

Referral Mapping to Enable Implementation of Regional Integrated Cardiac Rehabilitation in Community Healthcare West

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Background

With the advent of Sláintecare and the Enhanced Community Care, we wished to integrate hospital-based cardiac rehabilitation services with the new community services into one regional integrated cardiac rehabilitation service in CH02 West. To ensure it aligns with patient need and demand, a deeper understanding of both the geographical spread and volume of referrals was required.

Aims

This project aims to use a data-driven approach to inform the new regional integrated cardiac rehabilitation service in terms of optimal locations for new cardiac rehabilitation sites to provide care as close to home as possible for its eligible population.

Methods

Referral data for the four hospital-based cardiac rehabilitation programmes (Figure 1) was obtained for 2022. Referrals were stratified by the patients' residential area (Figure 2), primary care team (Figure 3), and hub catchment area (Figure 4). Data is presented by community healthcare network alongside existing hospital-based services.

Results

A total of 1137 referrals from within CH02 were obtained from the four hospitals (Figure 1). Data is presented by community healthcare network alongside existing hospital-based services. As a result we have identified Galway City, Athenry, Castlerea and Ballina as sites for the first phase of the community-based programmes (Figure 5). Further venues in Galway and Mayo will be selected for the second phase.

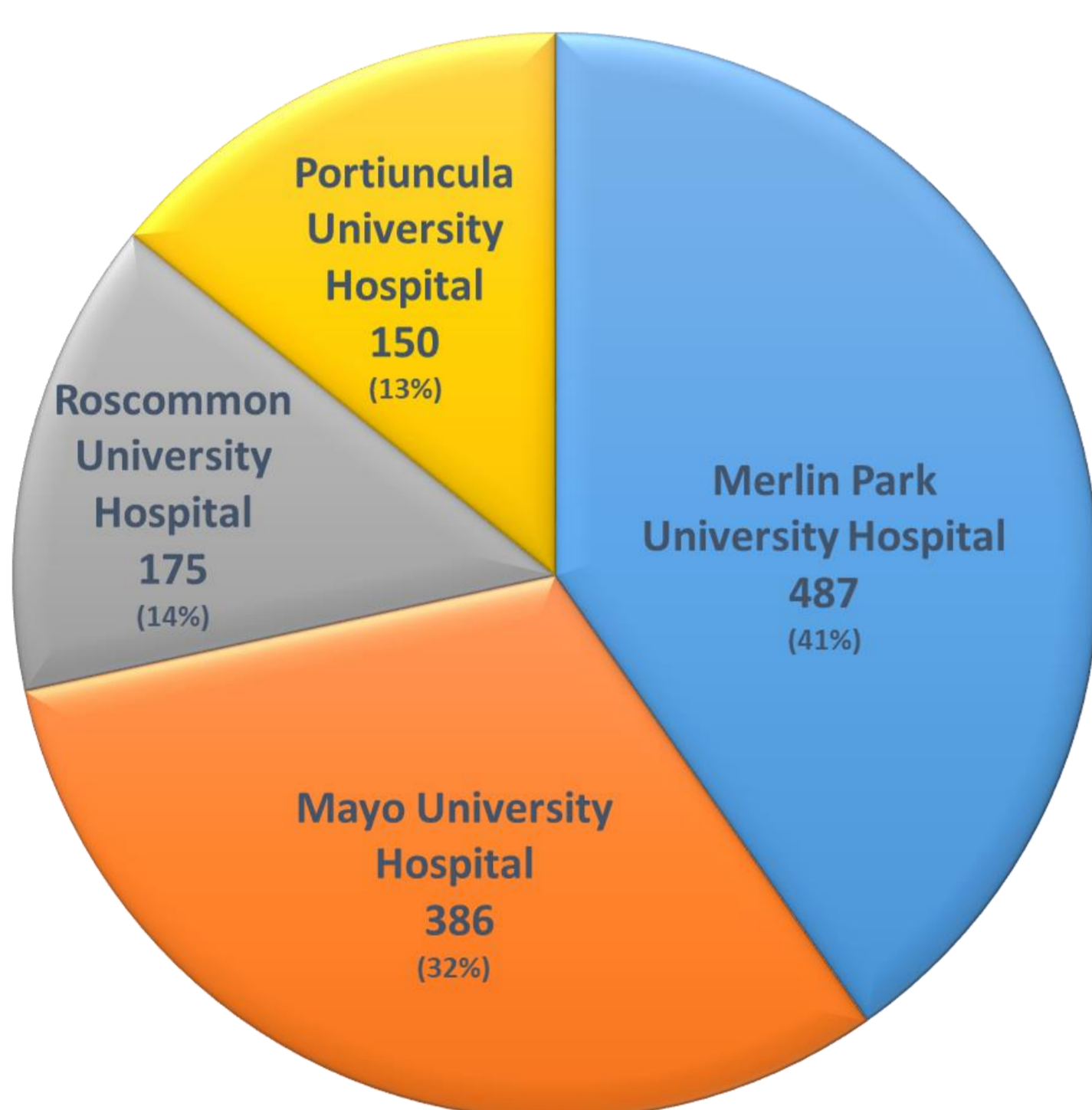


Figure 1. Referrals by hospital-based programme (2022 data)

