



# Cardiac Rehabilitation Best Practice

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## **Background**

### **Cardiovascular disease in New Zealand**

In Aotearoa/New Zealand cardiovascular disease is the second leading cause of death after cancer and the principal cause of death for Pacific peoples (Tukuitonga, 2013). Mortality rates for cardiovascular disease are also consistently and significantly higher for Pacific peoples than for the general New Zealand population (Ministry of Health, 2012). Although there has been an overall decline in the general population rates of cardiovascular disease deaths over the last thirty years, Pacific cardiovascular disease rates have not declined to the same extent (Statistics New Zealand and Ministry of Pacific Island Affairs, 2011).

### **Evidence**

An evaluation (Lesatele, 2014) found that it is important to deliver cardiac rehabilitation programmes that are specifically aimed at Pacific peoples rather than providing generic programmes. For example: relevant content and Pacific languages; Pacific staff and; the inclusion of Pacific worldviews and experiences are elements valued by Pacific peoples. Participants provided positive reports about being involved in a programme that was designed specifically for Pacific peoples; they felt more comfortable attending with other Pacific peoples from similar backgrounds. However, there is currently only one Pacific cardiac rehabilitation service operating in Auckland. Ideally cardiac rehabilitation services would offer a Pacific programme and home visits for those who have mobility/transport issues.

**Aim:** To provide cardiac rehabilitation that meets the needs of Pacific patients and their whanau.

**Scope:** Because of the variety of programmes (generic, home based, kaupapa Maori and Pacific) on offer the following best practice can be applied to the range of current cardiac rehabilitation services that are utilised by Pacific peoples and their whanau.

**Staff:** It is expected that all staff delivering the programmes will have the necessary expertise and follow cardiac rehabilitation best practice. Pacific best practice is additional to those currently in place e.g. New Zealand guidelines for Phase II cardiac rehabilitation (New Zealand Guidelines Group, 2002).

**Best Practice:** The following Pacific best practice outlines key areas based on evidence emerging from the evaluation of cardiac rehabilitation programmes (Lesatele, 2014) and discussions with stakeholders (including patients, programme providers and Pacific health professionals). The key themes are:

- Pathways
- Access
- Delivery
- Content and Resources
- Establishing Connections and Relationships
- Staff
- Additional Supports and Linkages
- Quality Data Collection, Documentation, Monitoring and Evaluation

## Pathways

**All eligible Pacific patients are informed of the options and referred to attend a cardiac rehabilitation programme of their choice prior to discharge. Staff explain the benefits of the programme, make them feel welcome, allow concerns to be raised and outline the options e.g. Pacific or Maori programme.**

- Systems and processes are in place to ensure all eligible Pacific patients are identified prior to discharge.
- Rehabilitation staff engage with eligible Pacific patients and whanau to discuss programme options in hospital rather than contact them after discharge.
- Where a Pacific programme is in place, initial contact is made by the Pacific health professional to explain the option.
- All eligible Pacific patients are automatically referred to the Pacific programme (where available) as well as other programmes.
- Staff assess the need for interpreters and engage them when required.
- Staff address patient perception of need at the outset by carefully explaining the benefits of the programme.
- Written (using a range of Pacific languages) and verbal information is given to patients about the programme, including information about the cardiac rehabilitation service. Provide relevant contact details. A website is useful.
- Referral to cardiac rehabilitation is recorded in the care plan/discharge summary including patient requirements and supports that assist attendance at cardiac rehabilitation programmes.
- Where possible, prior to discharge, patients receive a formal invitation to attend the programme of their choice. Invitations are available in a range of Pacific languages as well as English.
- If contact is not possible during the hospital stay pursue other options to talk to the patient about cardiac rehabilitation e.g. follow up appointments or telephone contact (if the patient is hard to contact make multiple attempts).
- Make contact with the patient just prior to attendance, confirming the date and time. Let them know whanau are welcome. Reiterate how the programme can benefit the patient. Carefully check to see if any supports are required to assist attendance e.g. provision of taxi chits or transport to the programme. Also check the care plan/discharge summary for patient information.
- If a patient has agreed to attend but does not turn up - make prompt contact in a non-judgmental manner and find out barriers (e.g. transport, other commitments such as work or family, money, time, illness, they might also feel well and therefore believe they do not need to attend) and identify ways to support their attendance. Offer home based cardiac rehabilitation visits if this is an option.

## The Programme

### Access

**Accessible and convenient locations and times, including a welcoming environment, reduce barriers to access for Pacific peoples. Some Pacific participants expressed feelings of discomfort at being the only Pacific person in the room.**

- Secure a venue in the community rather than locating the programme in a hospital setting.
- Provide a comfortable environment that welcomes whanau and patient.
- Provide locations that reflect where Pacific patients live. This reduces travel time and cost for participants.
- Locations need to be easily accessed by public transport.
- Provide day and evening programmes.
- Increase Pacific attendance to reduce feelings of discomfort in generic programmes.

