

CR Program Excellence Initiative FAQs

Q: How do we make sure people are delivering a patient-centred, quality service?

A: This is something we will be learning iteratively, but for now, we plan to have a subcommittee looking at applications, clarifying things with programs and sending a recommended list to the ACRA executive. Keep in mind as well that this initiative is not a certification; it's recognition that the program is doing a good job, so we will look at the program itself rather than stick to rigid criteria.

Q: Will attaining Program Excellence be annual?

A: Currently no, but possibly in the future.

Q: If my program achieves Program Excellence, how long will this acknowledgement last?

Probably around 3 years, but we are still working this out.

Q: Will virtual telehealth programs be considered?

A: Absolutely yes.

Q: Will you be collecting program data?

A: Yes, by filling in the Expression of Interest form, you will be providing program data.

Q: What do you plan to do with the program information and awards of excellence?

A: We would like to promote and celebrate the programs awarded with Program Excellence, on our websites, at ACRA's meetings, and anywhere else we can. We also hope that in asking programs for information about their quality of care, it may help them self-assess and set achievable goals for improvement.

Q: Will this be able to be part of the Single Digital Medical Record?

A: Absolutely, that's where we want to go as part of a standardised medical record.

Q: What constitutes an exercise assessment, and does it have to be done by an exercise physiologist or physiotherapist?

A: There are many different types of exercise assessment, and the program can choose whichever suits their specific needs. It may be a 6-minute walk test, or a 30-second sit-to-stand test, or something else. It doesn't need to be done by an exercise physiologist or physiotherapist either. The important thing is simply that an exercise assessment is being done.

Q: What qualifies as a cardiovascular disease (CVD) risk assessment?

A: Basically, we want to be sure that you are somehow assessing a multitude of cardiovascular risk factors for a patient. This may be analysing a blood result, measuring a blood pressure, calculating a BMI, etc.

Q: Many programs do not have the capacity for three multidisciplinary team members. Will this be a problem?

A: You don't have to have every discipline on-site all the time, no. It is very important that cardiac rehabilitation is multidisciplinary in some way, but there are many ways to achieve this.

It might be that the pharmacist visits periodically to do one of the education sessions, or you have a physiotherapist you can refer patients to, or there is a psychologist who can do consults over the phone. Having access to and input from different experts is the key.

Q: What if I'd like to know more about what my program should be doing, not just what we are doing?

A: There are guidelines around the world, and there will be a new European Society of Cardiology guideline on cardiac rehabilitation which should make things very clear. The best currently-published resources right now are the core components and quality indicators. If you don't have them, feel free to reach out to Julia or Dion and we'll send them over.

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