehabilitation.

Cardiac rehabilitation quality indicators

To improve health outcomes across Australia, we must not only increase access and availability to cardiac rehabilitation services, but we also need to understand the current landscape of cardiac rehabilitation to drive quality improvement. As part of improving care for people living with heart disease the Heart Foundation and ACRA recommend capturing information across the condition journey. For this reason, we successfully advocated for the establishment of a nationally-agreed set of quality indicators for cardiac rehabilitation service measurement.

The service level data collection of quality indicators contributes to regular monitoring and reporting of the quality and delivery of cardiac rehabilitation across Australia. The 10 quality indicators for cardiac rehabilitation support healthcare providers to:

- Identify barriers and enablers to increase referral
- Improve delivery processes
- Improve patient outcomes and
- Inform best practice and alternative models of care

To find out what data your program should be collecting, see the National Cardiac Rehabilitation Quality Indicators data dictionary and data collection spreadsheet.

https://www.acra.net.au/quality-indicators/

An important step in this process is to develop and implement a National Cardiac Registry which includes consistent quality indicators, supported by cardiac registries in the states and territories. This work should be undertaken in close consultation with the Australian Government Department of Health; state and territory governments; Australian Commission on Safety and Quality in Health Care; Australian Institute of Health and Welfare; health professionals; consumers; and the broader health community.

Position Statement on telehealth and cardiac rehabilitation

Participating in a cardiac rehabilitation program is a critical step in a person's recovery from their heart attack or heart event. The Heart Foundation and ACRA have developed a position statement about the ongoing role of telehealth in cardiac rehabilitation service delivery.

To find out more, see the Position Statement on telehealth and cardiac rehabilitation, or **download it here**.

Unfortunately, many patients leave hospital without a conversation with their trusted health professional about the benefits of cardiac rehab or a referral to their closest service.

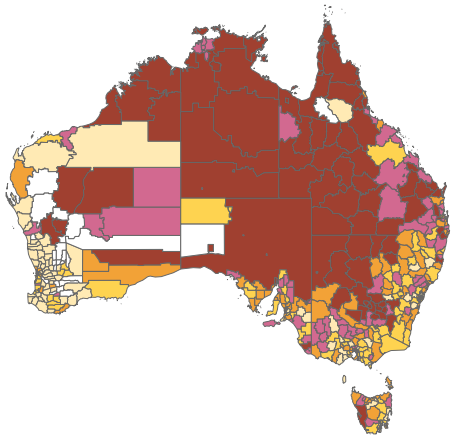
Australian Heart Maps

Australian Heart Maps allow you to take a closer look at heart disease indicators across Australia. You can see how state, region, or local governments compare for:

- **Heart-related hospital admissions (2012-18)**
- **Coronary heart disease death rates (2013-17)**
- **Heart-related risk factors such as obesity (2017-18), smoking (2017-18), physical inactivity (2017-18) and hypertension (2017-18)**

At a state/territory and regional level you can drill further into the specific types of heart-related hospitalisations. These includes rates for acute coronary syndrome, atrial fibrillation, coronary heart disease, heart attack, heart failure, rhythm, and valve disease admissions, as well as the higher level classifications of cardiovascular disease and coronary heart disease.

Heart Maps reveal heart disease trends across the country and the association between socioeconomic disadvantage and remoteness, and heart health outcomes. They are a valuable tool for the health sector, local governments, researchers and policy makers. Their data can be used for advocacy, policy, research, and service planning. https://www.heartfoundation.org.au/health-professional-tools/australian-heart-maps



Be an advocate for Aboriginal and Torres Strait Islander peoples

The Heart Foundation have developed new and updated web content on Aboriginal and Torres Strait Islander health for health professionals and consumers that we would like to share with you. The new web pages provide information with resources aims to help reduce risk of heart disease and improve the heart health of all Australians.

