

# Assessing the Readiness of Cardiac Rehabilitation Programs for Quality Improvement Interventions in NSW and VIC

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## Abstract

**Introduction:** Integrating quality improvement (QI) into routine cardiac rehabilitation (CR) practice requires robust data infrastructure and clinicians' experience with data-driven approaches. However, the availability of such infrastructure and experience remains unclear. This study examines the availability of data infrastructure and CR clinicians' use of data for QI in NSW and VIC.

**Methods:** CR programs were identified via the National Heart Foundation directory, networks, and direct outreach. We distributed a 30-item online survey to capture the availability and use of data infrastructure, and QI practices of CR clinicians. Descriptive statistics informed program characteristics, including state (NSW, VIC), location (metropolitan, regional/rural), sector (public, private), and annual patient enrolments (0-100, >100). Chi-squared tests and logistic regression identified independent predictors of (1) availability of database, (2) use of data for QI, and (3) programs with database that use collected data for QI.

**Results:** Among 176 CR programs in NSW and VIC, only 27 programs (15.3%) had a CR database, and, of this, 23 (85.2%) used their data for QI. In addition, 92 (52.3%) reported using data for QI regardless of having a database. Programs with >100 annual patient enrolments were more likely to both have a CR database (OR 4.12; 95% CI 1.37–12.44) and use collected data from database for QI (OR 4.65; 95% CI 1.46–14.83).

**Conclusion:** Few CR programs had both the data infrastructure and experience needed for QI, with larger programs better equipped. More inclusive data infrastructure is needed to support all CR programs, regardless of size or location.