National quality indicators to promote cardiac rehabilitation service effectiveness in Australia

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Background/Introduction: Comprehensive exercise-based cardiac rehabilitation (CR) has well-established efficacy and effectiveness for improving patients' outcomes. There is substantial variability in terms of clinical effectiveness and quality measurement of CR programs internationally which limits service improvement initiatives. In Australia in 2018 a the Australian Cardiovascular Health and Rehabilitation Association (ACRA) and the National Heart Foundation of Australia (NHFA) combined forces to develop nationally-agreed, internationally-consistent, locally-relevant quality indicators (QI).

Purpose: To provide a minimum set of standardised national-level QI that should be collected and reported on by CR programs to determine the quality of delivery and associated outcomes, benchmark performance and support improvement processes.

Methods: We formed the National Cardiac Rehabilitation Measurement (NCRM) Taskforce led by ACRA and NHF and used the National Institute for Health and Care Excellence (NICE) UK guidelines to develop high quality QIs. The process included topic overview, prioritising areas for quality improvement, drafting and consultation, validation and consistency checking.

Results: Eleven preliminary QIs were circulated for ranking and comment to all ACRA members (predominately multidisciplinary CR providers) (68 responses), and to leading national multidisciplinary CR experts from cardiology, research, physiotherapy, nursing, epidemiology and register backgrounds (7 responses). Ratings, comments and suggestions were collated and discussed by the NCRM Taskforce, and the indicators rated most important, useful and feasible were retained, resulting in 10 QIs. These 10 QIs were presented at the ACRA national conference and then discussed at a workshop (55 participants) for this purpose. Ten QIs and accompanying data dictionary with definitions, evidence and allowable values is the final product.

Conclusions: A minimum set of locally relevant, internationally recognised, national QIs for CR is now available for CR providers, health service managers and researchers in Australia, which may be relevant internationally. The QIs will best serve national interests incorporated within a national cardiac registry but will also be useful for site audits and have strong potential to be aggregated across sites, health districts and states. The definitive test of the QIs will be how useful they are for CR program coordinators and funders of such programs; a key consideration for building sustainable business models and ensuring long-term implementation.