Although there has been a decline (61%) in deaths from circulatory diseases between 1998 and 2018 for First Nations Peoples, heart disease is still a major contributor to the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

New pages for consumers

- **Aboriginal and Torres Strait Islander peoples: Heart health information and resources**
- **Aboriginal and Torres Strait Islander peoples: Are you at risk of heart disease?**
- **Aboriginal and Torres Strait Islander peoples: Lower your risk of heart disease**
- **What is acute rheumatic fever and rheumatic heart disease?**

New pages for health professionals

- **For Professionals: Aboriginal and Torres Strait Islander peoples information and resources**

Updated pages for health professionals

- **Aboriginal and Torres Strait Islander peoples: Heart Health Projects**
- **For professionals: Guidelines for acute rheumatic fever and rheumatic heart disease**
- **For professionals: Aboriginal and Torres Strait Islander peoples identification training**
- **For professionals: Cardiovascular disease risk assessment for Aboriginal and Torres Strait Islander adults**
- **For professionals: Online education and training**

Be an advocate for those from culturally and linguistically diverse (CALD) populations

Health service access and equity CaLD populations, particularly those from refugee and asylum seeker backgrounds, face recognised barriers in accessing and using health services, further contributing to health inequities and adverse healthcare events (Day, 2016; Department of Health & Human Services, 2015; Murray & Skull, 2005; Sheikh-Mohammed, Macintyre, Wood, Leask, & Isaacs, 2006).

Issues include those related to physical access, in particular: increased distance to healthcare services and decreased access to transport; perceived or actual cost of healthcare; unfamiliarity with services; competing life priorities such as securing or maintaining employment; and denial of access to Medicare for certain asylum seeker visa categories.

A further barrier is the cultural inappropriateness of some health services, relating to institutionalised or overt racism, time constraints, and staff who may be inadequately trained in culturally appropriate care or the health needs of CaLD groups. Health staff may tend not to use interpreters when appropriate leading to miscommunication, misdiagnosis, under- or over-use (longer hospital stays, readmissions, non-attendance at appointments), dissatisfaction with treatment services, and risk of adverse events (Health Research and Educational Trust, 2011).

These factors can ultimately lead to increased costs for the health system. Diverse health beliefs, mistrust of government related to historical experiences and reduced health literacy can affect attitudes to health, health care and expectations of the health system.

The recent National Health Survey suggested reduced use of health services by migrants overall, particularly those recently arrived, across services including general practices, specialists, dentists and admissions to hospital. Of those arriving in Australia between 2009 and 2015, 74 per cent had visited a GP in the last 12 months and less than 8 per cent had been admitted to hospital, compared to the Australian born population total of 86 per cent and 12 per cent, respectively (ABS, 2017e). In addition, 46 per cent of people who spoke a language other than English at home had private health insurance, compared to 59 per cent of English speakers at home (ABS, 2017f).

- **https://www.heartfoundation.org.au/Heart-health-education/Info-lote**

We all have 2 jobs when we care for people each day.

1. **To care with kindness and compassion.**
2. **To ensure we improve on the care we give.**

This means advocating for improvements in all areas of the care we deliver.

References

1. Astley CM, Chew DP, Keech W, Nicholls S, Beltrame J, Horsfall M, Tavella R, Tirimacco R, Clark RA. The Impact of Cardiac Rehabilitation and Secondary Prevention Programs on 12-Month Clinical Outcomes: A Linked Data Analysis. Heart Lung Circ. 2020 Mar;29(3):475-482. doi: 10.1016/j.hlc.2019.03.015. Epub 2019 Apr 12. PMID: 31072769.
2. Gallagher R, Du H, Astley C, Neubeck L, Berry NM, Hill MN, Clarke RA. Facilitating or getting in the way? The effect of cardiac rehabilitation professionals' knowledge, values and beliefs on referral and participation. European Journal of Preventive Cardiology, 2016 February 1.Vol23(11) pp1141-1150.

Heart Foundation

ACRA Australian Cardiovascular Health and Rehabilitation Association

For heart health information and support, call our Helpline on 13 11 12 or visit heartfoundation.org.au

The Heart Foundation acknowledges the Traditional Owners and custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to them and their cultures, and Elders past, present and future.

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