Zoom Meeting ID: 884 4093 4846

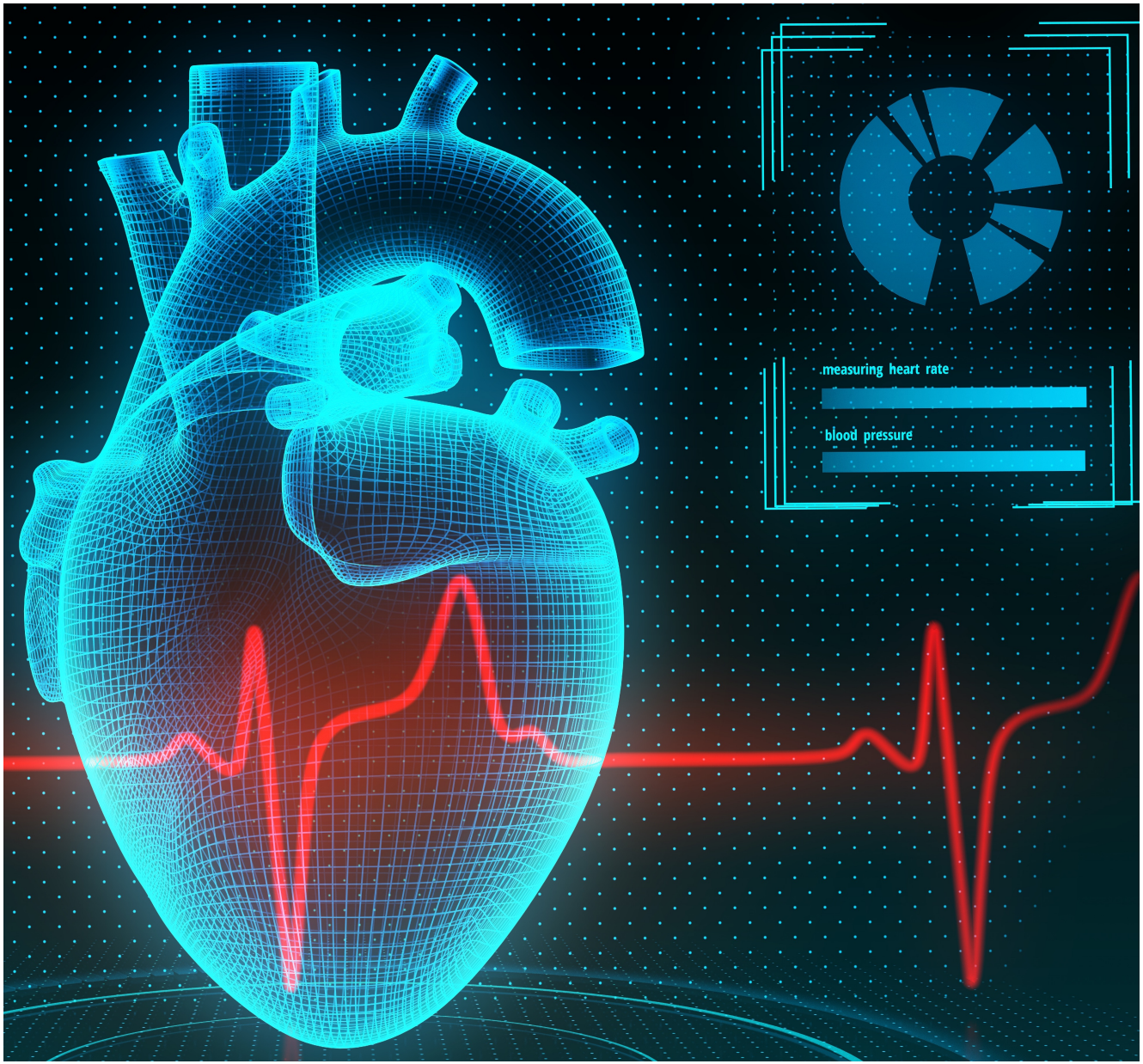
SOLVE CHD

*NHMRC "Synergy Grants support outstanding **multidisciplinary teams** of investigators to work together to answer **major questions** that **cannot be answered by a single** investigator"*

NHMRC Synergy Grant 2020-2025

NHMRC

BUILDING A HEALTHY AUSTRALIA



Acknowledgement of Country

We would like to begin by acknowledging and paying respect to the traditional owners of the land on which we meet all around Australia

As we share our own knowledge, teaching, learning and research practices we also pay respect to the knowledge embedded forever within the Aboriginal Custodianship of Country

The Team

Our Partners & Collaborators

SOLVE CHD Key Activity Areas

Transformative Data & Quality

- National CR Data Capture
- First formal affiliate of National Cardiac Registry

Capacity Building

- 6 x ECRs, 5 MPhil/PhD (NSW, VIC, WA, ACT)
- Funded 52 ICCPR (18 countries) certification scholarships from 18 countries
- 22 ACRA ASM Travel Scholarships & EMCR Research Prize
- Video Competition/Grant Writing workshop/Consumer Workshop

Secondary Prevention and Cardiac Rehabilitation Network

- 350+members
  (50+ institutions)


TURKMENISTAN
IRAN
AFGHANISTAN
PAKISTAN
INDIA
NUI Galway
OÉ Gaillimh
UNITED KINGDOM
IRELAND
UNITED STATES
MEXICO
International Council of Cardiovascular Prevention and Rehabilitation (ICCPR)
Heart Support Australia
Heart Foundation
ACRA Australian Cardiovascular Health and Rehabilitation Association
ACvA Australian Cardiovascular Alliance
WORLD HEART FEDERATION
QUT Queensland University of Technology
NORWAY
NEW ZEALAND
SOLVE CHD
An International Collaboration
MALAYSIA
BRUNEI
SINGAPORE
INDONESIA
DEAKIN UNIVERSITY
THE UNIVERSITY OF WESTERN AUSTRALIA
Flinders University
MONASH University
UNIVERSITY of TASMANIA
THE UNIVERSITY OF SYDNEY
VENEZUELA
COLOMBIA
ECUADOR
PERU
BRAZIL
BOLIVIA
PARAGUAY
URUGUAY
CHILE
ARGENTINA

SOLVE CHD Research Impact so far

New leveraged research income **$15M+**

Publications **156**

1332 Citations from **150** countries

SOLVE CHD New Research - Projects

1. National Data Capture Project
2. MyHeartMate (Gamification RCT)
3. QUEL (Primary Care QI RCT, NHMRC)
4. SPAN (NHFA Secondary Prevention Strategic Grant)
5. INTERCEPT – Digital app (Europe)
6. Economic evaluation of different models of care in CR
7. TEACH-RA study
8. QUICR (data-driven QI cRCT, MRFF)
9. Heart2Heart (peer support RCT, MRFF)
10. HeartPath+ (consumer-focussed improvement, MRFF)
11. MeasureIt! (cardiac rehab assessment, MRFF)

QUEL

SPAN

QUICR

Heart2Heart

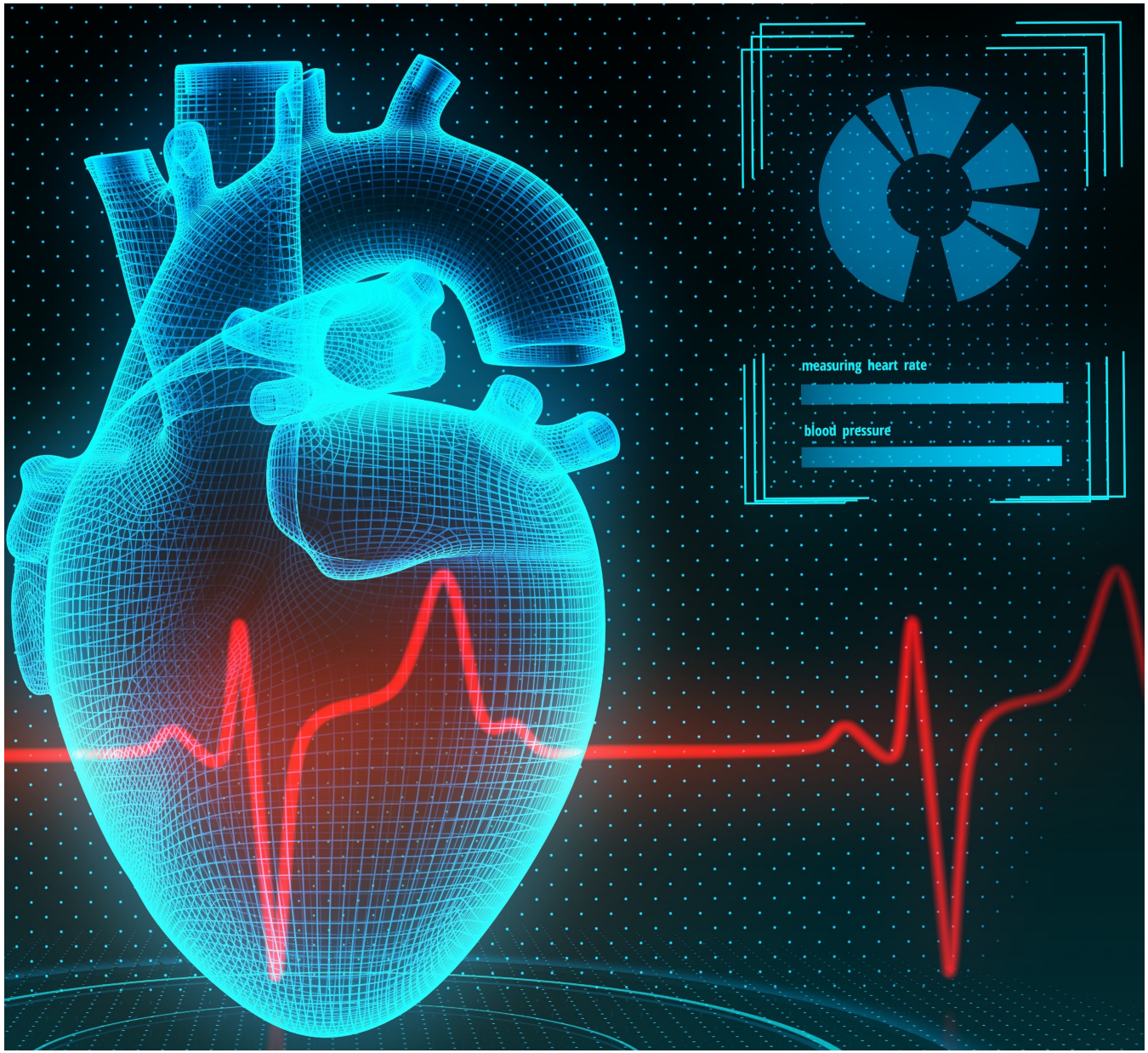
SOLVE CHD New Research - Projects

And many more you will be hearing about next!

Niamh Chapman

‘Understanding people and service needs to improve blood pressure management’

Improving person-centred, value-based care approaches to prevent cardiovascular disease



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Understanding people and service needs to improve blood pressure management

Aim: To determine areas of unmet need and identify opportunities in blood pressure management in primary care.

Study Design: Mixed-methods research study, surveys and interviews among primary care providers.

Participants: 1) survey via peak bodies to GPs (n=200), nurses (n=120) and pharmacists (n=120) involved in blood pressure management in primary care.

2) GPs (n=30), nurses (n=20), pharmacists (n=30) and primary health networks (n=10) involved in blood pressure management in primary care.

Status: Protocol development, ethics submissions, start first half 2024

Team: Niamh Chapman, Ellie Clapham, Dean Picone, new team members (yay!), James Sharman, Alta Schutte.

Collaboration Opportunities: Open to discussions with anyone who is interested!

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Dean Picone

Appropriateness and accuracy of home blood pressure devices used by Australians

Improving the accurate identification of the leading modifiable risk factor for heart disease

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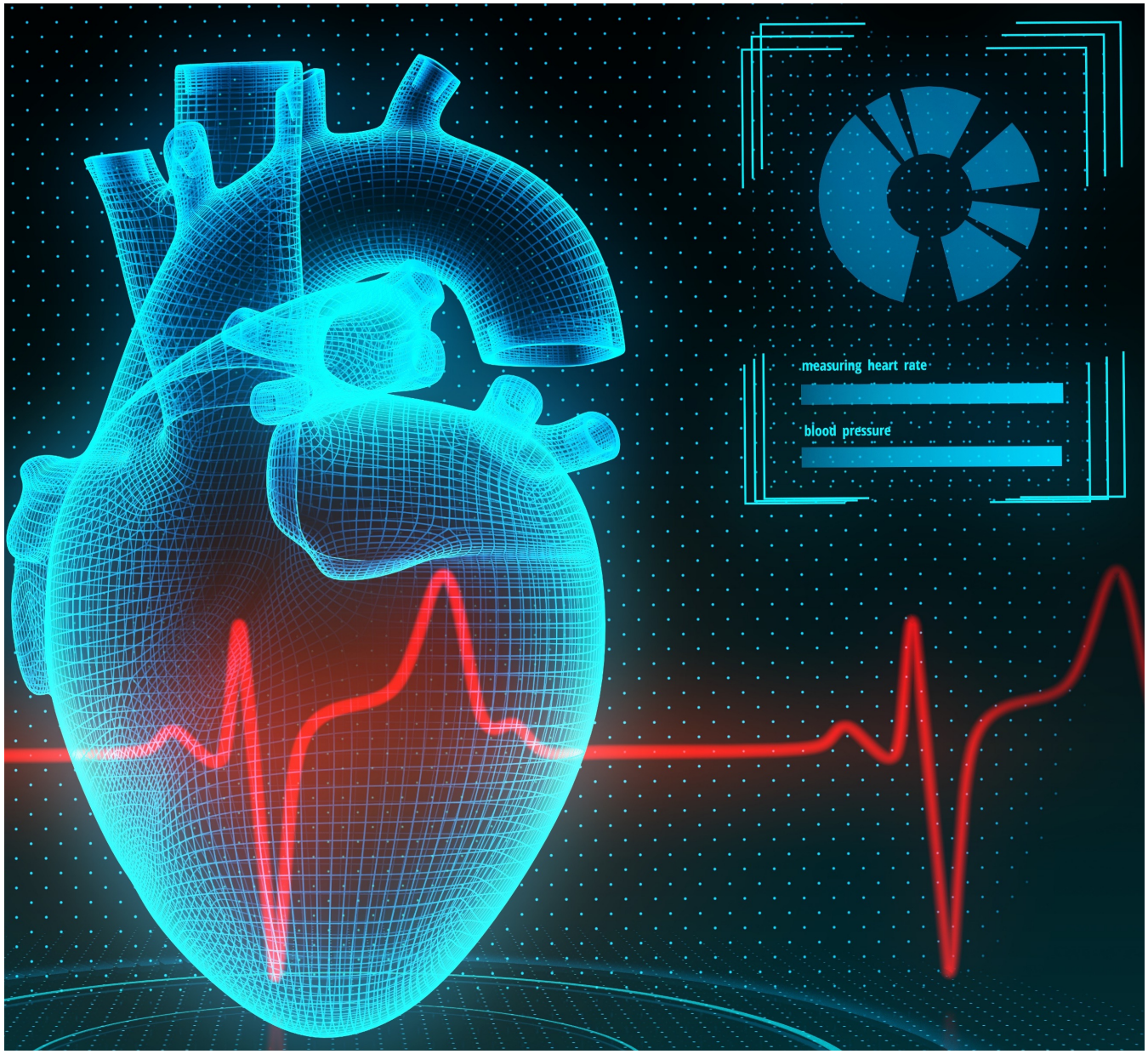

Appropriateness and accuracy of home blood pressure devices used by Australians

Aim: To determine the appropriateness and accuracy of blood pressure devices used by people to measure their blood pressure at home

Study Design: Cross-sectional clinical research study, assessment of device through static and clinical accuracy testing, appropriateness for classification of blood pressure compared to ambulatory blood pressure measurement

Participants: 1) People who measure blood pressure at home (n=85 minimum) that are ≥18 years of age.

