

Digital Cardiac Rehabilitation

Summary report

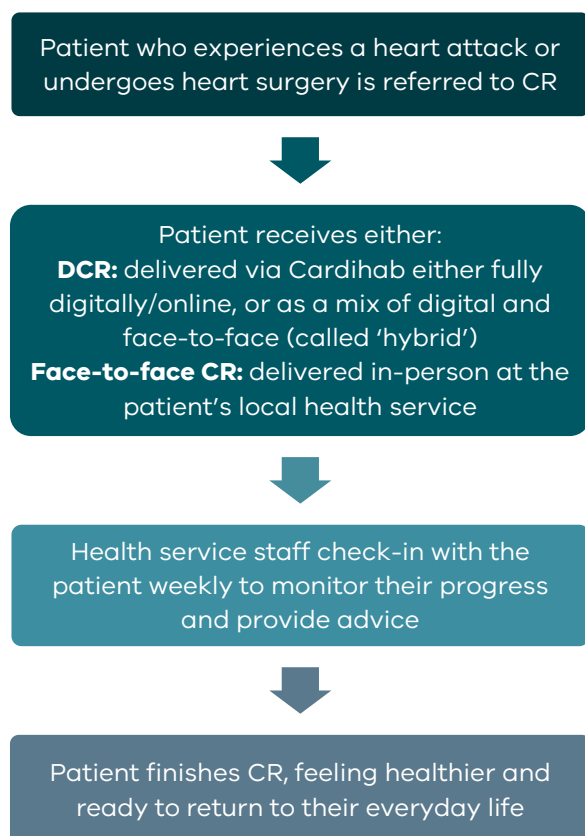
In 2021, Safer Care Victoria (SCV) partnered with hospitals to support the care and recovery of regional Victorians after a heart attack or heart surgery. Our goal was to improve access to cardiac rehabilitation by offering a digital platform.

BACKGROUND

For patients who have experienced a heart event, cardiac rehabilitation (CR) can lead to reduced hospitalisations and improved quality of life. Offering CR in a digital format will make it easier for patients to participate in managing their heart health.

AIM

The Digital Cardiac Rehabilitation (DCR) project was established to provide better access to CR in regional Victoria by using a digital platform, called 'Cardihab®'. The image below describes how the project works.



RESULTS AT A GLANCE

Health services

5 hospitals in regional Victoria.

Impact and duration

290 Victorians received care via digital cardiac rehabilitation from January 2022 to September 2023.

Project measures

- Number of patients enrolled in CR
- Number of patients referred to CR
- Wait times for patients to starting CR
- Rates of CR completion
- Changes to patients' quality of life
- Changes to hospital readmission numbers

Results

- Made CR more accessible for regional patients who would have had to travel far or had work or caregiving duties during business hours
- DCR patients had a slightly shorter wait time between when they left hospital and started CR, and were more likely to finish CR compared to face-to-face
- 57% of patients had better quality of life after completing DCR
- DCR did not change the number of patients who were readmitted to hospital in a meaningful way

IMPROVEMENT APPROACH

SCV held regular online meetings with health services to provide improvement coaching, share learnings, and discuss challenges. Group meetings and emails encouraged collaboration among health services.

RESULTS

Although DCR did not increase the overall number of patients enrolled in CR, it made CR more accessible for regional patients who:

- Would have had to travel far
- Had caregiving duties that made it difficult to attend group class times
- Were returning to work during business hours

DCR patients, when compared to face-to-face CR patients:

- Had slightly shorter wait times between when they left hospital and started CR (25 days VS 27 days)
- Were more likely to finish CR (82% VS 70%)
- Showed smaller improvements on the 6-minute walk test (72 metres VS 82 metres)
- Were about as likely to be readmitted to hospital

Over half of DCR patients (57%) reported better quality of life after completing CR, and most patients were generally very satisfied with the usability of the DCR Project.

While health service staff agreed that the DCR Project was a useful alternative for face-to-face CR, many were not satisfied with the lack of an exercise component in Cardihab® and felt that the platform could be improved.

KEY LESSONS

Health services identified several important factors which affected the results of the project. These included the following:

- While DCR made CR more accessible for some patients, most people (82%) preferred face-to-face interaction with health service staff
- DCR posed challenges for patients who didn't have the right devices or didn't know how to use technology

Health services implementing DCR should consider a platform with features such as an exercise program to support heart health management, and availability in multiple languages for patients who do not speak English.

DCR should also be designed to support patients from vulnerable communities, including people from Aboriginal and Torres Strait Islander or non-English speaking backgrounds.

EVALUATION APPROACH

An evaluation of the Digital Cardiac Rehabilitation project was conducted by Deloitte Touché Tohmatsu. Its findings are the basis for this report.

To receive this publication in an accessible format [email Safer Care Victoria](mailto:info@safercare.vic.gov.au) <info@safercare.vic.gov.au>

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