

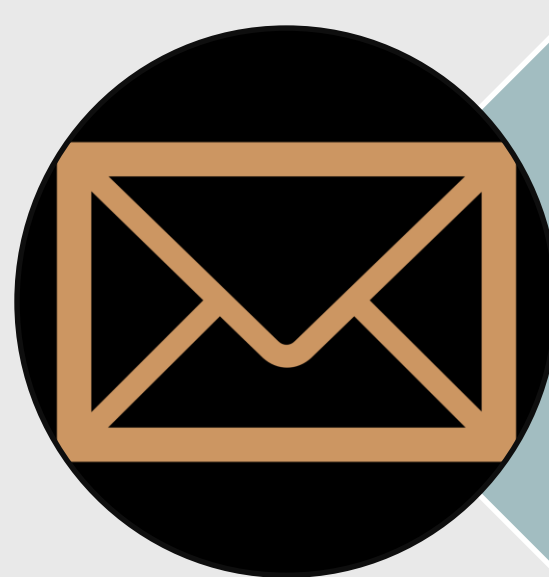
# Improving population health outcomes using NICE quality statements on cardiac rehabilitation

Julie Kennedy and Alison Tariq

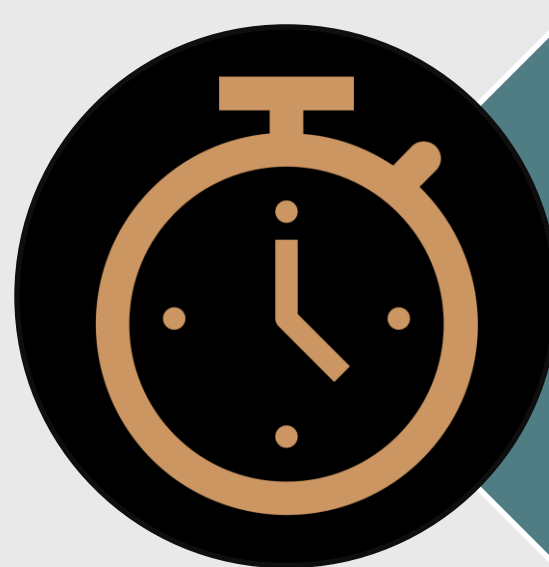
## Background

- NICE quality standards describe priority areas for quality improvement and include measures to help assess progress. They can be used to help improve population health outcomes.
- The quality standard for secondary prevention after a myocardial infarction (QS99) includes 3 statements which focus on cardiac rehabilitation.
- The NICE shared learning database has examples from local providers who have improved their population outcomes by aligning their cardiac rehabilitation services to the NICE guidance.
- The intended outcomes for QS99 can be monitored by using data collected as part of the National Audit of Cardiac Rehabilitation.

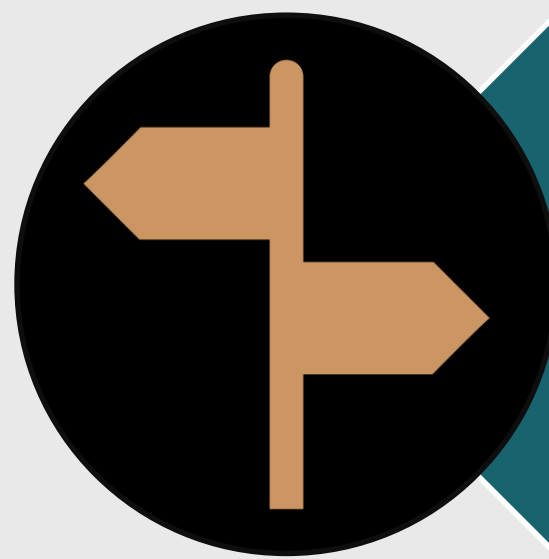
## QS99 Secondary prevention after a myocardial infarction (MI)



Statement 2: Adults admitted to hospital with an MI are referred for cardiac rehabilitation before discharge.



Statement 4: Adults referred to a cardiac rehabilitation programme after an MI have an assessment appointment within 10 days of discharge from hospital.



Statement 5: Adults referred to a cardiac rehabilitation programme after an MI are offered sessions during and outside working hours and the choice of undertaking the programme at home, in the community or in a hospital setting.

The full quality standard includes measures for all statements. The measures below are associated with statement 5.

### Structure measure

Evidence of local arrangements to provide cardiac rehabilitation programmes during and outside working hours and the choice of undertaking programmes at home, in the community or in a hospital setting.

### Process measure

Proportion of people referred to a cardiac rehabilitation programme who are offered sessions during and outside working hours and the choice of undertaking the programme at home, in the community or in a hospital setting.

### Outcome measures

- Rates of uptake of and adherence to cardiac rehabilitation programmes.
- Patient experience of cardiac rehabilitation programmes.

## How have local services improved outcomes for cardiac rehab?



### How were services redesigned?

- Introduction of identification and referral service
- Offer of initial assessment within 10 days of discharge
- Change from 5 to 7 day service
- Offering programmes in different settings (hospital/community/home/online)

### What were the outcomes?

- Improved completion rates
- Improved patient satisfaction
- More effective use of staff time
- Reduced readmissions
- Cost savings

NICE shared learning database has examples of how hospitals and primary care providers have redesigned cardiac rehab services in line with the actions in statements 2, 4 and 5 of QS99.

QS99 is expected to contribute to improvements in several health outcomes including:

- Health-related quality of life
- Functional ability after MI
- Psychological wellbeing

Linked to these outcomes The National Audit of Cardiac Rehabilitation (2019) collects data on the contribution cardiac rehab makes to:

- Health-related quality of life
- Physical fitness
- Depression and anxiety levels

**Conclusions: quality standards can be a valuable tool for stakeholders seeking to improve health outcomes linked to CVD.**

QS99 can be found at:

[www.nice.org.uk/qs99](http://www.nice.org.uk/qs99)

Shared learning examples can be found at:

[www.nice.org.uk/guidance/cg172/shared-learning](http://www.nice.org.uk/guidance/cg172/shared-learning)

National Audit of Cardiac Rehabilitation (2019)

[www.cardiacrehabilitation.org.uk](http://www.cardiacrehabilitation.org.uk)

Julie Kennedy

Senior Technical Analyst

National Institute for Health and Care Excellence

Email: [julie.kennedy@nice.org.uk](mailto:julie.kennedy@nice.org.uk)

Telephone: 0161 219 3864

[www.nice.org.uk](http://www.nice.org.uk)