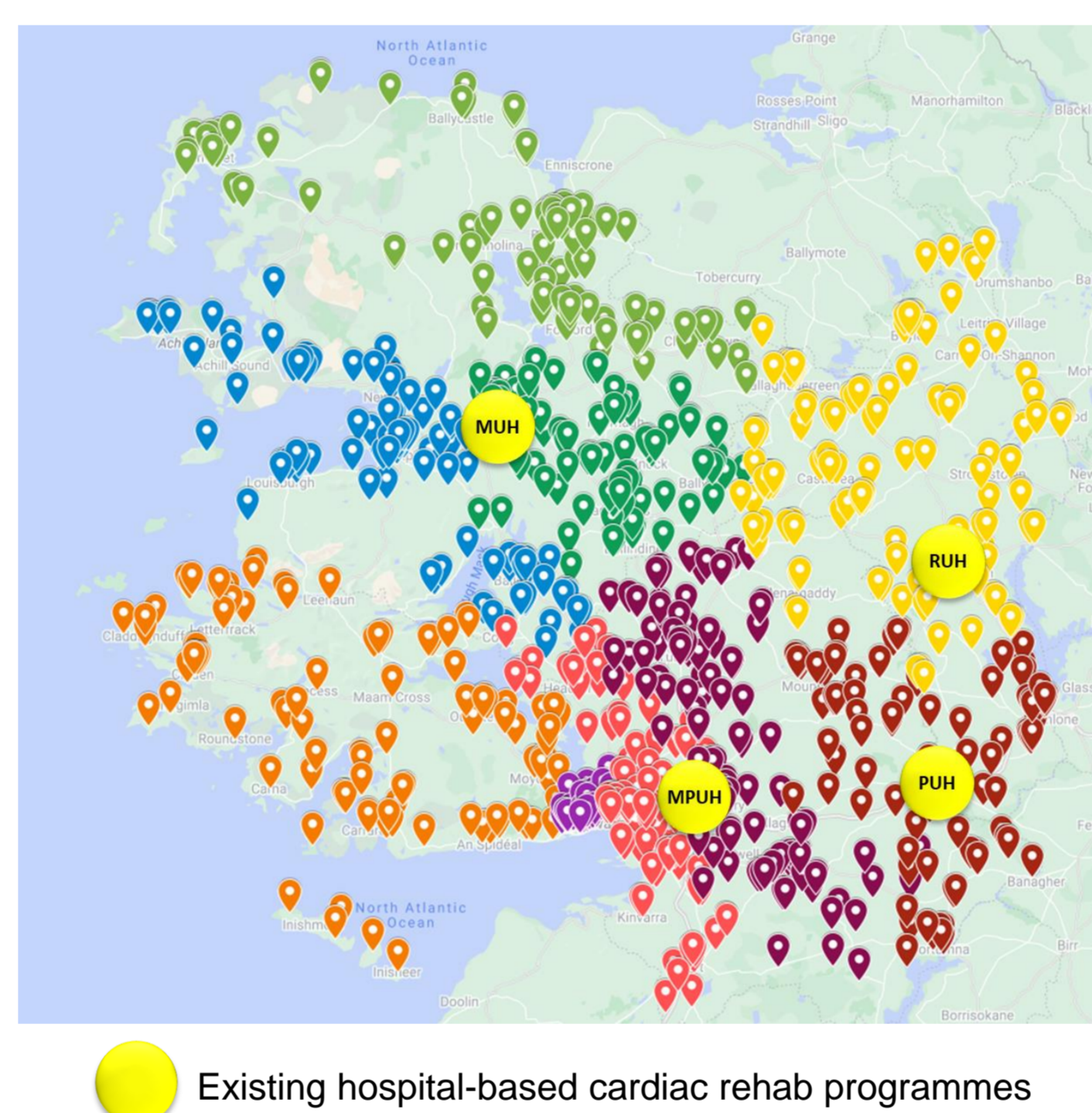


Figure 2. Referrals pinned by address, coloured by CHN

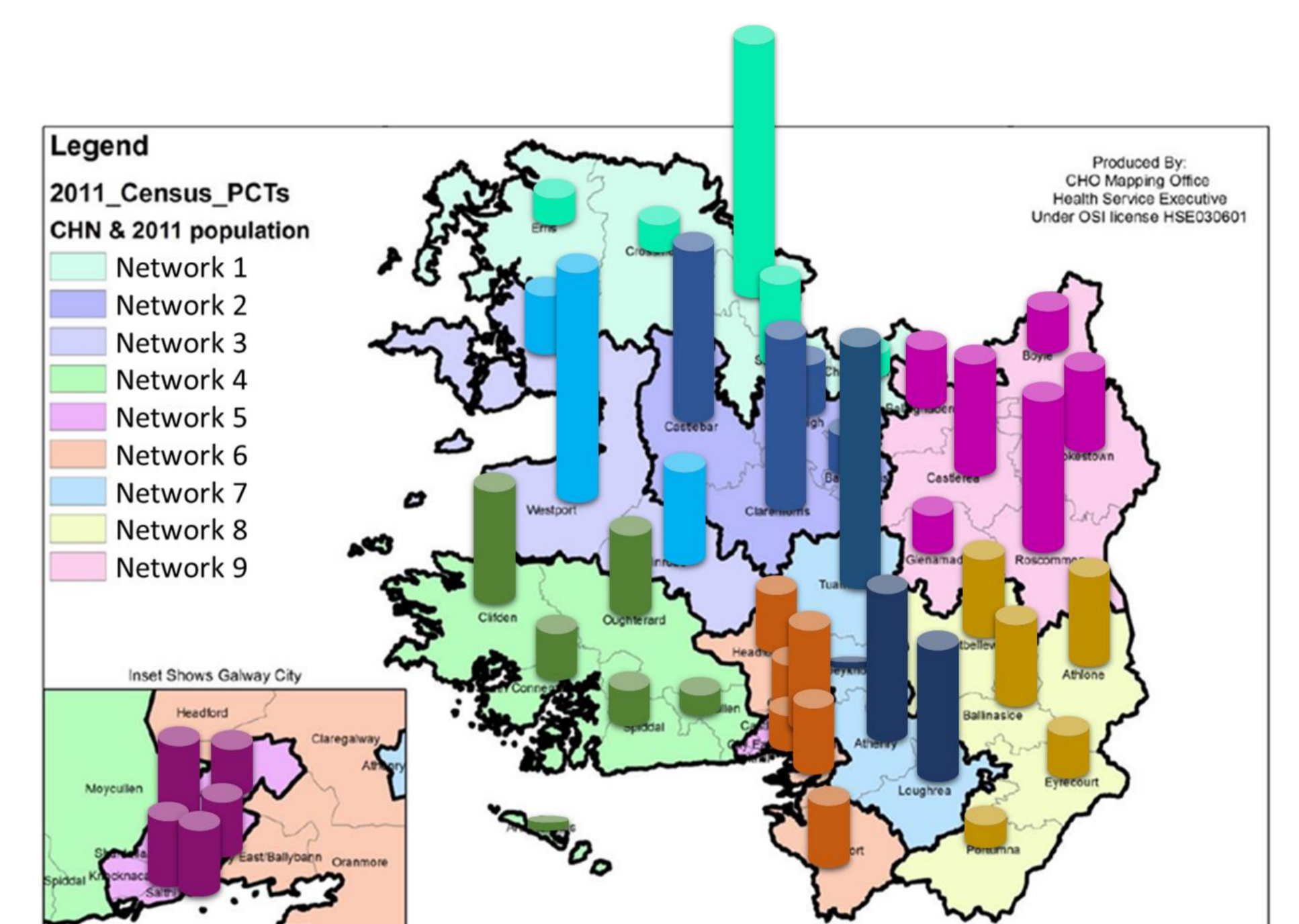


Figure 3. Referrals by primary care team

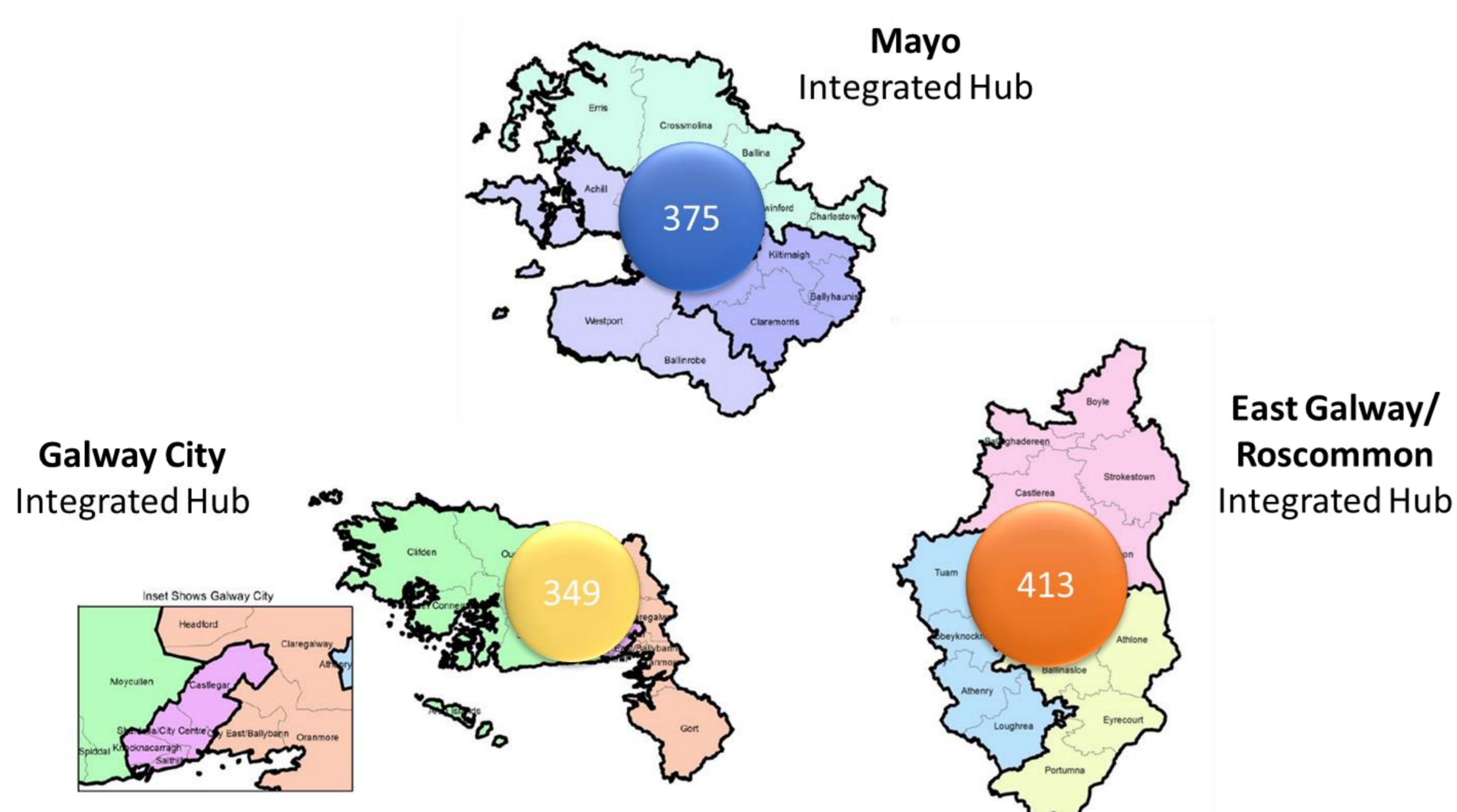


Figure 4. Referrals by hub catchment area