2) Pregnant women who measure blood pressure at home (n=45)

Exclusions: Atrial fibrillation, severe aortic stenosis, other conditions causing major hemodynamic instability

Status: Protocol development, ethics submissions, start first half 2024

Team: Dean Picone, Niamh Chapman, new team members (yay!),

Collaboration Opportunities: Open to discussions with anyone who is interested!

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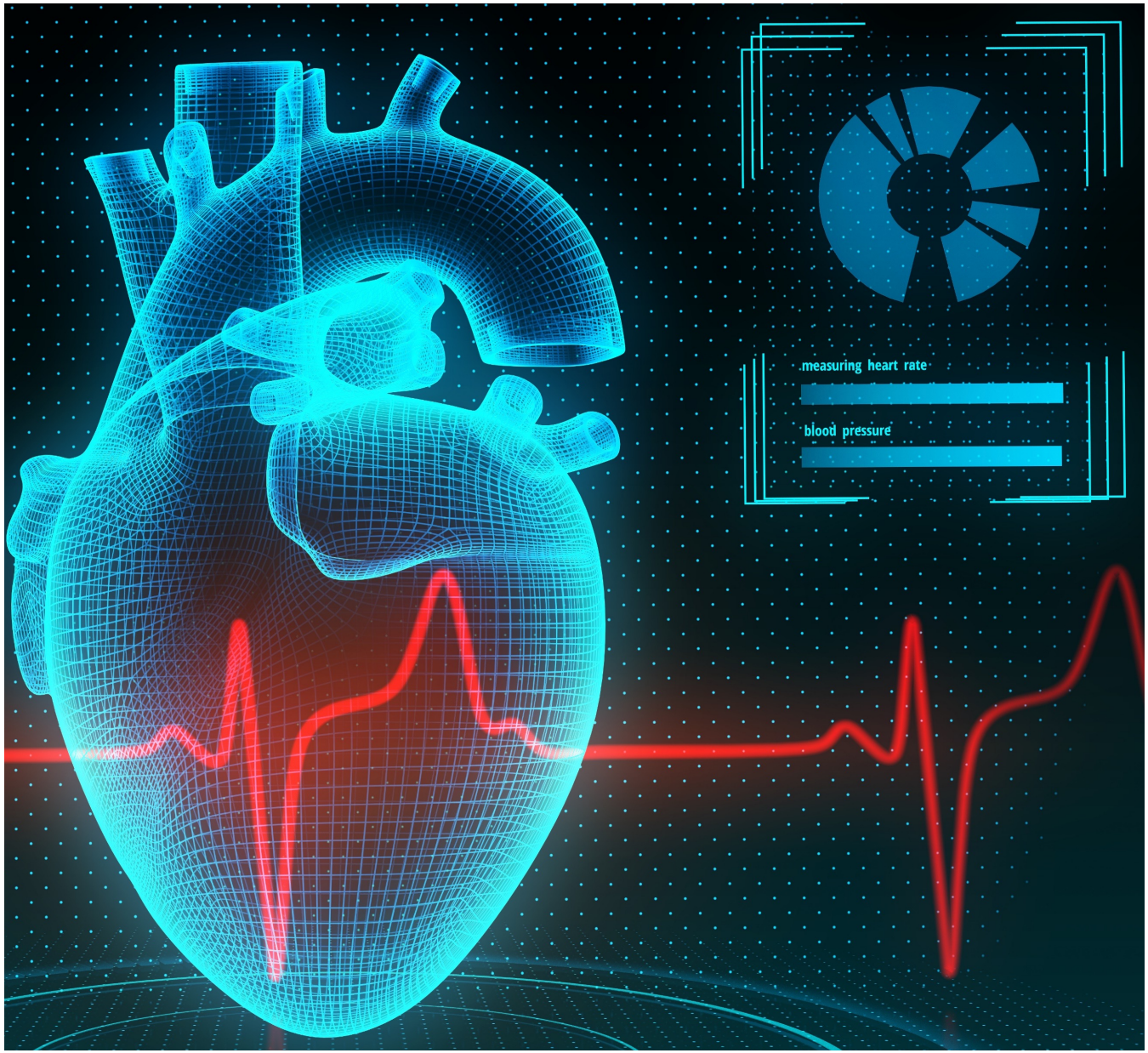
Early Secondary Prevention Education for Patients with ACS

Tiffany Ellis
PhD Candidate,
University of Sydney

NHMRC SOLVE CHD

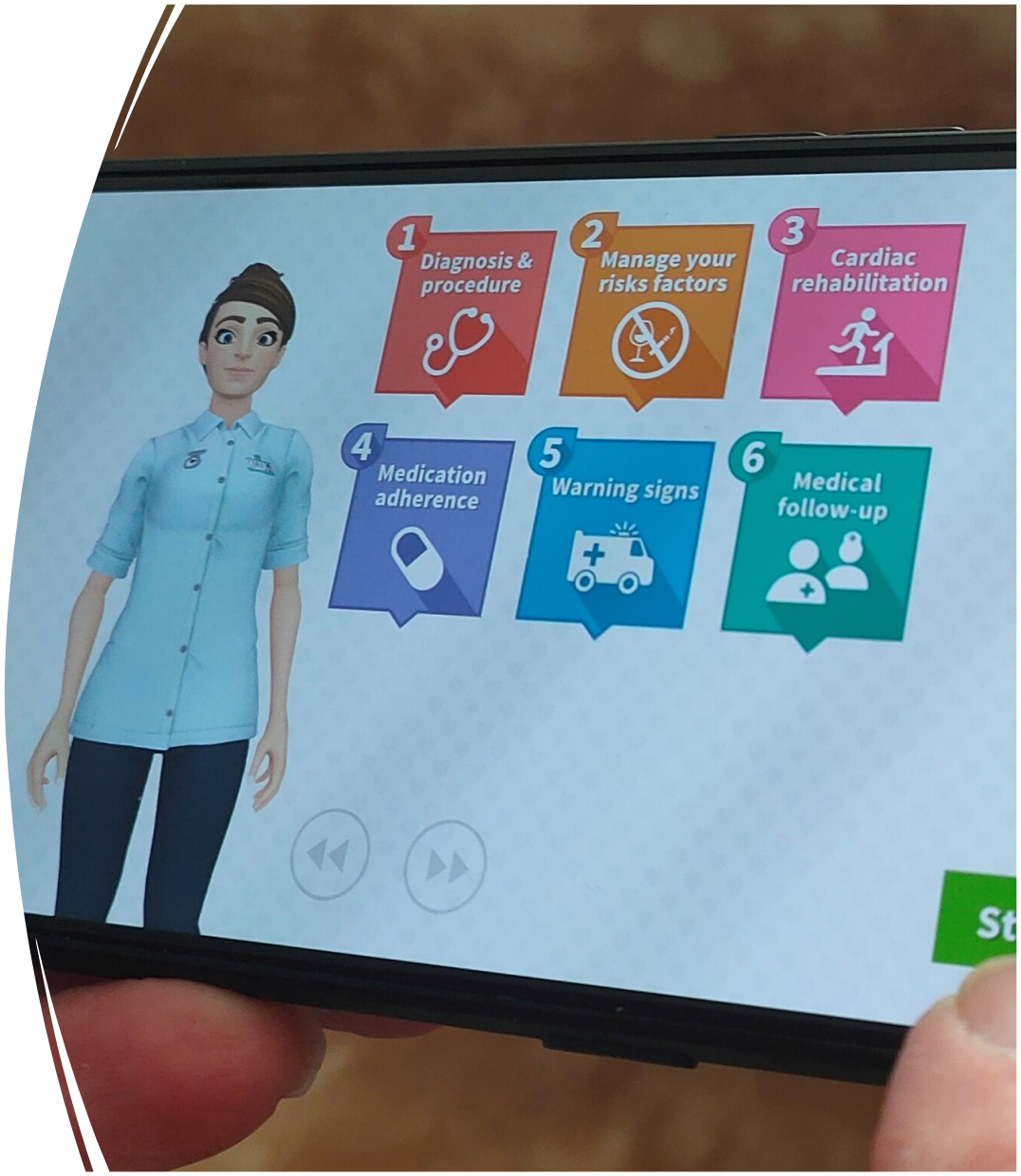


Tiffany Ellis

PhD Candidate,
University of Sydney.

Research Focus and Alignment with SOLVE-CHD:

- People hospitalized with Acute Coronary Syndrome
- Effective secondary prevention education and planning prior to discharge from hospital
- Digital and other strategies to improve information and education delivery



Supervisors: Julie Redfern, Sonia Cheng & Robert Zecchin

Current Projects

Ellis et al., BMJ Open 2023

Systematic Review: Early Education Interventions Addressing Secondary Prevention in People Hospitalised with CHD	Screening Commenced
RCT: Effect of an Avatar-based Discharge Education Application on Knowledge and Behaviour in People after ACS	Protocol Published. Recruited 75% of target.
Perspectives on Secondary Prevention in the Early Phase of Recovery in People Hospitalised with ACS	Recruitment commenced.

Emily Li

Heart2Heart

- Testing of a digital peer support model for people with heart disease
- Multidisciplinary research (researchers, clinicians, software developers)
- Improve post-discharge secondary prevention

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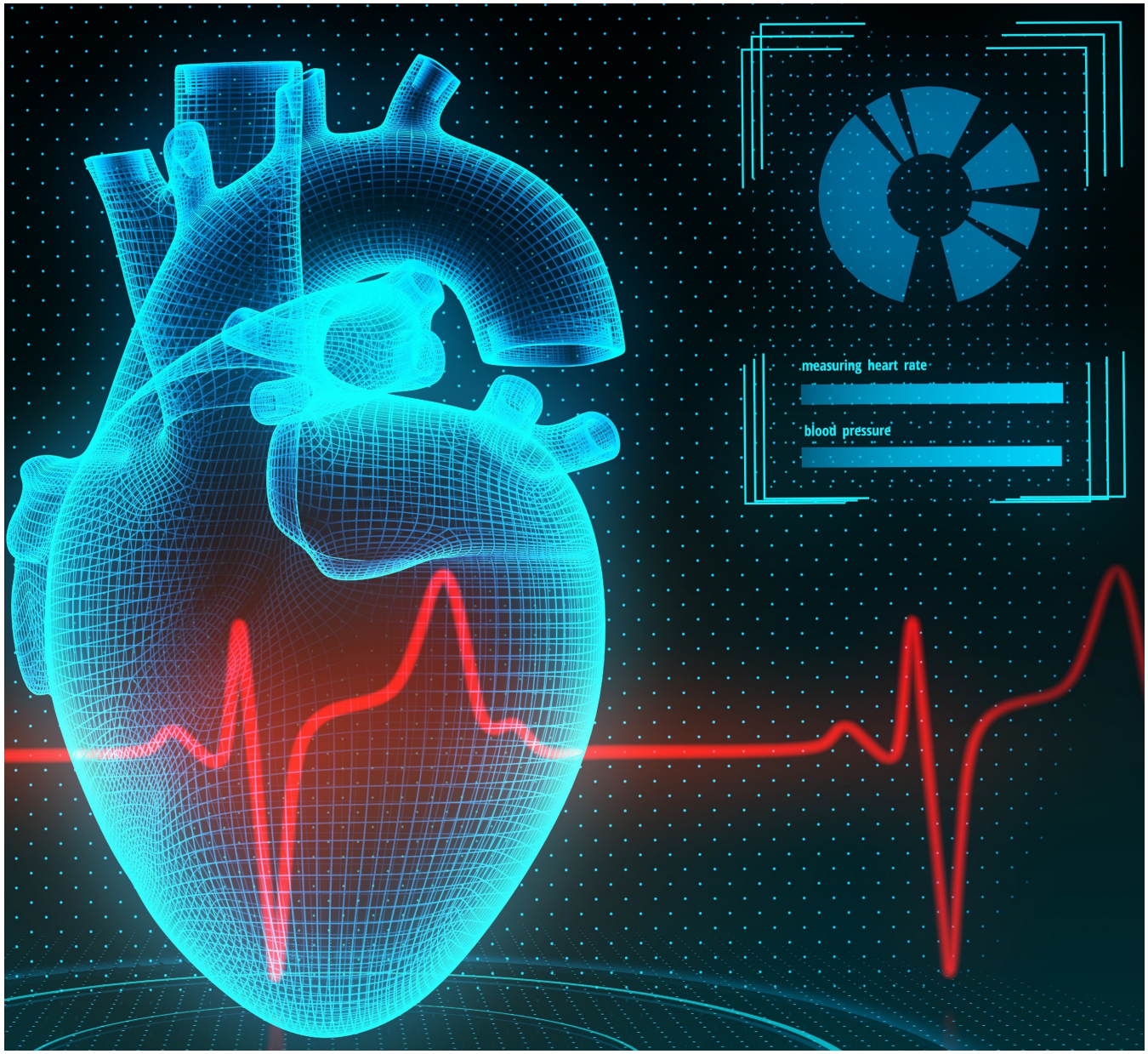
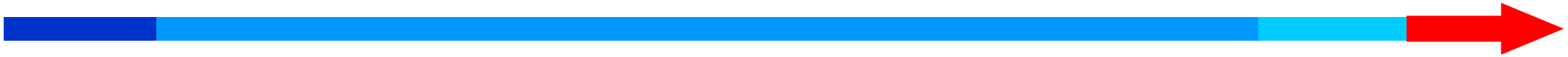


Peer support for people with heart disease (Heart2Heart)



Aim: Determine if a peer support program is feasible, reduce cardiovascular risk factors, and improves clinical and patient reported outcomes

Study Design: RCT, baseline, 6-months and 12-months follow-ups

Participants: CHD (n=1,200)

Intervention: 6-month digital peer support intervention

Outcomes: Self efficacy, physical activity, health service utilisation (MBS/PBS)

Process Eval: Barriers and enablers to implementation and application analytics

Status: Research design and outcomes to be finalised by the Steering Committee

Team: Julie Redfern, Emily Li, Robyn Gallagher, Karice Hyun, Joe Weddell

Collaboration Opportunities: Peer support organisations and AI company

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Medical Research Future Fund

