

New study first to examine quality of cardiac rehabilitation programs in Canada

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The quality of cardiac rehabilitation programs across Canada is strong, with specific criteria areas now identified as requiring further enhancement to improve patient outcomes, according to a new study conducted by researchers at the Peter Munk Cardiac Centre, York University and UHN.

"We are the first to comprehensively assess cardiac rehabilitation quality — what we are doing well and where we should do better — to this degree across the country," says Dr. Sherry Grace, study author, Director of Research, GoodLife Fitness Cardiovascular Rehabilitation Unit, University Health Network, and York Kinesiology & Health Science Professor. "Being able to rigorously evaluate and compare across cardiac rehabilitation programs nationally means gaps can be addressed and changes made, to ultimately benefit [patients](#) who have [heart](#) disease," she says.

Set to be published in the *Canadian Journal of Cardiology*, the study measured 14 key quality indicators in 10 cardiac rehabilitation programs across Canada, assessing over 5,500 cardiac patients. The criteria examined included: accessibility, wait times, referrals, secondary prevention, behaviour changes and psychosocial measures.

"Recovery from a heart attack, open heart surgery or other related procedures improves substantially when a patient participates fully in a [cardiac rehabilitation program](#)," says Dr. Barry Rubin, Medical Director, Peter Munk Cardiac Centre. "With tens of thousands of new patients

across Canada being treated for heart disease each year, it is imperative that patients participate in the program of exercise and education that form the basis for cardiac rehab as part of their recovery, to prevent their risk of experiencing another serious cardiac event. This leading-edge study makes that goal more attainable," he says.

The study found that [cardiac rehabilitation](#) programs are successful in: assessing patients' body composition (85 per cent, measuring blood pressure (90 per cent, increasing exercise capacity (68 per cent) and offering cessation therapy to patients who smoke (61 per cent). Areas requiring improvement included: measuring blood sugar in patients with diabetes (23 per cent) and assessment of depression (13 per cent).

Research has shown that heart patients who engage in cardiac rehab are 25 per cent less likely to die, than patients who do not participate in cardiac rehab. At the same time, only about 30 per cent of heart patients who are hospitalized and who qualify to participate in a cardiac rehab program actually do so.

The United States and Europe have also developed some quality indicators for [cardiac rehab](#). Canada is the first country to nationally assess program quality.

Provided by York University

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