The Village Concept in Cardiac Rehab
Improving Participation and Referral

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Background
Based on cardiac rehab referral data from the National Cardiovascular Data Registry (NCDR) Chest Pain- MI Registry™ (formerly Action Registry), 2016 referrals decreased. First quarter 2016 data reflected a referral rate of 46%. Simultaneously, cardiac rehab patient volume remained low compared to the volume of myocardial infarction (MI) patients.

Goal – increase cardiac rehab referrals at discharge by 45% for an overall goal of 90% or greater each quarter. Secondary goal – increase cardiac rehab patient attendance at 15% at Raleigh Campus.

Methods
Increasing Referral and Participation
Using the PDSA approach, a team was formed, a plan was developed and the plan was tested. The test included improving the ordering process for MI patients, ensuring patients were educated on the benefits of cardiac rehab, and educating of providers on documentation requirements for patients not eligible for cardiac rehab.

Interventions included:
- Clarifying definition requirements with NCDR and reviewing with the team how to translate into practice to improve patient participation
- Sharing information with cardiology providers and leadership to positively impact patient participation at Cardiac Rehab
- Educating nursing staff on how to teach patients the benefits of cardiac rehab
- Providing resources in the EMR to facilitate nursing education of patients including links in education chapter to cardiac rehab programs and site information
- Standardizing workflow for patient education on cardiac rehab through development of an algorithm
- Improving the cardiac rehab order entry process for providers via improvements in the EMR system
- Educating providers on documentation requirements for patients not being referred to cardiac rehab via a tip sheet and in-service at Advance Practice Provider staff meeting
- Validating elements in place for cardiac rehab at discharge via development and utilization of a nursing discharge checklist for MI patients
- Developing discharge templates to improve documentation used by providers in EMR
- Obtaining buy-in from CV surgery to prescribe cardiac rehab prior to discharge (Amsterdam et al., 2014) with emphasis on current guidelines and timing

Cardiac Rehab New Enrollees

Results & Outcomes

Cardiac Rehab Referrals (per NCDR Action Registry)

Conclusions
It takes a village to develop and maintain a successful cardiac rehab process.
- Increased order compliance by providing patients, staff and providers education.
- Cardiac referral rates improved and patient participation volume increased.
- Utilization of a team approach with a patient-centered focus contributed greatly to the improvement in the cardiac rehab initiative.
- Cardiac rehab team now rounds on cardiac patients prior to discharge for initial screening and scheduling. Team has added additional rehab sessions.

References

Disclosure
Authors of this presentation do not have any financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.