### Delivery

**How information is delivered is critical. Language and comprehension barriers were raised by Pacific participants. The delivery of a programme in the language of the ethnic group Pacific participants belonged to was reported as a major strength, supporting participant comprehension. In addition, it helped them feel more comfortable and able to engage in discussions and ask questions.**

- Involve Pacific peoples in the delivery of the programme.
- Programmes are delivered in a variety of Pacific languages that meets the needs of the participants.
- When staff deliver information in English they need to be aware that English is a second language for some participants e.g. do not talk too fast, a slower delivery can assist comprehension.
- Staff attempt to pronounce names correctly and ask when unsure.
- Ensure information is delivered in an engaging manner that includes Pacific peoples.
- Be aware of health literacy levels: make sure information is understandable, give everyday explanations, free of jargon and when medical terms are used they are explained.
- Be aware of gender differences and needs.
- Be aware of Pacific understandings of age and associated roles/status e.g. elders.
- Provide group activities to engage participants.
- Allow time for questions and respond in a non-judgemental manner that encourages patients to participate.
- Allow time for discussion regarding traditional Pacific medical practices. Respect and support Pacific concepts of health and related practices. Explain when they may

experience adverse effects (e.g. pharmacological interventions) in a non-judgmental way.

## **Content and Resources**

**Programme content is of a high quality and relevant to Pacific participants/communities e.g. include 'Pacific' foods. This promotes engagement and provides practical healthy examples that can be applied to everyday life.**

- Involve Pacific peoples in the design and content.
- Make sure the content is relevant to Pacific peoples, their cultures and practices e.g. include commonly consumed foods such as coconut cream for food label reading exercises.
- Provide practical sessions/demonstrations that are relevant, interesting and reinforce healthy options e.g. how to prepare 'Pacific' food such as tinned corned beef and *povi masima* (salty meat) in healthy ways.
- Sharing a meal cooked by participants can increase engagement and comfort levels.
- Use visual props to assist participant understandings e.g. heart function.
- Provide written and verbal information that reiterates how the programme can benefit patient and whanau.
- Resources need to be provided in a variety of Pacific languages using Pacific concepts and worldviews.

## **Establishing Connections and Relationships**

**Establishing connections at the outset builds relationships; as a result programme participants feel more comfortable engaging in discussions. Pacific participants reported that positive interactions helped them reflect on their own behaviours and learn new strategies for change.**

**Whanau attendance at sessions is important; they play a critical support and motivation role.**

- Participants are asked if there is a particular way they would like to open the sessions e.g. prayer may be appropriate in Pacific programmes.
- At the first session welcome participants and their whanau. Allow time for everyone to (a) introduce themselves (b) talk about their heart experience (c) say what they would like to learn from the programme.
- Any new participants and their whanau are given the opportunity to introduce themselves and talk about their heart experience with the group.
- Acknowledge diversity between ethnic Pacific groups if it is a Pacific programme, and between diverse ethnic groups if it a generic programme.
- Ensure Pacific patients and their whanau feel included, valued and welcomed.
- Allow time for patients and their whanau to interact, ask questions and discuss experiences in both the larger group and in smaller group discussions.
- Listen carefully to patients and their whanau when they contribute to group discussions and acknowledge their contribution.
- If it is a Pacific programme (or there is a reasonable number of Pacific attendees) allow time for participants to break into ethnic groups.

## **Staff**

**Helpful, non-judgmental and encouraging staff results in participants feeling valued and motivated to work towards making changes to improve their health.**

- Support, retain and build the Pacific workforce.
- Non Pacific staff are trained in cultural competency and cultural safety.
- Staff have cross cultural skills, are culturally competent and knowledgeable about Pacific realities, spirituality, values and experiences.
- Staff are non-judgemental, approachable and supportive.

## **Additional Supports and Linkages**

**While it is recognised that providers have financial and resource constraints, additional support will benefit Pacific participants and may increase participation in cardiac rehabilitation programmes.**

**Participants identified the need for on-going support after completing a cardiac rehabilitation programme.**

- Assist the patient and whanau to access support services.
- Provide linkages between discharged Pacific patients and the community e.g. health related church programmes.
- On-going support is provided after patients have completed the programme e.g. home visits.
- On-going structured activities are available e.g. exercise programmes.

## **Quality Data Collection, Documentation, Monitoring and Evaluation**

**Systematic collection and analysis of accurate ethnicity data provides valuable information about the programme; informing service design and delivery. It allows the programme team to monitor: referral, utilisation, and completion rates, including programme effectiveness and determine areas for improvement.**

- Continuous quality improvement to meet the needs of Pacific patients is a goal of cardiac rehabilitation programmes.
- Establish systems that can readily and systematically provide patient information, referral, uptake and completion data by ethnicity, age and gender.
- Electronic systems are established that automatically flag eligible patient records and generate a referral. This reduces the potential for missed referrals.
- Collect and monitor data by referral, uptake and completion rates on a quarterly basis that is collated in a written format for comparisons over time.
- Regularly collect and analyse feedback from Pacific participants, their whanau and other Pacific stakeholders.
- Analyse all data for continuous quality improvements to ensure programme effectiveness for Pacific.
- Data analyses inform planning and strategic priorities to improve health outcomes for Pacific peoples with cardiovascular disease.
- Regular evaluations and audits are undertaken that inform service provision and effectiveness.



## References

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