

Assessing the use of activity TRACKers in clinical practice: A survey study of Australian cardiac rehabilitation providers



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Background

- Activity trackers can monitor vital signs/physical activity and potentially support cardiac telerehabilitation
- However, their current use in clinical practice is limited despite supportive evidence

Purpose

- Investigate Australian cardiac rehabilitation providers' perspective, attitudes, and behaviours towards using activity trackers and the barriers/enablers of personal and clinical use

Methods



A REDCap designed descriptive survey was circulated via social media/among members of the Australian Cardiovascular Health and Rehabilitation Association



Descriptive/chi squared tests were conducted to determine statistical differences between perspectives of exercise and non-exercise staff

Results

Participant characteristics (n = 41)

- Mean age: 45.37 (SD 10.6) years
- Average work experience in cardiac rehabilitation: 9.79 (SD 8.0) years
- Exercise providers: n= 13 (32%)
- Non-exercise providers: n = 28 (68%)

Findings

- 86% owned a personal activity tracker
- 73% recommended activity trackers for clinical use

Most popular reasons for using trackers

- Tracking exercise Providers: 37%
- Monitoring exercise intensity/fitness/safety Patients: 46%

Barriers

- Limited funding (93%)
- No relevant policies (83%)

Enablers

- Useful for engaging patients in their own health (100%)
- Perceived as helpful for goal setting (95%)

Exercise vs. Non-exercise staff



Surprisingly **very few differences between providers** in perspectives on activity trackers were present

E.g.) Both strongly believed trackers:

- Promote patient engagement/autonomy beyond supervised programs
- Could be adapted to quickly by providers



Exercise providers: 3x more likely to agree activity trackers could save time and costs



Non-exercise providers: 1.5x more likely to agree a lack of relevant policies for tracker use exists

Key take-aways

A) Most Australian cardiac rehabilitation providers have positive attitudes towards activity trackers for clinical use



B) Barriers (limited funding/lack of policy) must be considered when implementing new technology into practice

