

Acute coronary syndromes clinical care standard indicators: 6f-Proportion of patients with acute coronary syndrome referred to cardiac rehabilitation or other secondary prevention program, 2019-

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 6f-Proportion of patients referred to cardiac rehabilitation or other secondary prevention program
METEOR identifier:	719409
Registration status:	Australian Commission on Safety and Quality in Health Care , Qualified 17/09/2019
Description:	Proportion of patients with an acute coronary syndrome (ACS) with a documented referral to a cardiac rehabilitation or an alternative secondary prevention program prior to separation from hospital.
Indicator set:	Clinical care standard indicators: acute coronary syndromes Australian Commission on Safety and Quality in Health Care , Standard 29/10/2020

Collection and usage attributes

Computation description:	Both the numerator and the denominator include patients with acute chest pain, or other symptoms suggestive of ACS. Both the numerator and denominator exclude patients who died in hospital, patients for whom cardiac rehabilitation or other secondary prevention program are contraindicated (where the contraindication is documented in the patient's medical record). Contraindications may include advance care directives, being on a palliative care pathway, and clinical judgement, subject to discussion with patients, family and carers. Presented as a percentage.
Computation:	$(\text{Numerator} \div \text{denominator}) \times 100$
Numerator:	Number of patients with a final diagnosis of ACS with a documented referral to a cardiac rehabilitation or an alternative secondary prevention program.
Denominator:	Number of patients with a final diagnosis of ACS separated from hospital.
Comments:	The World Health Organization (1993) has defined cardiac rehabilitation as: <i>"the sum of activities required to influence favourably the underlying cause of the disease, as well as the best possible, physical, mental and social conditions, so that they (people) may, by their own efforts preserve or resume when lost, as normal a place as possible in the community. Rehabilitation cannot be regarded as an isolated form or stage of therapy but must be integrated within secondary prevention services of which it forms only one face."</i> For additional information on cardiac rehabilitation, see the <i>Recommended Framework for Cardiac Rehabilitation</i> (National Heart Foundation of Australia and Australian Cardiac Rehabilitation Association 2004).

Representational attributes

Representation class: Percentage
Data type: Real
Unit of measure: Episode
Format: N[NN]

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: National Heart Foundation of Australia and Australian Cardiac Rehabilitation Association 2004. Recommended framework for cardiac rehabilitation '04. Canberra: NHFA and ACRA.

WHO (World Health Organization) 1993. Needs and action priorities in cardiac rehabilitation and secondary prevention in patients with CHD. Geneva: WHO.