NSW GOVERNMENT Health

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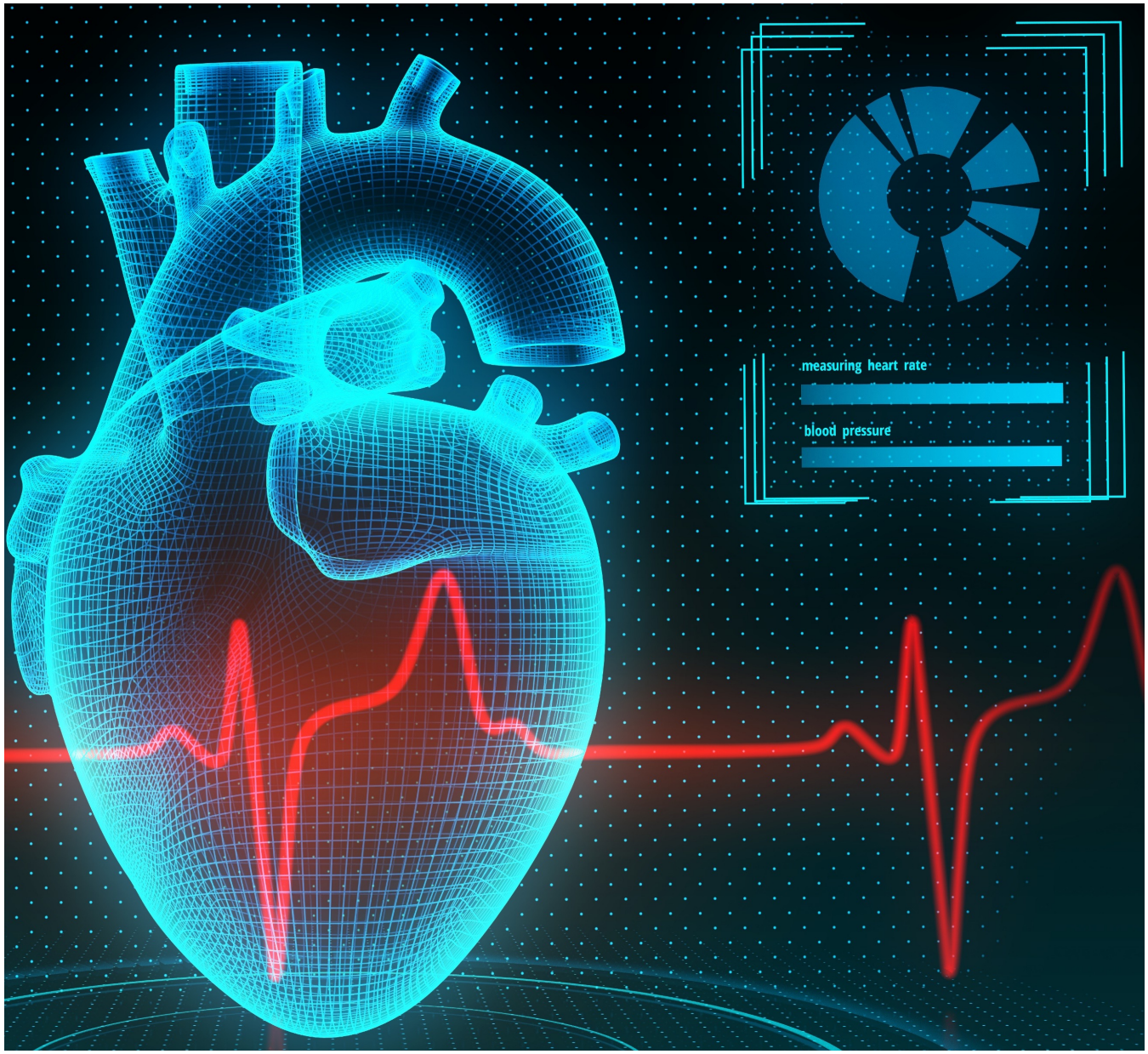
Dr Sarah Gauci

At the Heart of the Matter

- Improving mental health following a heart event
- Co-design/Consumer led research
- Capacity building



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At the Heart of the Matter

Aim: To co-design an individualised lifestyle-based intervention tailored to patients' mental health needs following a coronary event.

Study Design: Qualitative workshops -Community-based participatory research

Participants: 15 Consumers with a lived experience of heart disease and mental ill health, carers and health care professionals

Status: Co-Design workshops to be held this month, applying for funding to develop the intervention and test the intervention in RCT

Team: Adrienne O'Neil, Susie Cartledge, Wolf Marx, Nikky Gordon, Andrea Driscoll, Julie Redfern, Tom Briffa, Robyn Gallagher

Collaboration Opportunities: Qualitative research, role of mental and cognitive health in secondary prevention

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An avatar-based discharge education program for Mandarin-speaking heart attack patients

My vision: Provide accessible patient education program and improve heart health in under-served populations

Dr Ling Zhang

Funding sources: SOLVE-CHD, China Studies Centre, FMH USYD

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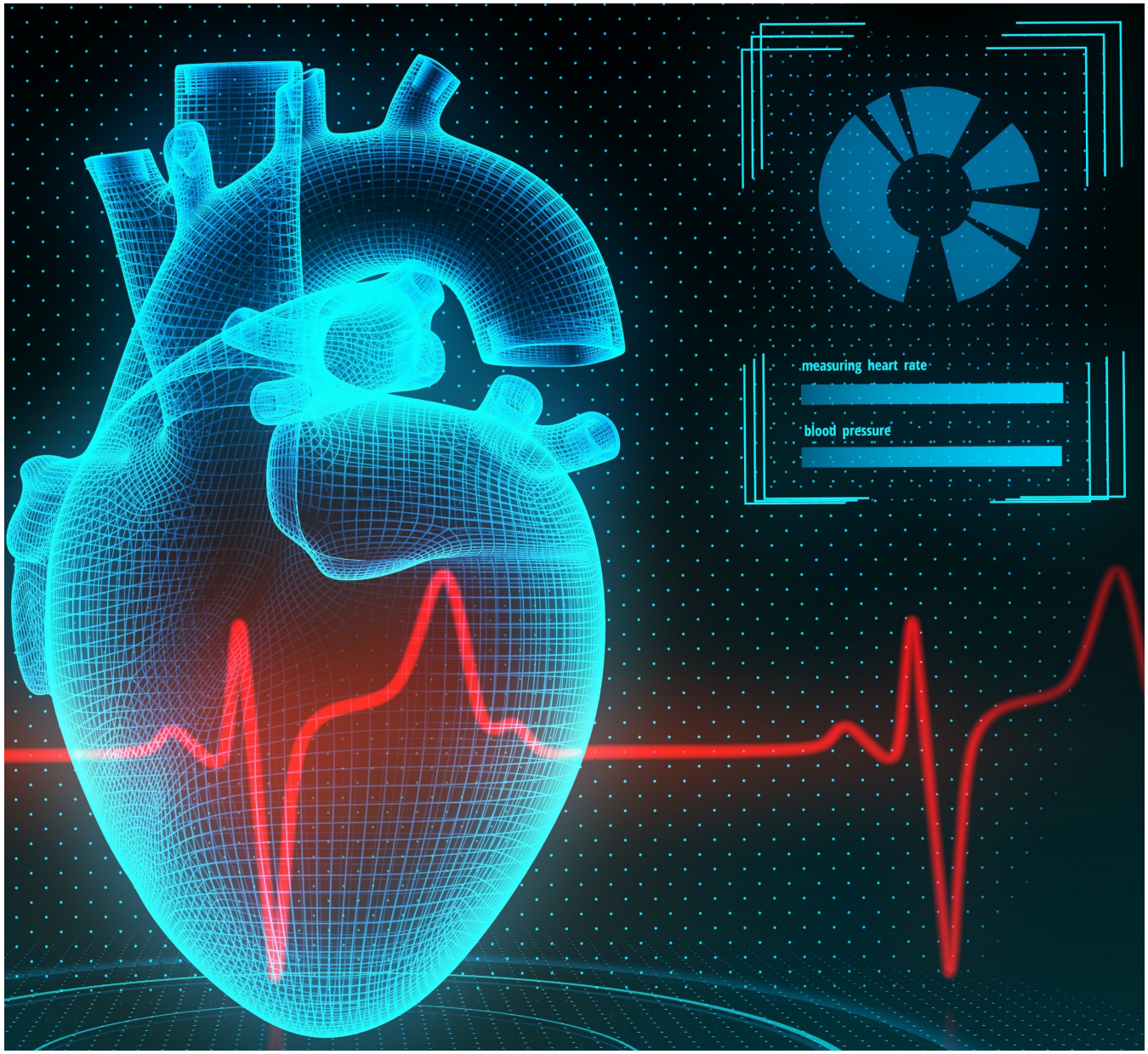

Co-adaptation of an avatar-based discharge education program for Mandarin-speaking heart attack patients

01 Storyboard was translated from the previously developed English storyboard

02 Storyboard was reviewed by consumers

03 Motion capture of avatar-nurse 安欣 was performed and prototype app developed

04 The prototype was tested by users and feedback collected

05 App refined and retested by the research team

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Next step: Evaluation of the avatar-based virtual education program in Mandarin-speaking patients/families: randomised controlled trial

Aims:

1) To test the effectiveness of a co-adapted virtual education app in disease knowledge and awareness among Mandarin-speaking heart attack survivors and their families;
2) To identify barriers and enablers of implementation through process evaluation.

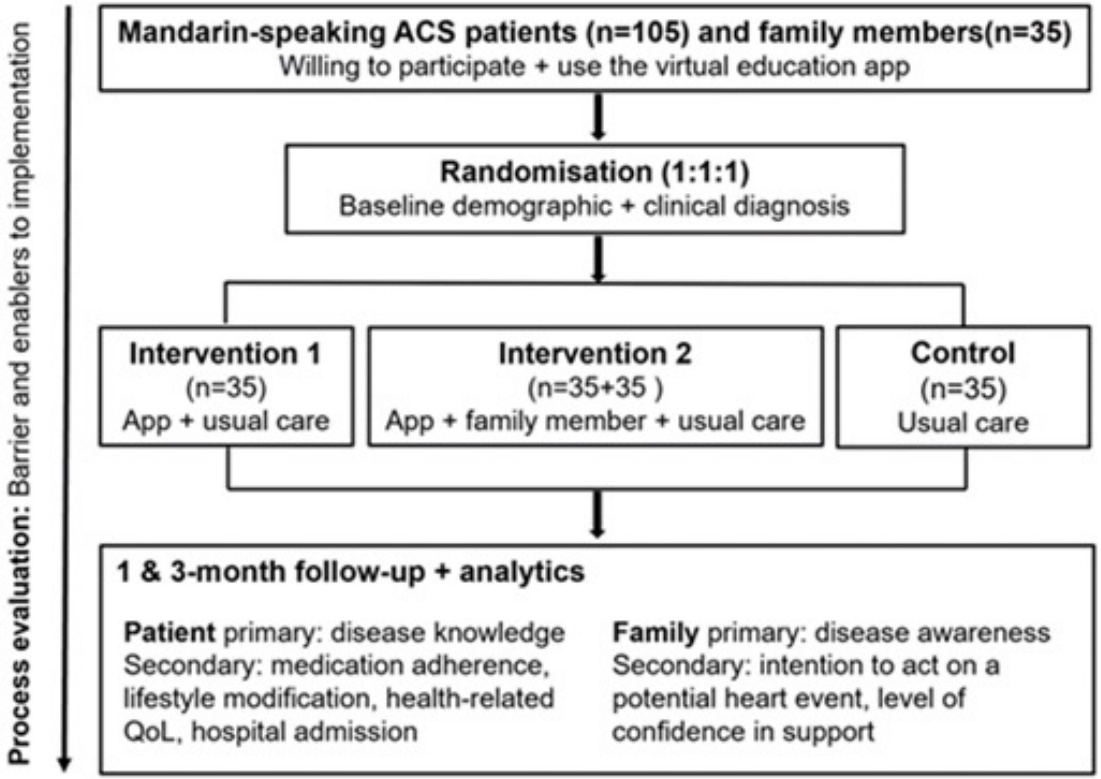

Figure 1. Project flow diagram

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BUILDING A HEALTHY AUSTRALIA

A/Prof Nicole Freene

‘Measure It!’ - A very brief intervention for physical activity behaviour change in cardiac rehabilitation

Alignment with SOLVE-CHD

- Optimise quality of cardiac rehab (investigate effectiveness & implementation of a PA intervention within CR)
- cultivate multidisciplinary research capacity, community engagement and future health services researcher leaders

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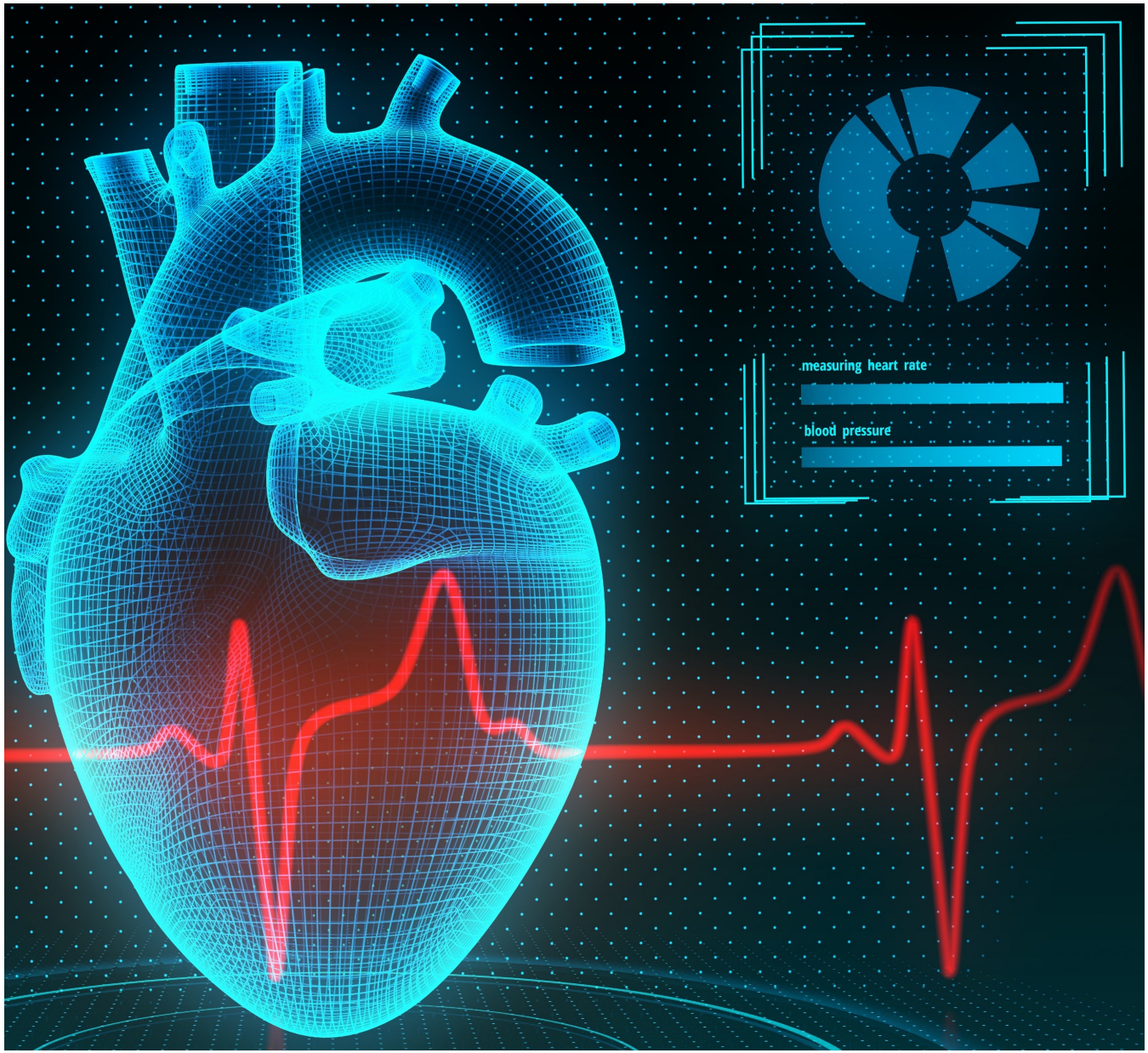

‘Measure It!’ - A very brief intervention for physical activity behaviour change in cardiac rehabilitation

Research questions:

1. Is very brief measurement of physical activity by cardiac rehabilitation clinicians on five occasions over 24-weeks more effective than two physical activity measurements in improving physical activity levels in insufficiently active adults with CHD?

