

# Improving cardiac rehabilitation referral, enrolment, and completion in Australia: a qualitative study of contextual influences and commonly used strategies

Bridget Abell<sup>1</sup>, Victoria McCreanor<sup>1</sup>, Sanjeewa Kularatna<sup>1</sup>, Steven McPhail<sup>1</sup>, Will Parsonage<sup>1</sup>

<sup>1</sup> Australian Centre for Health Services Innovation and Centre for Healthcare Transformation, School of Public Health and Social Work, Queensland University of Technology

Background

Despite its strong evidence base, a significant challenge remains in engaging patients with exercise-based cardiac rehabilitation (CR) in “real world practice”. International research and guidelines highlight strategies which can be implemented to address barriers to CR engagement, however the effectiveness of these is likely contextually based, and there is limited knowledge of their use and relevance in the Australian setting.

This research seeks to understand different care models and strategies for optimising CR referral, enrolment, and completion in Australia, and highlight contextual considerations for implementation of these locally and nationally.

Lessons

A set of key effective strategies for increasing CR referral, enrolment and completion in the Australian context has been identified. These should be further examined, evaluated, and costed to better understand how they may be used to support implementation of CR in the future.

Additionally, it may be pertinent to explore other evidence-based strategies in the international context which may improve CR engagement in the Australian setting by targeting the contextual barriers and enablers identified at local and national levels.

Still ongoing, this study is currently limited by its small sample size, although theoretical saturation of data was observed, even within this sample.

## Methods and Results

- Qualitative interviews with 12 multi-disciplinary CR stakeholders from across Australia conducted via Zoom or Teams
- Participants included nursing and allied health disciplines, researchers, cardiologists, and program coordinators across the public and private systems
- Conducted using semi-structured interview guide: current model of care + use of strategies to increase engagement + barriers and enablers to engagement + gaps and opportunities
- The Framework Method [1] used for data analysis and interpretation

Familiarisation with data

1

Preliminary coding

2

Coding framework developed

3

Coding framework applied

4

Charting and visualising data

5

Interviews audio recorded, transcribed, reviewed

Two researchers independently coded selection of transcripts

Coding framework developed: Consolidated Framework for Implementation Research [2] to define enablers and barriers

Coding framework applied to all transcripts by both researchers

Data summarised by category to be charted into matrix and interpreted

## What currently, are the most effective ways of increasing CR engagement in Australia?



### "Phase 1" CR

Having a physical CR presence via promotion, education, resources, champions, coordinators, or referral in the acute/inpatient setting

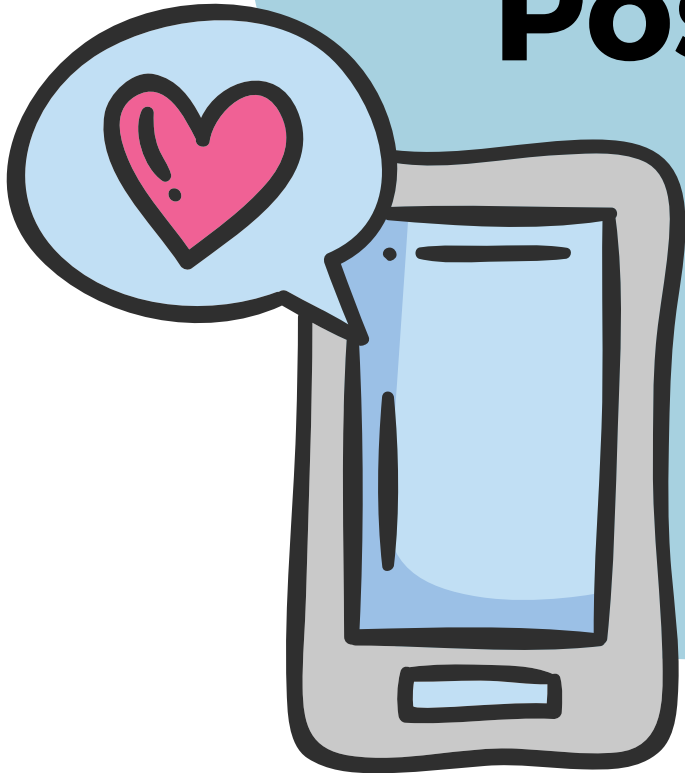
### Discharge summaries & plans

Discharge plans can support CR engagement via including CR referral and participation as a key step; including cardiologist/medical recommendation for CR; including CR flyers and educational material



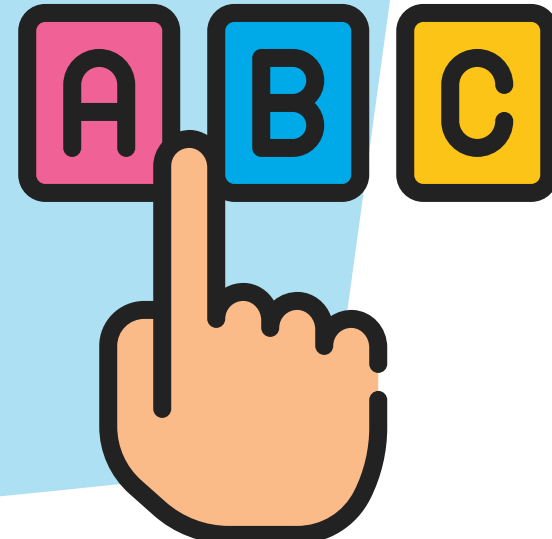
### Post-discharge phone calls

Ensuring all eligible patients receive a personalised phone call from CR staff to check-in, promote CR, and discuss enrolment options



### Responsive & tailored CR programs

CR programs can support patient engagement by offering a variety of care models and delivery formats to meet patient needs and preferences



Home, community, evening, fast-track, education only, telehealth, fewer sessions, virtual CR, ad hoc sessions, rolling intake, flexible completion targets, and shorter program duration

## What currently, are the barriers and enablers for delivering CR in Australia?

### Enablers Barriers

Dedicated, skilled, stable multidisciplinary CR team  
Flexibility in program delivery/model of care  
Dedicated gym space  
Benchmarking and data collection (e.g. QCOR)  
Patient feedback/community perception of value  
When CR demonstrated to generate activity/revenue for health service  
When receiving CR is an expectation of care provided by hospital/clinician

Staff hours of work and conditions: limits flexibility  
Availability of space: gym, program sessions, and telehealth  
Attitudes and practices of cardiologists and GPs  
Lack of user-friendly/accessible resources promoting and directing to CR services locally  
Low relative priority/value placed on CR by health services  
Geographical factors: lack of CR services, rural and remote patients, limited telehealth  
Lack of "Phase 1": short stays, limited education, limited acute staff awareness of CR  
Not enough time for CR staff to complete all aspects of their role  
Long waitlists: lose patient engagement and/or referral  
Lack of program flexibility/timing of sessions

reported more often  
reported less often

### Key determinants

People (CR staff, cardiologists, GPs)  
Physical space  
Ability to be flexible (or not)  
Perceived value/priority of CR by health system and community



We're still recruiting CR stakeholders for this study and our subsequent Delphi panel: scan to find out more and read the Participant Information Sheet



bridget.abell@qut.edu.au  
@gidget\_abell | @ausHSI



#### References

- Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC medical research methodology. 2013 Dec;13(1):1-8.
- Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation science. 2009 Dec;4(1):1-5.

#### Acknowledgements

This project is supported by funding from a Defence Health Foundation Medical Grant