Cardiac rehabilitation in country South Australia—then, now and next

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Introduction: Cardiac rehabilitation in country South Australia to date has been provided in an ad hoc manner with minimal planning and little consideration to resources or standardisation.

The South Australia Statewide Cardiac Clinical Network has developed a model of care for cardiac rehabilitation in South Australia. The model of care is premised on the standardisation of cardiac rehabilitation services through the use of clinical pathways and the introduction of a telephone-based phase 2 cardiac rehabilitation service to address the existence of barriers to patient attendance at these programs.

Aims: The aim of this project was to address the implementation of the model of care into country South Australia. The objective was to use this process to strengthen existing cardiac rehabilitation programs and improve access to secondary prevention of cardiovascular disease for all residents of country South Australia.

Methods: In April 2012, Country Health South Australia Local Health Network (CHSALHN) commissioned a five-month project to map existing country cardiac rehabilitation services and perform a gap analysis against the model of care. This project was completed in September 2012.

Relevance: Only 10–20% of eligible residents of country South Australians are currently accessing a cardiac rehabilitation program after experiencing an acute cardiac event. Barriers to access to cardiac rehabilitation are well documented and the provision of a telephone-based cardiac rehabilitation service is an evidence-based method of addressing these barriers.

Results: Service mapping revealed 17 existing community-based cardiac rehabilitation programs in country South Australia. These services were being provided in relative isolation compared to metropolitan equivalents and in the absence of strong clinical support and governance. Project recommendations resulted, designed to address three essential requirements for these programs: reduce isolation, increase clinical support and improve clinical governance.

In August 2012, a project report and its 27 broad recommendations were endorsed by the CHSALHN Clinical Cabinet.

Conclusion: In September 2012, implementation of the endorsed recommendations was commenced, entailing the execution of 39 achievement strategies and 172 individual actions. The implementation of these recommendations will ensure the provision of evidence-based standardised cardiac rehabilitation to residents of country South Australia. The implementation of a telephone-based program will greatly improve access to evidence-
based standardised cardiac rehabilitation programs for residents of country South Australia who reside outside the larger rural centres with existing cardiac rehabilitation programs.