2.What are the potential factors that can be leveraged to promote the implementation of this intervention, ‘Measure It!’, in cardiac rehabilitation programs and the secondary care setting?

Study Design: Type 1 hybrid effectiveness-implementation study using a 2-arm multi-centre (n=5) assessor-blind randomised trial design

Participants: 190 insufficiently active cardiac rehab attendees with CHD

Intervention: Measure It! very brief intervention (<5 min): 2 vs 5 Measure It! interventions over 6-months

Process Ev: PhD student - Implementation and intervention fidelity; clinician, participant, stakeholder perspectives; cost

Status: Recruitment (n=…) 

Team: Nicole Freene (UC), Steve McPhail (QUT), Zephanie Tyack (QUT), Brea Kunstler (Monash) Theo Niyonsenga (UC), Richard Keegan (UC), Robyn Gallagher (USyd), Walter Abhayaratna (ANU), Christian Verdicchio (USyd), Rachel Davey (UC)

Jess Seymour, PhD student
Kacie Patterson, research assistant (ACT/NSW)
Wendy Shi, research assistant (NSW)
Nikky Gordon, ACRA rep
Bob Stirling, consumer rep
Sarah Bowen, CR coordinator rep

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Medical Research Future Fund

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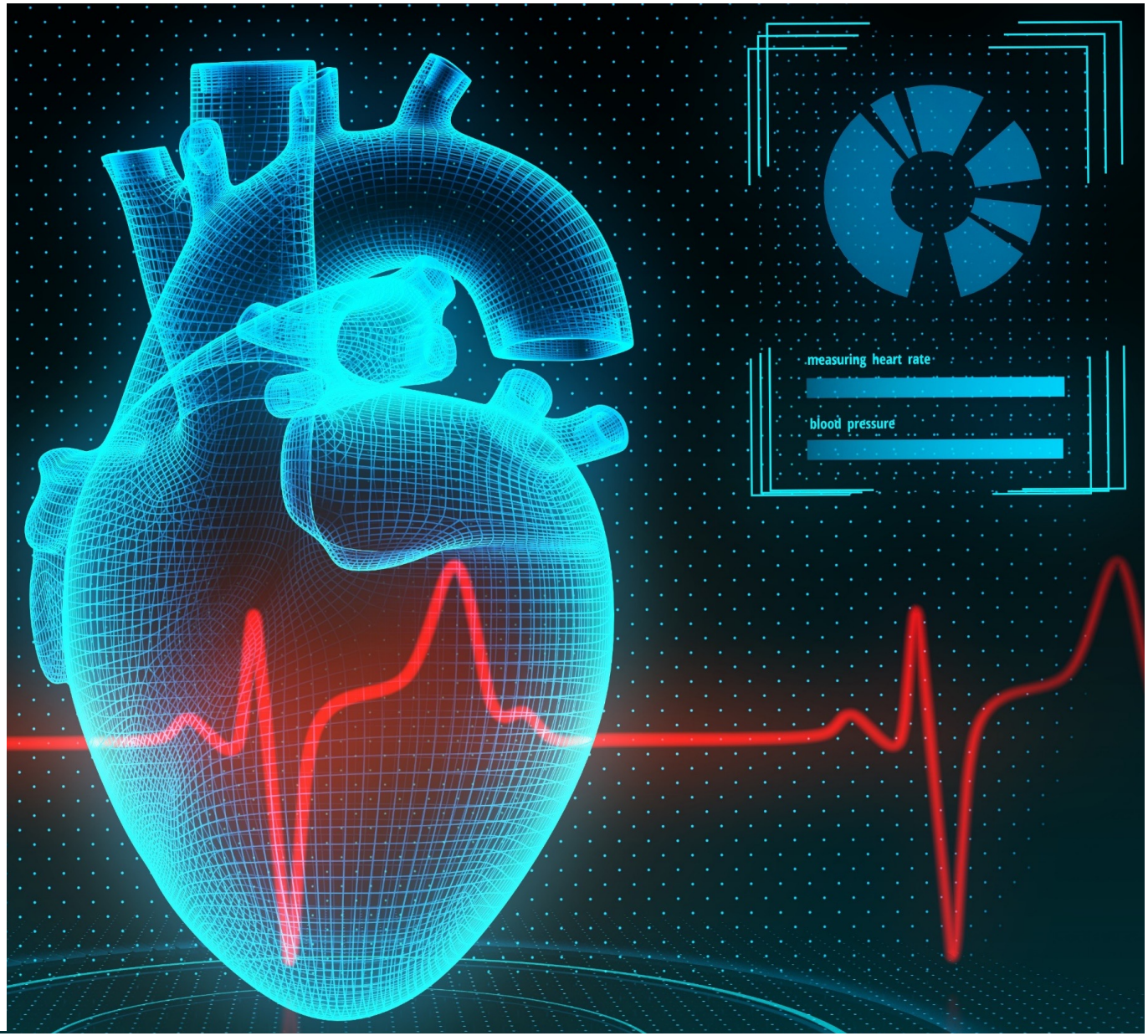
The effect of whole-body passive heating on cardio-respiratory function in young and older healthy adults

Miaojing (Mia) Wu

School of health sciences
Faculty of medicine and health
University of Sydney



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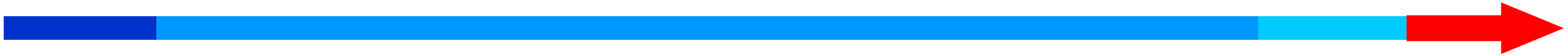
Problem: People with cardiovascular disease (CVD) have up to a 7 times increased risk of morbidity and mortality with hot weather and heat extremes. And people with respiratory conditions are more susceptible to heat-related illness and/or death.



Aim

To determine the work performed by the heart during passive heat stress.

To explore the impact of heat stress on respiratory muscle effort sensation.

Study design

Application of ultrasound

Cardiac camber size,
systolic and diastolic function

Relationship between respiratory muscle force production, and respiratory effort sensation

Participants:

Young healthy adults (18-40 y/o) VS healthy older adults (60-80 y/o)

Intervention:

Participants will don a tubed lined suit covering the whole body except for the head, hands and feet, through which water will flow at different temperatures.

Team:

Julie Redfern, Troy Cross, Kazuaki Negishi, Georgia Chaseling

Status:

Ethics application being submited within one month

Next stage and impact (alignment with SOLVE-CHD):

- Collect data on people with CVD
- Reduce the onset or worsening of CVD and respiratory conditions due to heat exposure

SOLVE CHD

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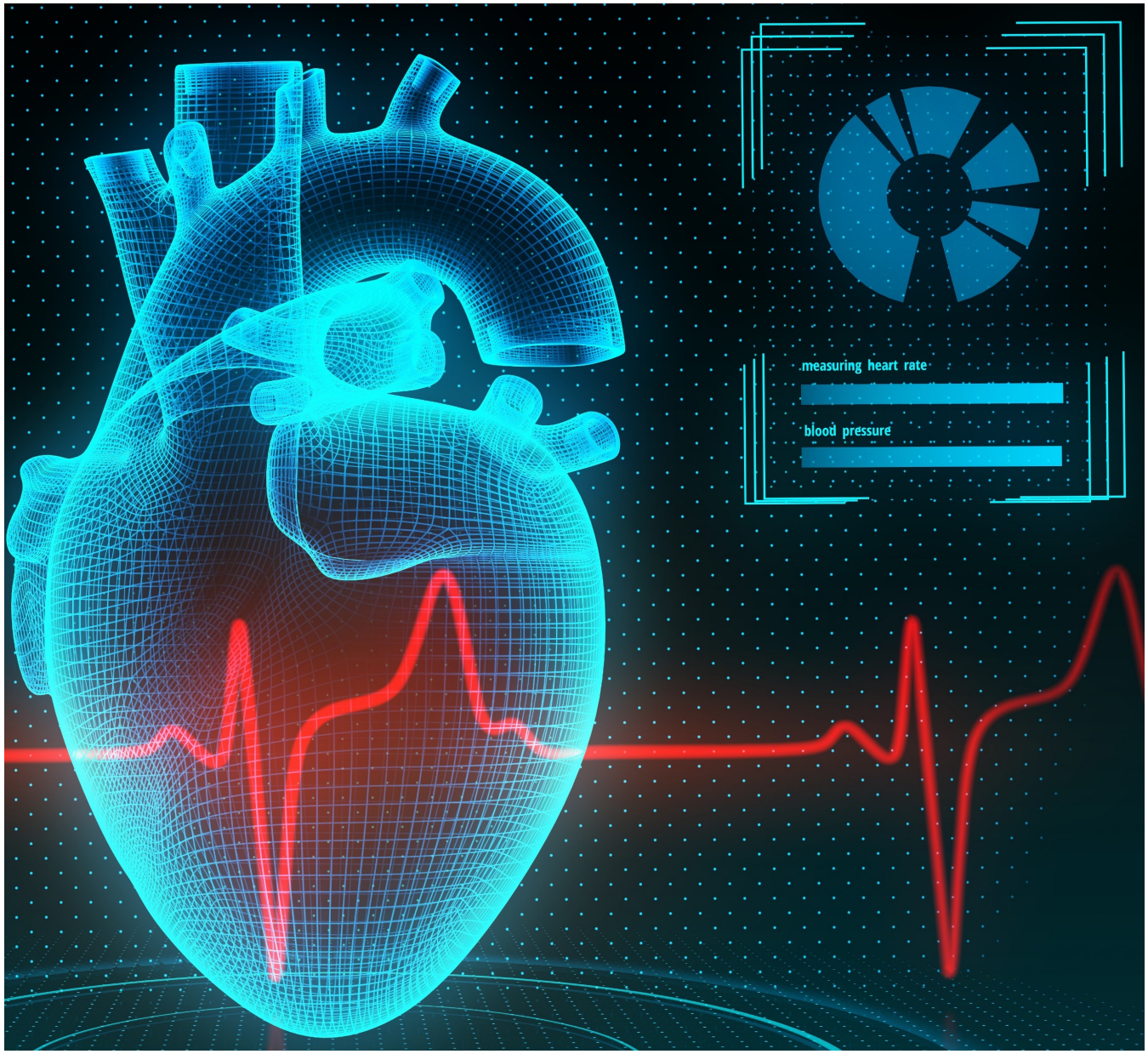
Joseph Weddell

Cognitive and physical fatigue: the experience and consequences of ‘brain fog’ after Spontaneous Coronary Artery Dissection (SCAD)



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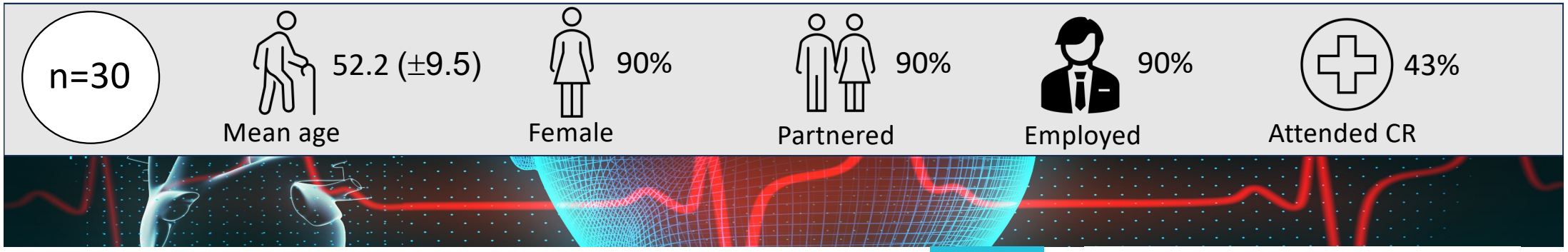
SOLVE CHD

Joseph Weddell

Cognitive and physical fatigue: the experience and consequences of ‘brain fog’ after Spontaneous Coronary Artery Dissection (SCAD).

Joseph Weddell, Michelle C. Rogerson, Robyn Gallagher, Stephanie Hesselson, Siiri E. Iismaa, Robert M. Graham, Alun C. Jackson, Julie Redfern, Thomas Buckley, Barbara M. Murphy

- Aims: to understand the experience, perceived causes and impacts of “brain fog” following SCAD, and explore the coping mechanisms used.
- Methods: subcomponent of broader qualitative study using semi-structured interviews. Seven 1.5 hour focus groups. Eligible if experienced SCAD event <12 months ago. Thematic analysis using iterative approach.



@weddelljoseph
joseph.weddell@sydney.edu.au

THE UNIVERSITY OF SYDNEY

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How brain fog is experienced	*“I couldn’t remember people’s names. I literally didn’t. It was like living in a fog.”*
Memory lapses	
Difficulty concentrating	
Impaired judgement	
Perceived cause of brain fog	“*The other thing is, you know, the medications have an impact with brain fog. And I believe the fatigue is part of the beta blockers that sort of slow you down.”*
Medication	
Sleep deprivation and tiredness	
Menopause and hormonal changes	
Impacts of brain fog	*“…I couldn’t do a jigsaw. I didn’t even want to look at a jigsaw. I think I was on the verge of depression. I was pretty sad. And annoyed*.”
Rumination	*“That was seriously going through my mind, because I felt like I’m not giving my employer my best right now. And how long is it going to take before I can do my best again?”*
Changes in self-perception	
Disruption to hobbies and pastimes	
Limitations at work	
How people cope with brain fog	*“I couldn’t get my head around that, so I’ve set an alarm for every time I’ve got to take my tablets.”*
Reminders	*“she was pretty chatty, and people tend to tell me a lot about their stuff, I went, I’m actually really tired, like it was a bit overwhelming.”*
Setting expectations	*“and you just don’t have the energy to find out all that information, just when it is so unknown, to just have a little group like this is great.”*
Being one’s own advocate	
Making lifestyle adjustments	
Support from peers	

Robyn Gallagher

National survey of patient data capture, management, reporting practice in Australian cardiac rehabilitation programs

- Optimising collection of service data to benchmark and drive clinical practice led-intervention

