Completion Workshop

BACPR Conference October 2019

There is currently no agreed definition of 'completion' for cardiac rehab core/phase 3 programmes, and this workshop wanted to ask CR staff to outline what they saw as completion, and what was not completion to feed in to creating some future clarity around this. Attendees worked in groups to respond to workshop questions posed by the NACR team. The responses from those groups has been collected and is presented/summarised below. The accompanying spreadsheet breaks down the feedback in more detail. Information will be shared with the BACPR to feed in to the current work on developing the new BACPR Standards.

What is Completion

Responses collated in to groups:

1 = Min. number of classes (sessions) (total: 4)

2 = Patient need/request (total: 3)

3 = Assessment 2 (total: 8)

4 = Goals met (total: 7)

5 = meet a minimum duration (total: 1)

(total forms: 9)

Ass 2 and Goals Met are the most mentioned 'definitions' from the workshop – 8 and 7 responses respectively. It raises the questions of 'who's goals' – ie. Patients, or clinicians, or a combination. If goals not met – should programme be extended (can it be? Use 'home-based' if no group available beyond standard duration, or if patient has to return to work for example; would you extend date of Ass 2?). If Goals met 'early' (ie. before recommended 8 weeks) does this matter if this and Ass 2 completed?

Min duration/sessions (1 and 4 mentions) – We know that how programmes run is often determined by funding and available staff/resources, so judging completion on this may be inequitable. This also doesn't take in to account rehab delivery types that aren't traditional gym/group based. Research based on sessions/dosage is still to be done, as we collate better data on Sessions.

Patient need/request – This links in to issues around 'goals' and how patient goals link with clinician goals – eg. what a patient wants to do may not actually be sufficient to successfully encourage lifestyle change. While this is inevitable, if their choice means they're not meeting goals can they really be seen to have successfully completed rehab? What is 'success'?

What is not Completion

Responses collated in to groups:

1 = Didn't achieve goals (total: 3)

2 = DNA (total: 8)

3 = Illness (total: 11)

4 = Transport issues (total: 3)

5 = Returned to work (total 3)

6 = Other commitments (family/carer) (total: 2)

7 = No Assessment 2 (total: 3)

8 = Moved (total: 2)

9 = Patient choice/decision (total: 7)

(Total response: 11)

DNA and Patient Choice/Decision combined (these two are potentially linked/overlap) and Illness are the most common possible reasons for not finishing a CR programme where it was felt that the patient would not have completed rehab in these cases.

Other reasons are a bit more ambiguous, and as with previous workshops around 'Reasons for not taking part' at the BACPR Conference last year, there may be possibilities of using alternative delivery methods to address these. eg:

Didn't achieve goals (see previous definition of 'Completion' re: who's goals) – can they be given more time, eg. A different delivery type, to meet their goals?

Transport issues – Is it possible to offer home-based/self-managed rehab so they can complete?

Returned to work - Offer home-based/self-managed rehab so they can complete or different group session times outside of work hours?

Other commitments (family/carer) - Offer home-based/self-managed rehab so they can complete at home, in their own time?

No Assessment 2 – If Ass 2 is taken as being completion, does absence **on its own** mean non-completion?

Moved – refer on (unless DNA/no info)?

The above assumes that current delivery is primarily group based (data shows it is still the predominant delivery type). Also, can DNA/Patient Choice also be addressed with delivery? Why are they not continuing/DNA/choosing to finish?

Reason for Not Completing List

Existing list is:

DNA unknown reason
Returned to work
Left this area
Planned / emergency intervention
Too ill
Died
Other
Hospital Re-Admission
Unknown

What would you add to the RNC List?

Grouped by:

1 = Transport (total: 8)

2 = Patient declined (total: 7)

3 = Family/Carer Commitments (total 4)

4 = Too Ill (total: 3)

5 = Financial (total: 3)

Total responses: 9

Transport and Patient Declined were the most common suggestions. Tranport as mentioned above is another possible contender for 'alternative delivery' if it is a barrier to completing. There was quite a lot of focus – on this question, and the previous 'what is not completing' - around distinguishing what is patient choice, rather than 'fault' (for want of a better word) of the CR programme. This is also a common subject raised generally by CR staff, outside the RNC subject (eg wait times).

Family/Carer commitments – we know that patients, particularly women, are impacted by this. Could alternative delivery options, to offer flexibility, help with this?

Too Ill – is already on the list

Financial – it's a little unclear what this exactly refers – transport costs? Need to return to work? Again, flexibility of delivery may be a possible solution.

What would you remove from the RNC List?

Only one suggestion made by groups – 'Unknown'.

A number of the groups said that 'Other' needed further clarification – eg. A drop down list of what these might be, or a free text box (restrictions on free text were explained).

Users potentially see the same restrictions on Unknown and Other selections as we do – ie. that they are restrictive and don't actually give usable information.