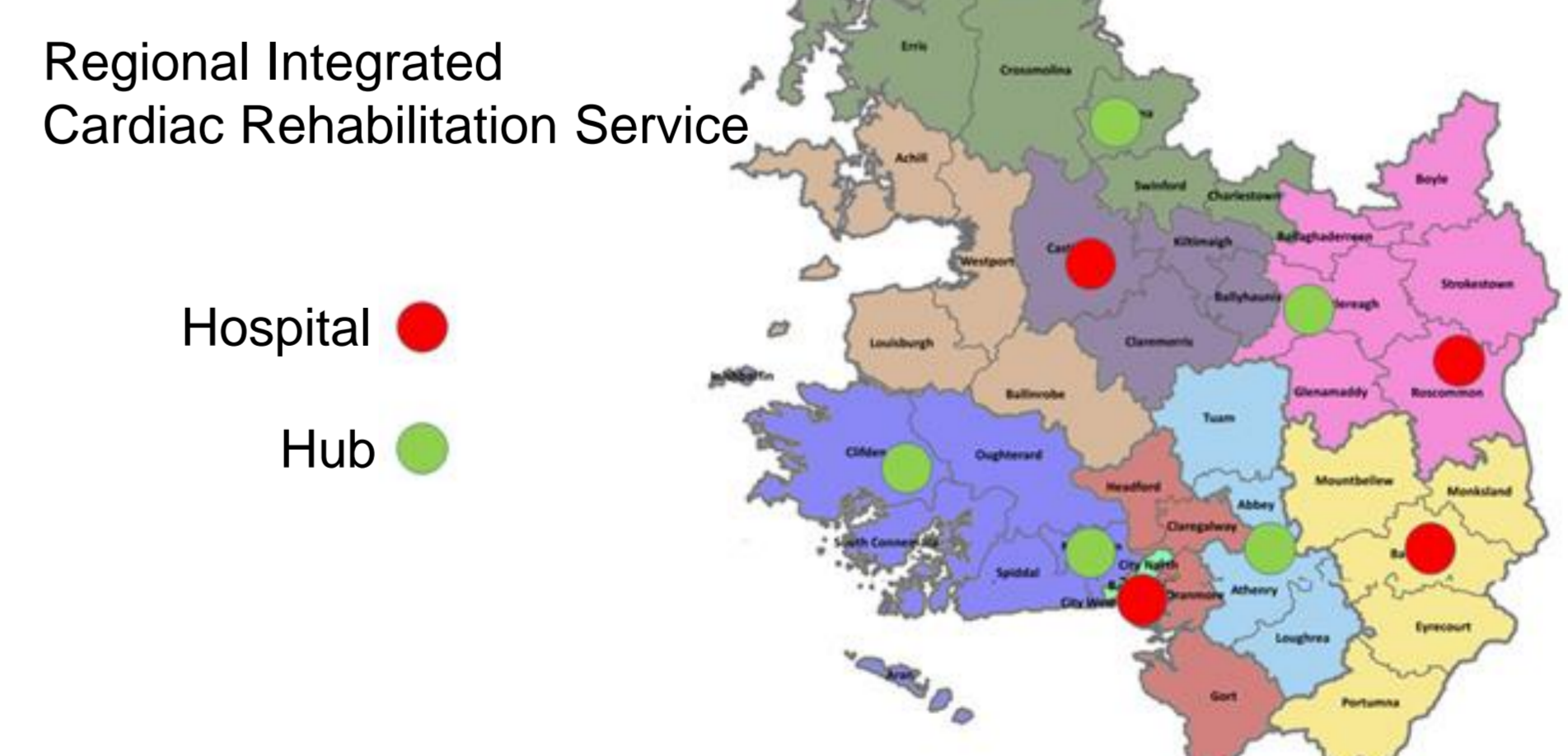


Figure 5. Envisaged cardiac rehabilitation programmes within CH02

Conclusion

Distance and travel time are among the most significant barriers to patients attending cardiac rehabilitation. This project ensures that the new regional integrated service will locate care as close to patients' homes as possible to overcome this barrier. We have used a strategic and analytical approach to ensure that the implementation of new community-based services complements existing services. A solid foundation is provided for a new regional integrated cardiac rehabilitation service that is as patient-centred and accessible as possible.

Acknowledgements

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