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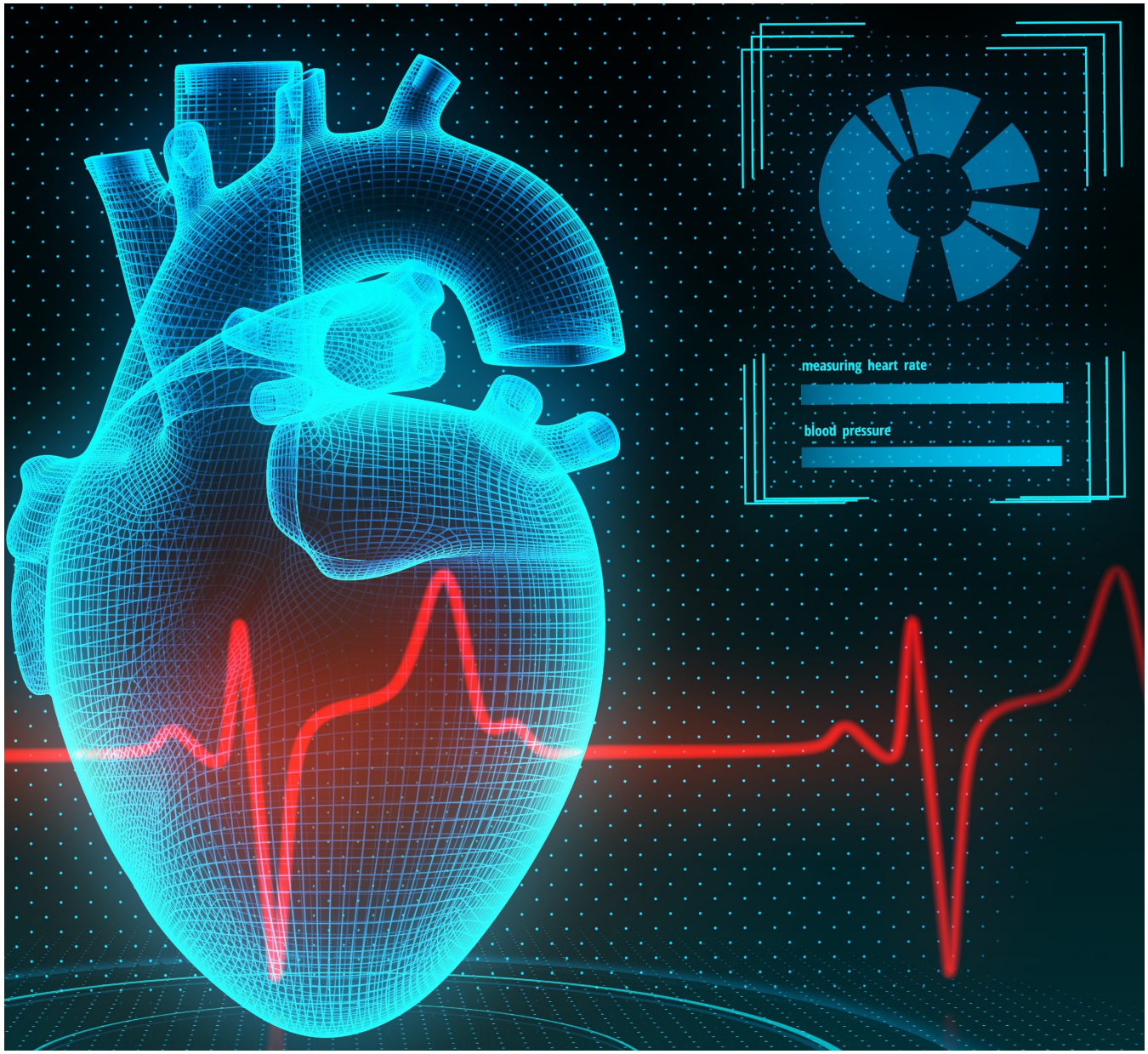

How are cardiac rehab programs managing and using patient data?

Characteristic	Total (n=319)	
	n	(%)
Patient data systems		
Paper only	67	(21.0)
Paper and electronic system	200	(62.6)
Electronic system only	52	(16.3)
Multiple electronic systems	61	(19.1)
Quality improvement systems		
Quality Improvement[a] Platform	55	(17.2%)
Quality Improvement Worksheet	32	(10.0%)

- **63% use paper forms**
- **85% of those using electronic systems use multiple systems**

Characteristic	Total (n=319)	
	n	(%)
Report to local manager	182	(57.0)
Inform quality improvement	179	(56.1)
Support for funding	138	(43.2)
Required reporting to jurisdiction/funder	133	(41.7)
Research projects	98	(30.7)
Patient care only	**55**	**(17.2)**

- **56% use data for quality improvement**

Table 5 Independent associates of cardiac rehabilitation programs using data for quality improvement

Characteristic	OR	(95% Confidence Interval)	P-value
State			
Victoria	0.243	(0.08–0.78)	0.017
New South Wales	0.246	(0.08–0.76)	0.015
Western Australia	0.164	(0.05–0.57)	0.005
South Australia	0.298	(0.08–1.15)	0.08
Queensland	0.437	(0.14–1.42)	0.168
Enrolments			
>200/year	3.83	(1.76–8.34)	0.001
51-200/year	1.67	(0.89–3.13)	0.111
Location			
Metropolitan	1.26	(0.71–2.24)	0.43
Regional centre	0.579	(0.22–1.54)	0.273

Using data for quality improvement
- **Much less likely in states lacking state-wide e-systems**
- **Much more likely in high volume**

SOLVE CHD

AUSTRALIA

Cardiac rehabilitation in Western Sydney: Exploring 30 years of practice

Dr Matthew Hollings

- *Collaboration with SOLVE-CHD affiliate Robert Zecchin, RN*
- *Largest and longest CR registry*
- *Culturally diverse region*
- *Rehab engagement and outcomes for different groups*

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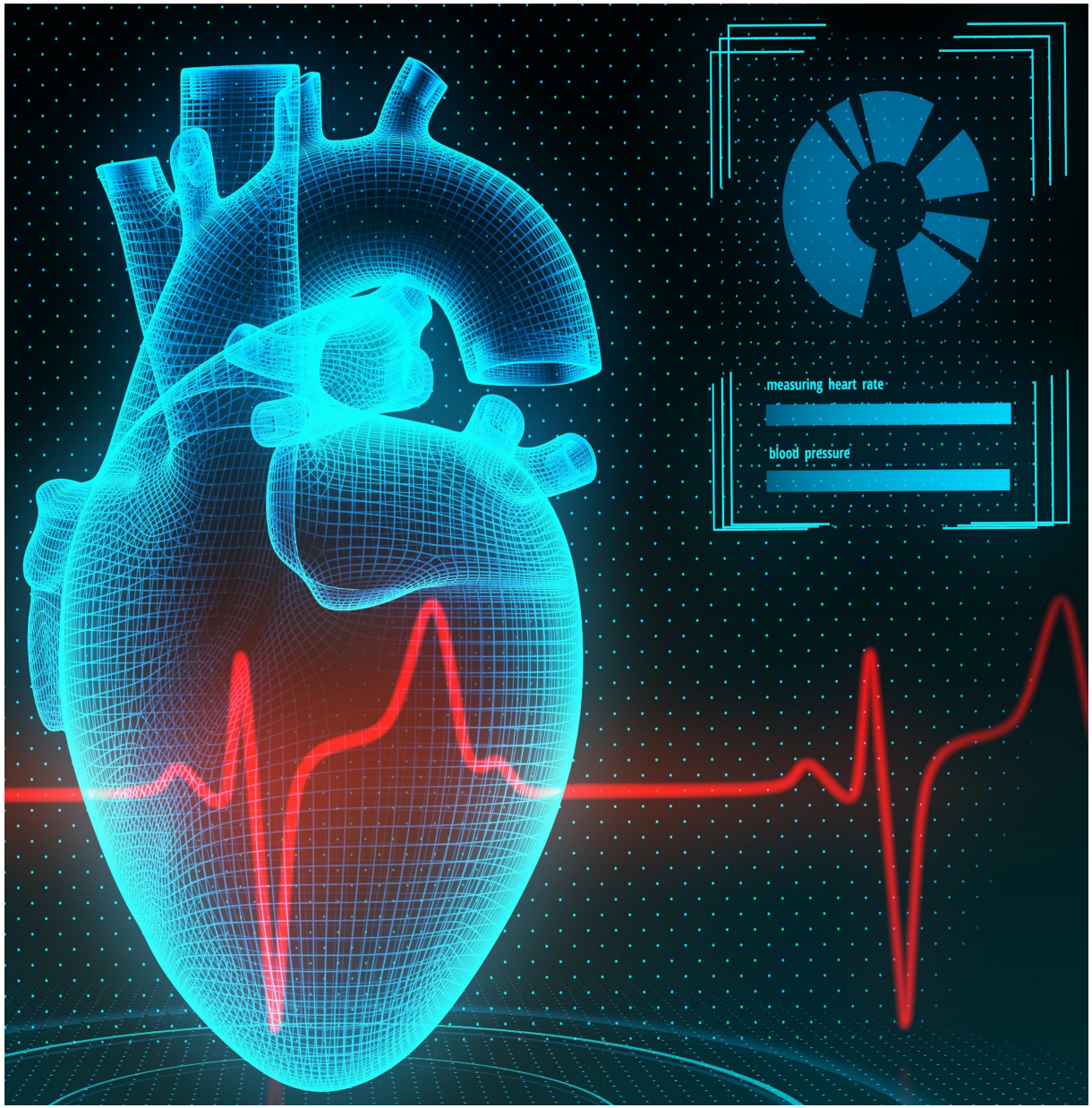

Cardiac rehabilitation in Western Sydney: Exploring 30 years of practice

Aim: Evaluate differences in enrolment characteristics, participation and outcomes → sub-groups: age, sex, SES, ethnicity, diagnosis, etc.

Study Design: Observational cohort study, 30-year cardiac rehabilitation registry

Participants: >10,000 patients, broad CVD diagnoses

Variables/outcomes: demographics, medical hx, mental health, functional capacity, QoL, anthrop

Funding: SOLVE-CHD, NHMRC CRE – Better outcomes in CAD

Progress: ☑ HREC, database cleaning and consolidation, CHeReL application

Research students: 3 honours (2x exercise physiology, 1x health sciences), 2 HDR

Outputs (to date): 1 manuscript [minor revs], >10 conference abstracts

Future plans: temporal trends, fitness and mortality/MACE, ethnic diversity and outcomes

Collaborations: Open to proposals – discuss with Rob Z and myself

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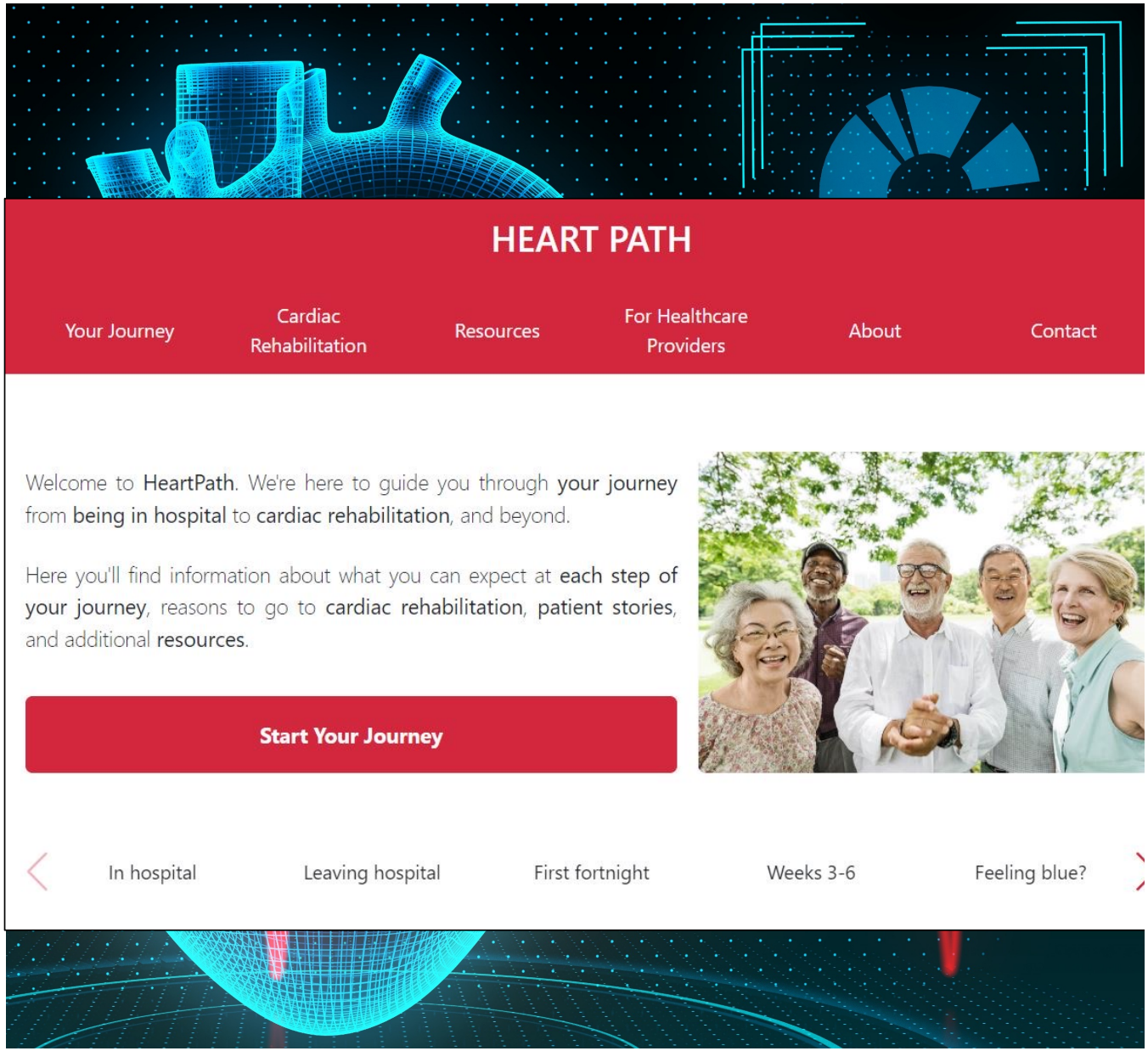
Dr Susie Cartledge

HeartPath+

- Focus on transitions of care from
  - Hospital
  - Home
  - Cardiac rehabilitation
- Additional features
  - Target health literacy and self-efficacy
  - Targeting key risk factors of diet and mental health
  - Adapting resources for CALD populations



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HeartPath+: Targeting **health literacy** and **self-efficacy** through **patient education** to prevent recurrent events in Australians with heart disease

Primary Aim: Improve patients' ability to actively mange their health

Secondary outcomes: health literacy, self-efficacy, quality of life, CR attendance, cost

Study Design: 1) co-design 2) test through effectiveness/implementation study

Participants: 1) 30 participants 2) 160 heart disease inpatients

Intervention: co-designed website HeartPath+

Process Ev: Using the RE-AIM framework + qualitative data

Status: Commenced on November 1st

Team: Prof O'Neil, Prof Gallagher, Prof Redfern, Dr Gauci et al

Collaboration Opportunities: consumers with heart disease, consumers with CALD b/ground

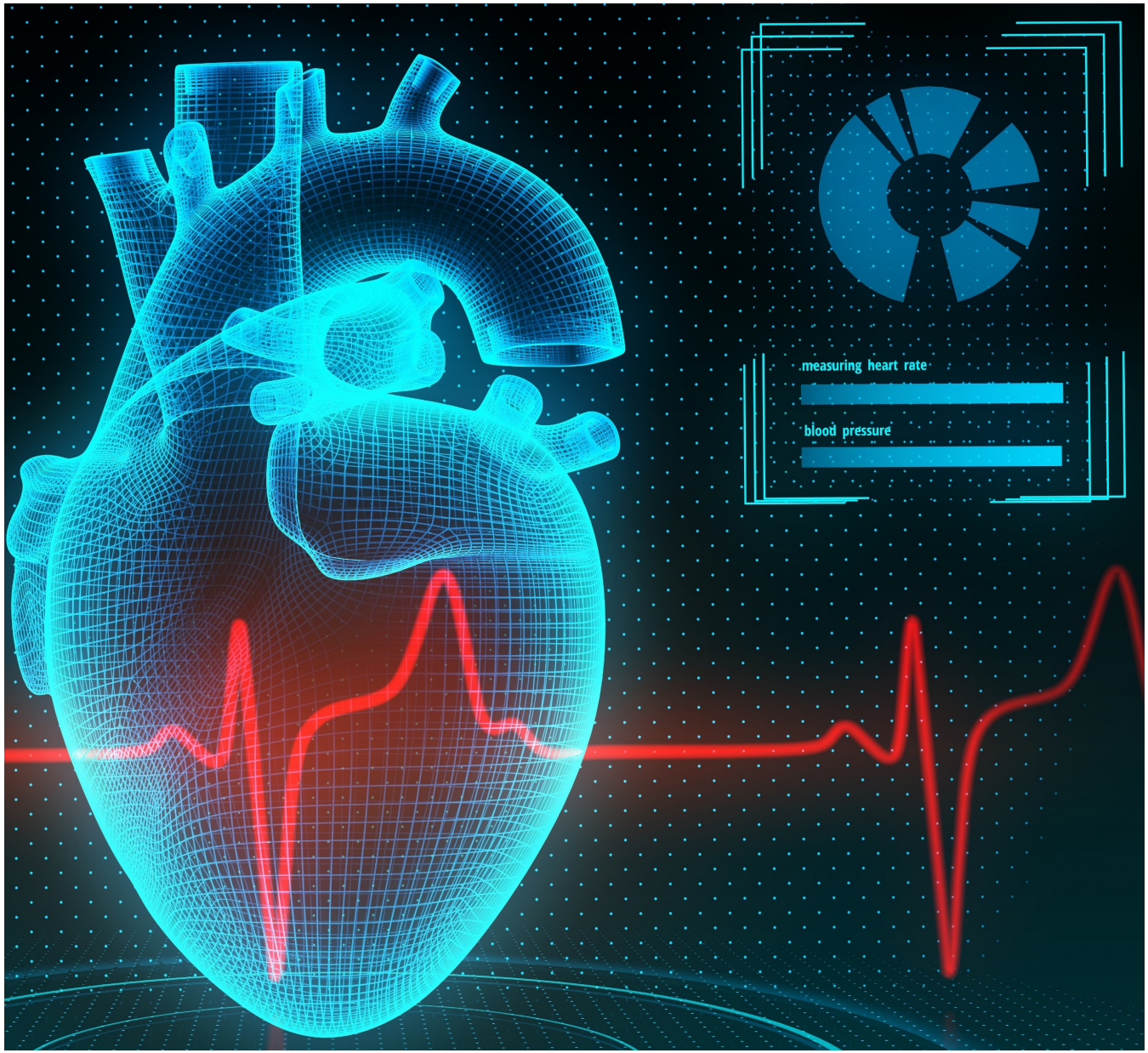
SOLVE CHD

Cartledge et al. HLC 2022; 31(S3):S292

NHMRC BUILDING A HEALTHY AUSTRALIA

Bridget Abell

Is hybrid cardiac rehabilitation value for money?



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Hybrid cardiac telerehabilitation for coronary artery disease in Australia: a cost-effectiveness analysis

Aim: To determine the long-term cost-effectiveness of a published hybrid cardiac telerehabilitation program in the Australian context

Study Design: Cost-utility analysis using a Markov model

Comparators: Telerehab III trial vs Usual care in Australia

Telerehab III : *For 24 weeks, the intervention group combined centre-based rehab with telerehabilitation*

Usual care in Australia: *Ten sessions of conventional centre-based cardiac rehabilitation*

Results: Telerehab III is highly unlikely to be cost-effective compared to the current practice in Australia.

Status: Manuscript published in BMC Health Services Research

Team: Sameera Senanayake, Bridget Abell, Sanjeewa Kularatna, Victoria McCreanor, Steven M. McPhail, Julie Redfern, Tom Briffa & William Parsonage

Collaboration Opportunities: Opportunity to embed collection of appropriate health service outcomes and costs into Australian trials to develop/evaluate cost-effective cardiac telerehabilitation models that suit our local healthcare landscape

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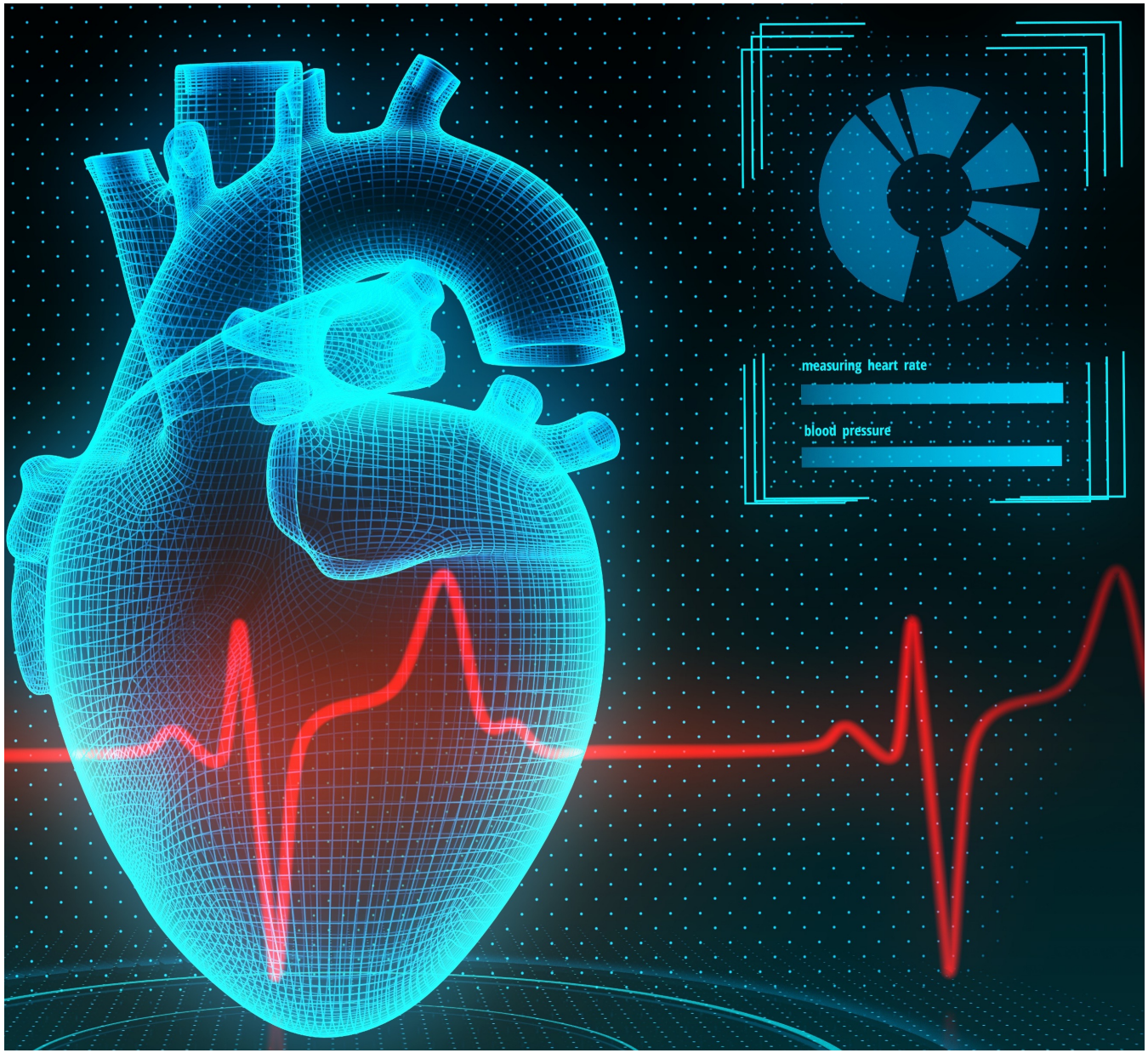
NHMRC BUILDING A HEALTHY AUSTRALIA

NIPC National Institute for Prevention and Cardiovascular Health

Intercept

- Using digital health to improve secondary prevention in CHD patients
- Consumer engagement through co-design
- Building international collaborations



Ollscoil na Gaillimhe University of Galway

NHMRC

SOLVE CHD

What is Intercept

A mobile Health app linked to a nurse portal and wearable technology to improve secondary prevention in CHD patients

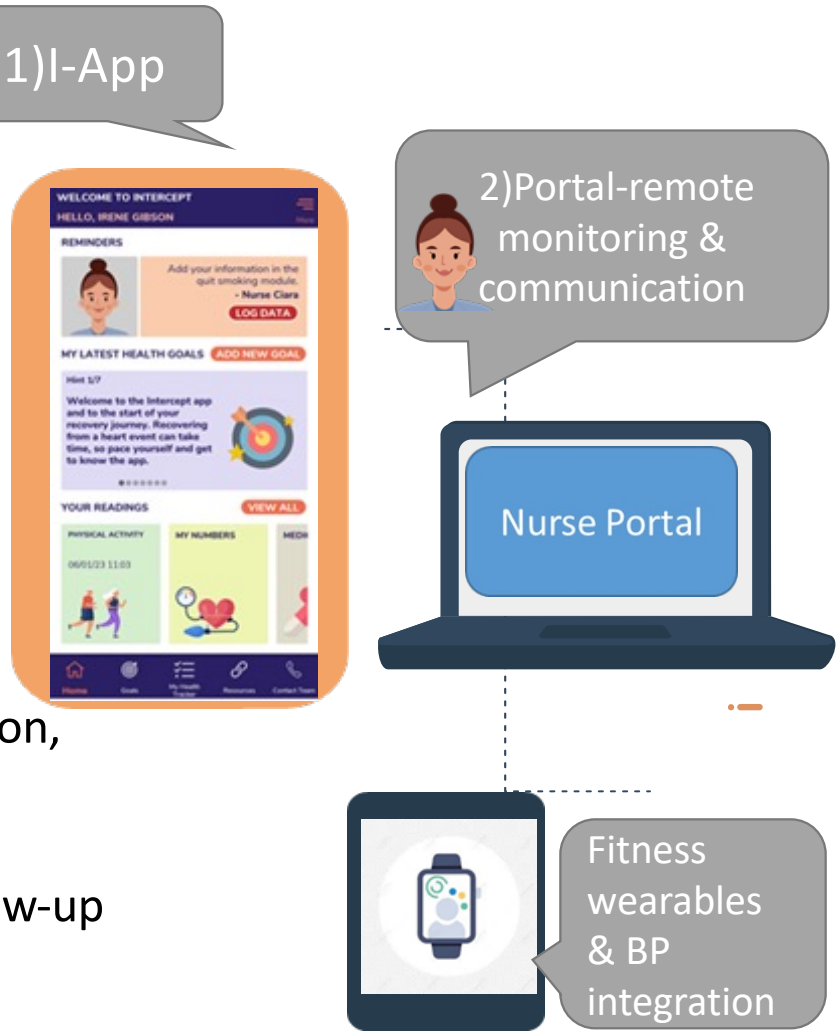
Objective: Assess acceptability & usability of Intercept (I-App) among patients & heath care professionals

Methodology: Non-randomised feasibility study using a mixed methods process evaluation with 12 week follow-up

Outcomes: Will inform (a) further refinement of the intervention, and (b) to determine the feasibility of a definitive RCT

Status: Patient recruitment complete (n=40) and 12 week follow-up in progress

Team: David Wood, Catriona Jennings, Bill McEvoy, Irene Gibson



Ollscoil na Gaillimhe
University of Galway

NIPC National Institute for Prevention and Cardiovascular Health

Intercept

HRB Open Research

HRB Open Research 2023, 6:43 Last updated: 16 OCT 2023

Check for updates

STUDY PROTOCOL

Using a digital health intervention "INTERCEPT" to improve secondary prevention in coronary heart disease (CHD) patients: protocol for a mixed methods non-randomised feasibility study [version 1; peer review: 1 approved]

Irene Gibson[1,2], Catriona Jennings[1,2], Lis Neubeck[3], Marissa Corcoran[4], David Wood[1,2], Faisal Sharif[1], Lisa Hynes[5], Andrew W Murphy[6], Molly Byrne[7], John William McEvoy[1,2]

https://hrbopenresearch.org/articles/6-43

NHMRC

SOLVE CHD

Nashid Hafiz

QUality improvement in primary care to prevent hospitalisations and improve Effectiveness and efficiency of care for people Living with CHD

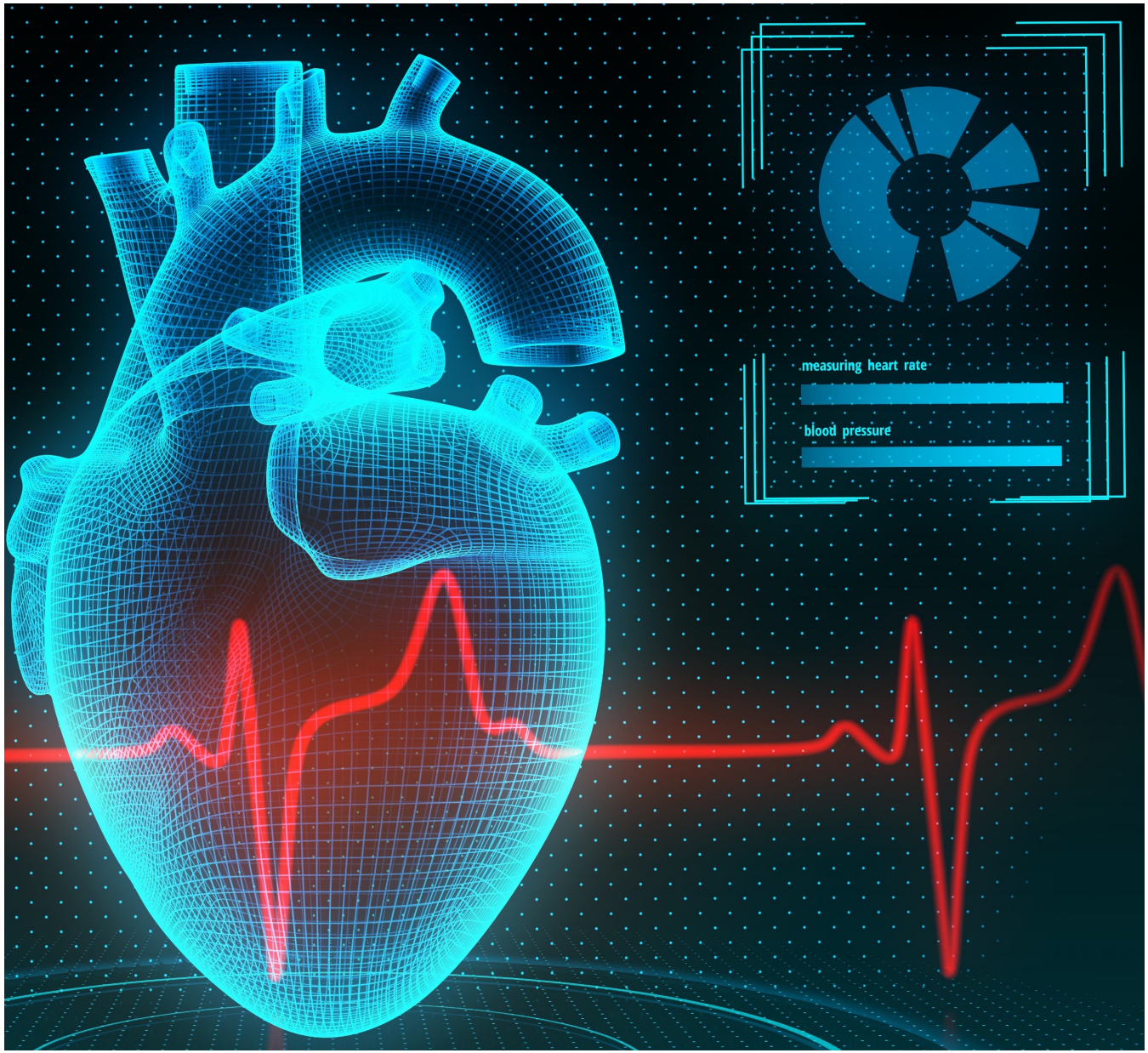
QUEL

Alignment with SOLVE-CHD

- Improving CHD care
- Integration of data and technology
- Capacity building

NHMRC

SOLVE CHD



Aim: Determine if a data-driven, practice-level quality improvement reduces CVD hospitalisations and events

Study Design	Cluster RCT, randomisation at practice level, 2-year follow-up
Participants	CHD (n=15,040) presenting at participating practices (n=52)
Intervention	A one-year practice level collaborative quality improvement program driven by practice data
Outcome	Unplanned hospitalisations, MACE, Prescription of guideline recommended medications, CDMPs, CVD Risk factors targets
Process evaluation	Implementation of the intervention; practice engagement, intervention delivery, clinician and practices' perspectives;
Status:	✓ Published study protocol ✓ Completed 12-month intervention ✓ Extracted baseline, 12 and 24-month data of 15,040 patients from 51 general practices across NSW, VIC, QLD and SA ✓ In the process of linking the hospital admission and emergency data with GP data ✓ Process evaluation completed
Team	Prof Julie Redfern, Dr Karice Hyun, Dr Qiang Tu and Ms Nashid Hafiz

Redfern et al BMC Family Practice 2020

SOLVE CHD

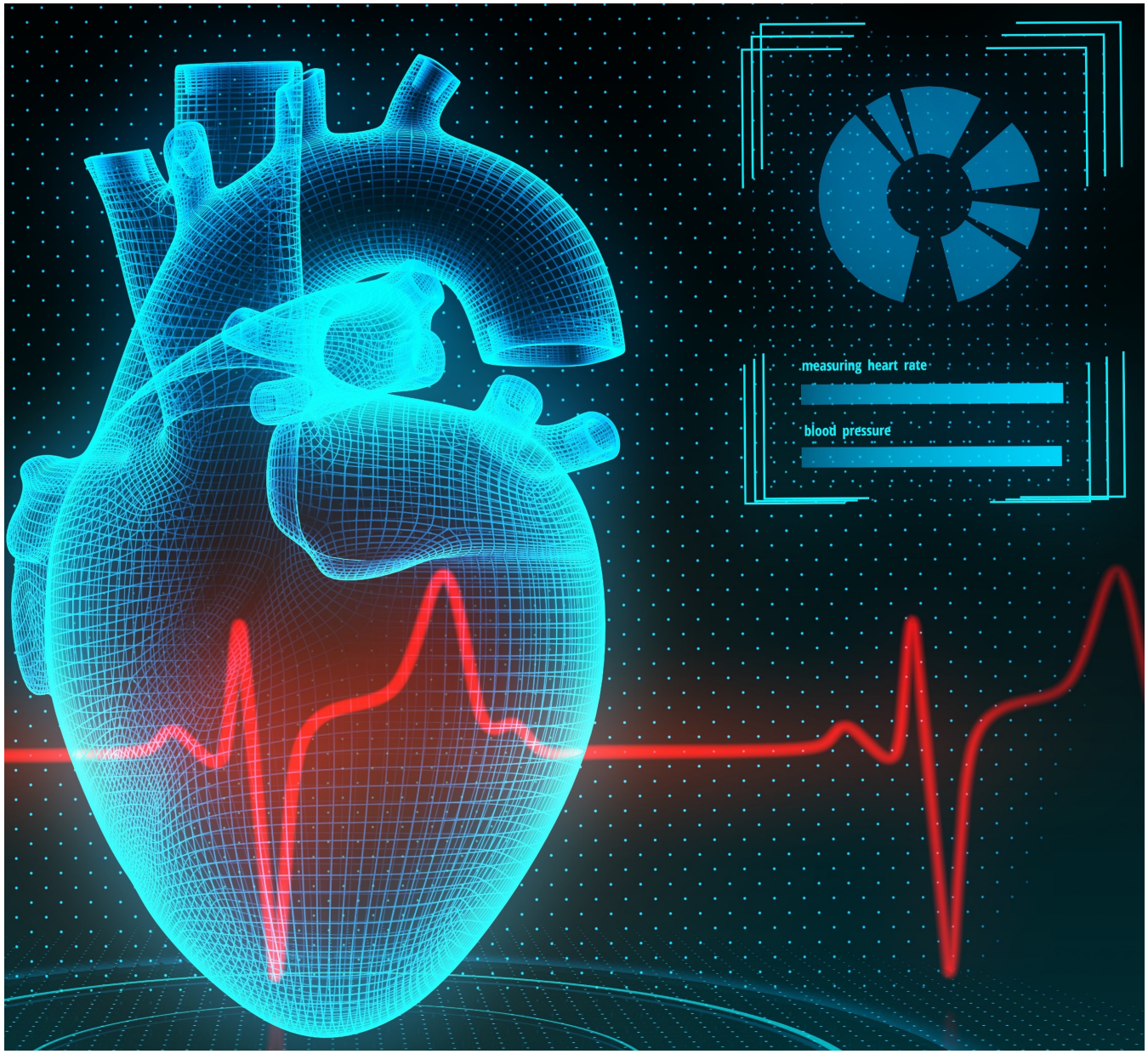
NHMRC BUILDING A HEALTHY AUSTRALIA

Deborah Manandi

Scientometric/Bibliometric Mapping Review

Alignment with SOLVE-CHD:

- Integrates data, technology, partnerships and capacity building



NHMRC

SOLVE CHD

Quantitative analysis and visualisation of cardiac rehabilitation literature

Aim:	To summarise publication patterns/impact within cardiac rehabilitation
Study Design:	Scientometric/bibliometric mapping review, using VOSviewer/CiteSpace
Data Source:	CINAHL, CENTRAL, Embase, Medline and Web of Science databases
Outcomes:	Number of publications over time, country of publications, patterns of collaboration between countries and authors, top and recent keywords, influential publications, number of citations and citing articles
Status:	Results being finalised– analysis tbc
Team:	Dr Qiang (Tony) Tu, Dr Karice Hyun, Prof Julie Redfern

Collaboration Opportunities: Collaboration tbc

SOLVE CHD

NHMRC BUILDING A HEALTHY AUSTRALIA

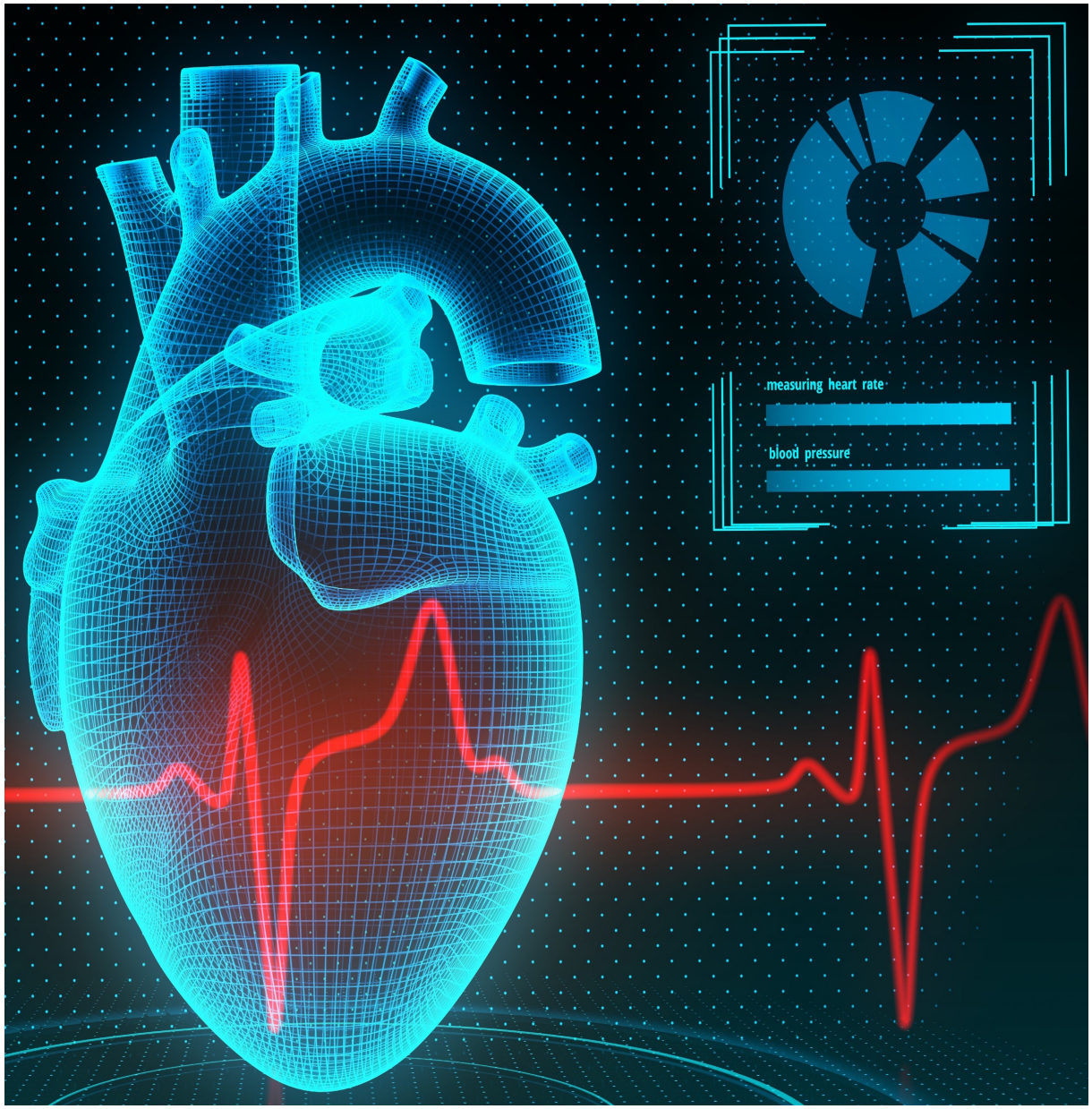
SPAN

Secondary Prevention for All in Need after type 1 MI: a comparative effectiveness randomised trial

Prof. Tom Briffa

NHMRC

SOLVE CHD



SPAN Secondary Prevention for All in Need after type 1 MI: a comparative effectiveness randomised trial

BACKGROUND

- Testing usual care alternatives to generate unbiased, high quality evidence of the relative effectiveness of an existing treatment
- SPAN is a prospective, multi-site, single blinded (allocation concealment) comparative effectiveness trial of personalised rehabilitation versus outpatient rehabilitation
- Evaluating the primary endpoint of rehabilitation completion at a median of three months, and secondarily major adverse cardiovascular event (MACE) at 12 months

NOTABLE

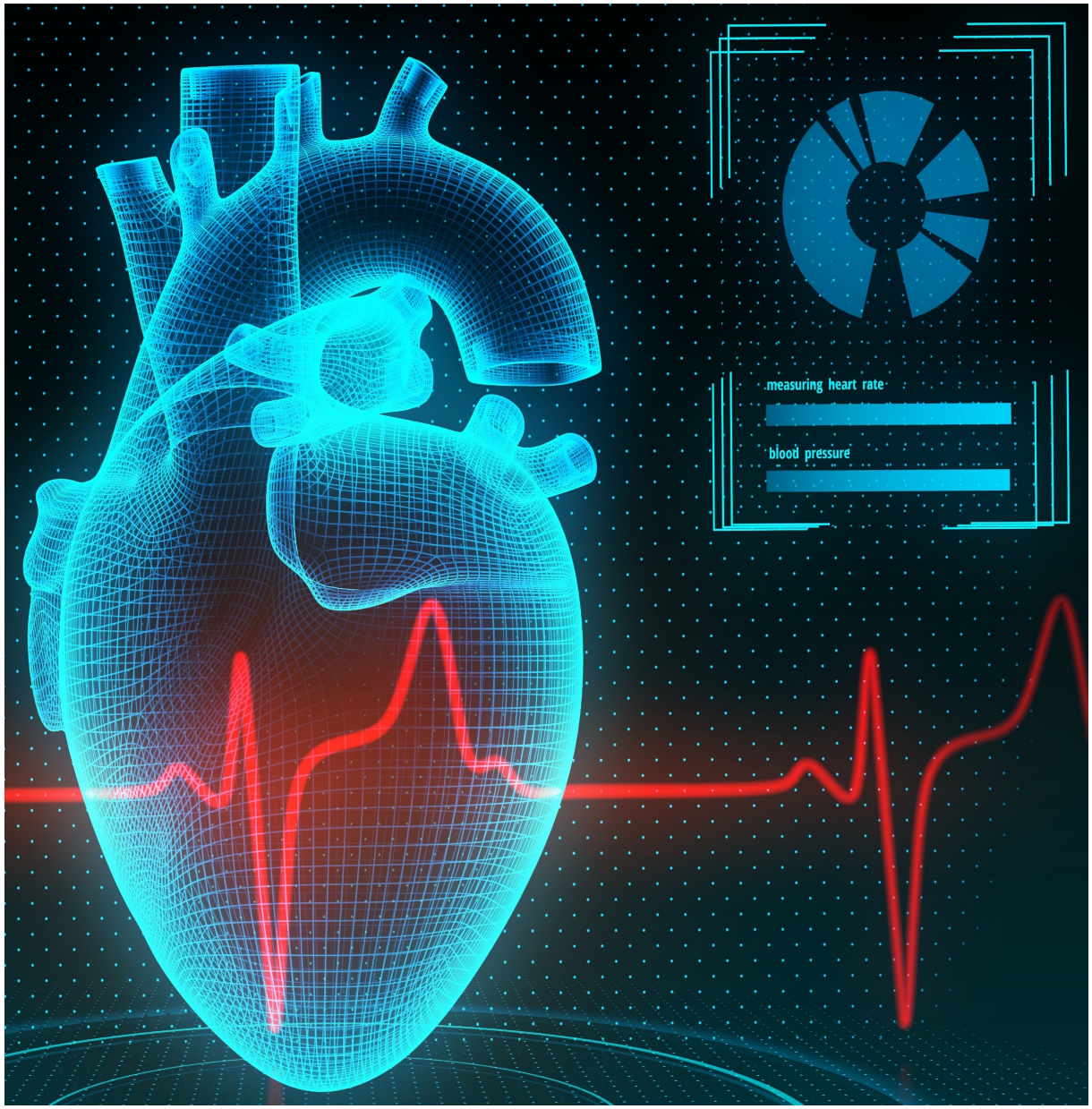
- Granted an opt-out approach
- Recruitment commenced 20th October 2023 at Royal Perth Hospital (WA); with Concord Hospital (NSW) and Flinders Hospital (SA) scheduled to commence in Q1 2024. Other sites will be brought online as required

Heart Foundation

THE UNIVERSITY OF WESTERN AUSTRALIA

Reducing adverse events and improving quality of life of people with blocked leg arteries

Professor Jon Golledge



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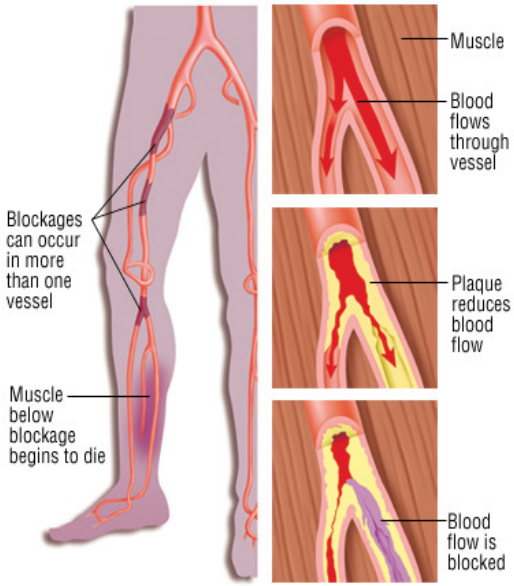
SOLVE CHD

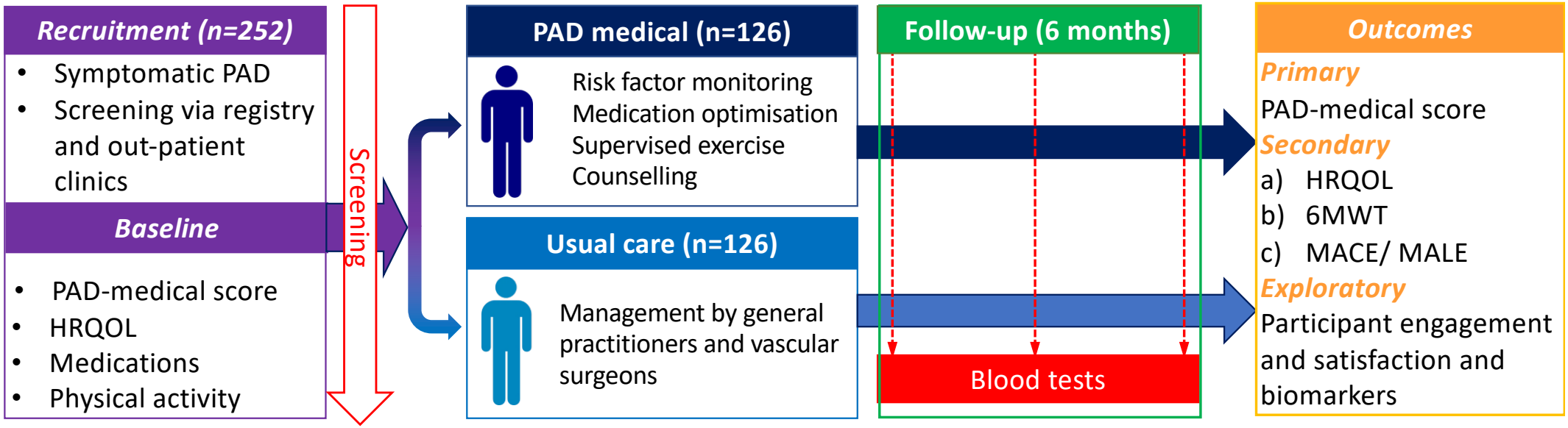
PAD-medical

- Delivered via telehealth
- Telehealth supervised exercise program
- Telehealth doctor consulations to optimise medications and SMuRFs (BP, LDL-C, HbA1c, smoking, PA/ exercise, anti-thrombotics)
- Counselling for smoking cessation
- Funding from the HEART FOUNDATION and MRFF



QRCPVD
Queensland Research Centre for Peripheral Vascular Disease

OVERVIEW OF OPTIMAL

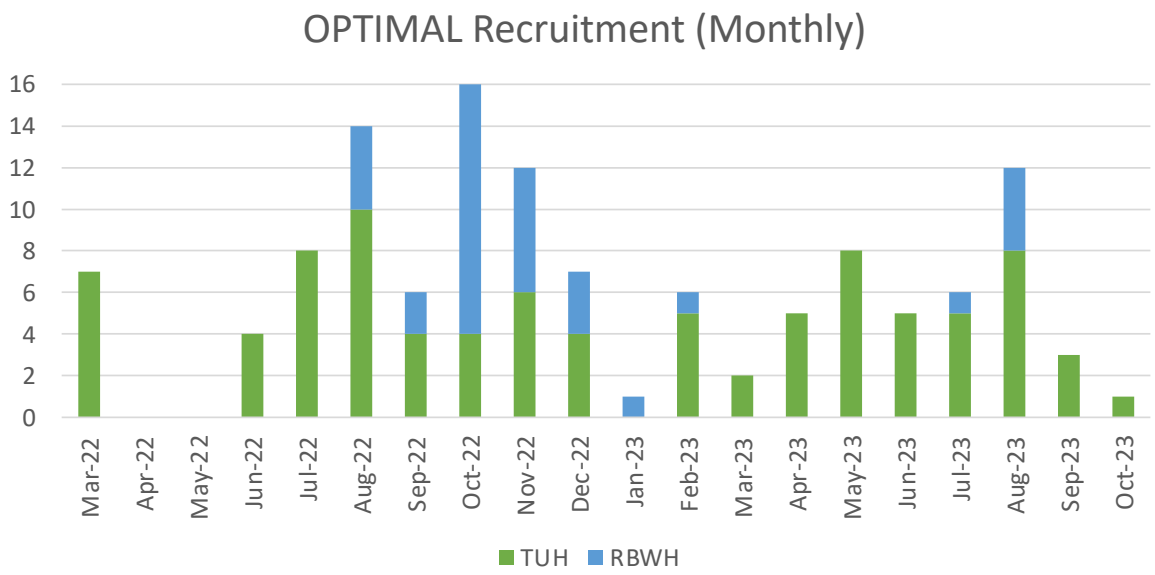


QRCPVD
Queensland Research Centre for Peripheral Vascular Disease

OPTIMAL RECRUITMENT

Recruitment totals as of 27/10/2023			
TUH	95		
RBWH	36		
Total	**131**	% of 246	53.25%
Remaining to recruit	115	**(Target 246)**	

Study Completion as of 27/10/2023			
TUH	50		
RBWH	27		
Total	**77**	% of 246	31.30%
Remaining to complete	169	**(Target 246)**	



QRCPVD
Queensland Research Centre for Peripheral Vascular Disease

Dr Dion Candelaria

QUICR

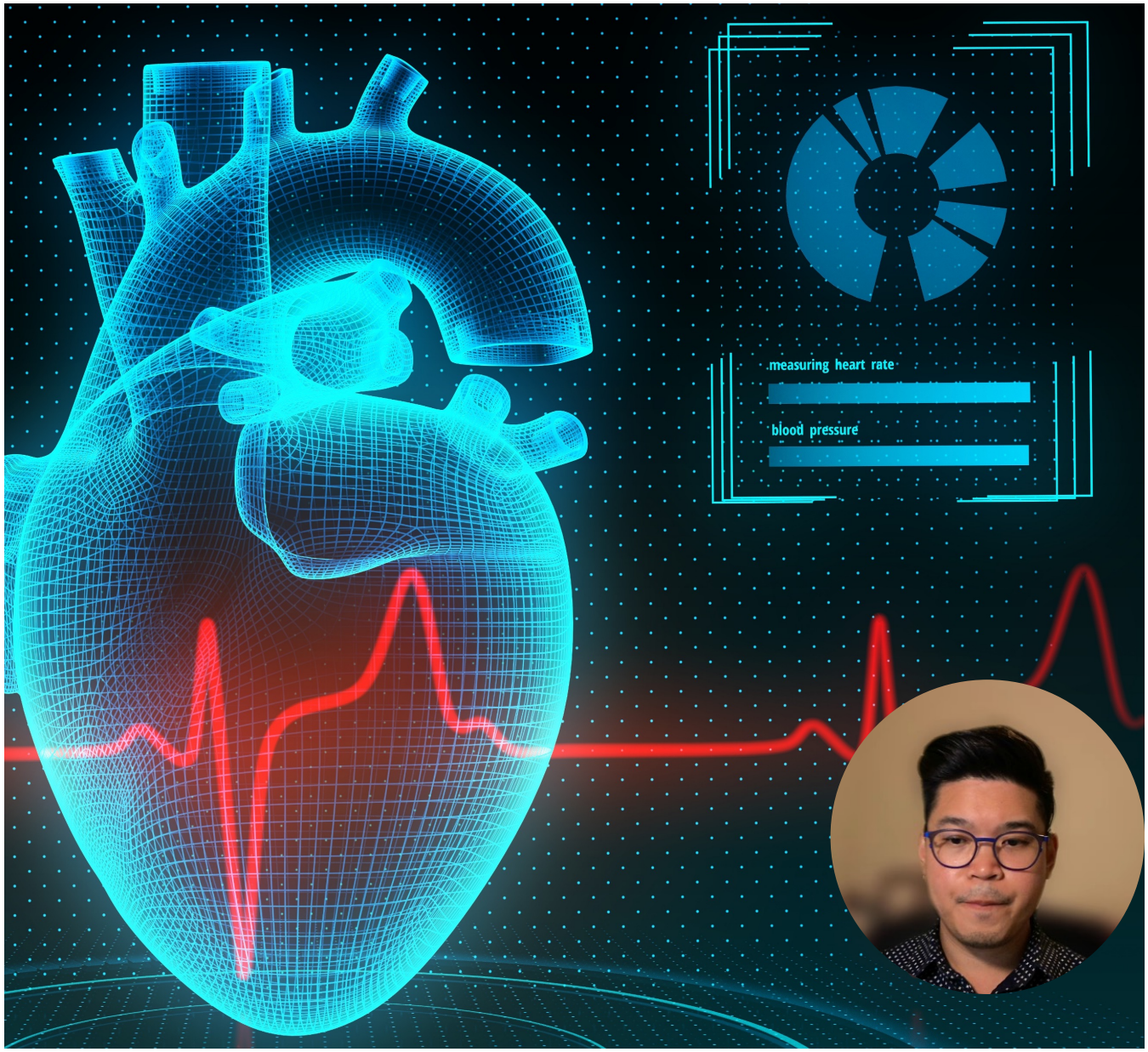
QUality Improvement in Cardiac Rehabilitation

Alignment with SOLVE-CHD:

- Use of data to drive improvements in cardiac rehabilitation delivery
- Collaborative quality improvement

NHMRC

SOLVE CHD



QUICR Quality Improvement in Cardiac Rehabilitation

Aim: Determine if a data-driven collaborative quality improvement: 1) increases attendance and completion, 2) improves delivery of best-practice care, and 3) reduces hospitalisations, emergency department presentations, and deaths

Study Design: Cluster RCT, randomisation at CR site-level, 12- and 24-month follow-up

Participants: 40 CR sites NSW and VIC (20/arm), consecutive patient cohort (n≈3000)

Intervention: 12-month data-driven collaborative quality improvement

Process Eval: Intervention implementation; clinician and multi-stakeholder perspectives; cost

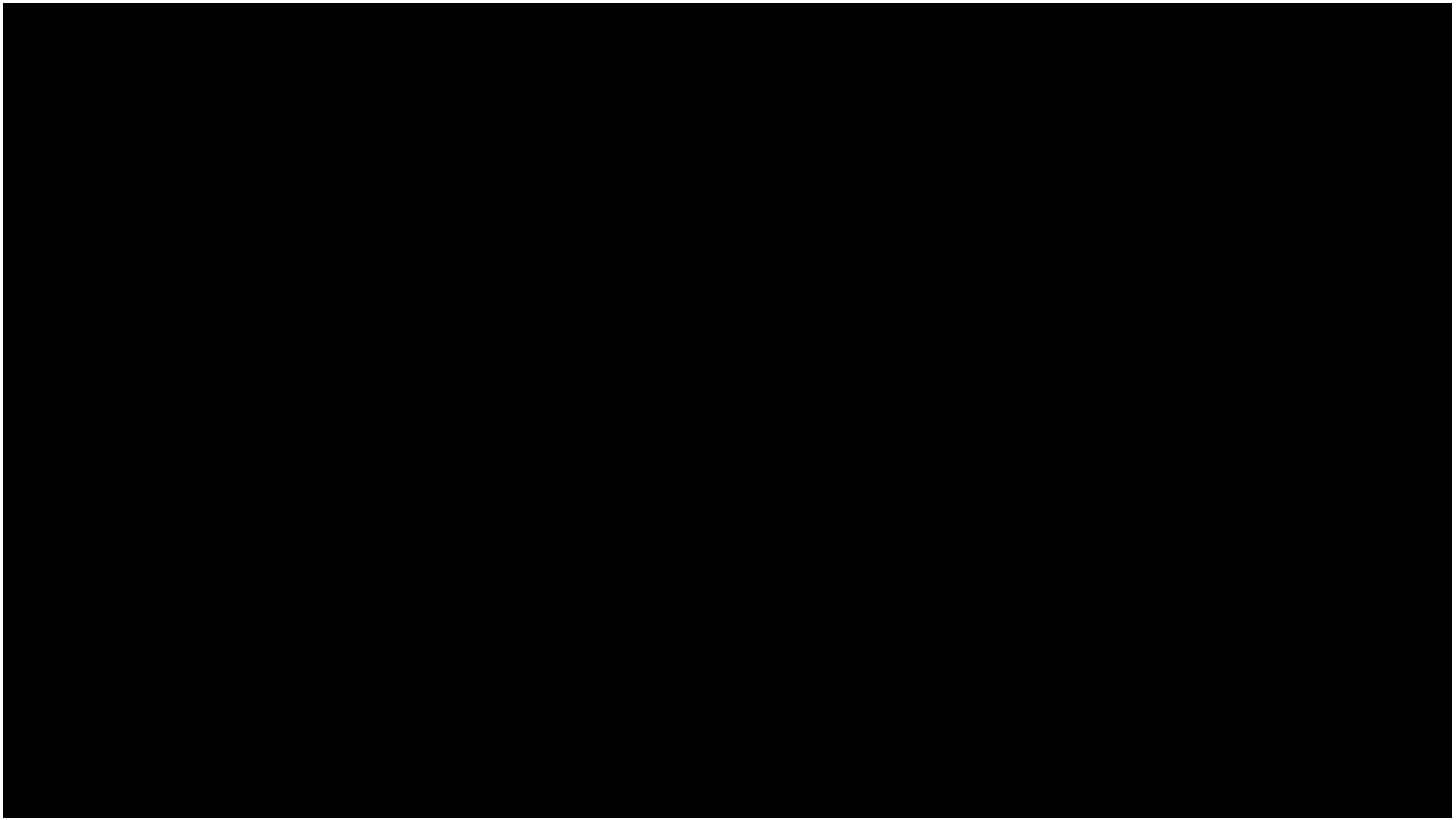
Status: HREC approved with waiver of individual patient consent; NSW governance 25% complete, VIC recruitment underway; commences Feb 2024

Team: Robyn Gallagher (CIA), Dion Candelaria (Postdoc Fellow), Sherrie Chung (RA), QUICR Investigators

Collaboration Opportunities: Sustainability study to ensure continued adoption and integration to routine clinical practice

SOLVE CHD

NHMRC BUILDING A HEALTHY AUSTRALIA



SOLVE CHD Project Showcase

Q&A time

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- SOLVE Social media platforms:

Solve-chd @solvechd

Scan 👆 to join now!

SOLVE CHD

Thank You for joining us today

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