#6

**Complete**

### Program/Project Demographics

**Q1**: Facility Name: Opelousas General Health System

**Q2**: Program/Project Name: Cardiopulmonary Rehabilitation

**Q3**: Address
- Address: 539 Prudhomme Street
- City: Lafayette
- State: LA
- Zip Code: 70570

**Q4**: Contact Person's Name: Tricia Dartez

**Q5**: Phone Number: 337-943-7121

**Q6**: FAX Number: 337-594-3972

**Q7**: Email: triciadartez@opelousasgeneral.com

### AACVPR Certified Program (10 points)

**Q8**: Does your Institution operate an AACVPR Certified Program (Cardiac or Pulmonary)?

Yes

### Introduction (10 points)

**Q9**: (10 points) In 100 words or less please complete the following statement; "We believe our program is unique and innovative because..."

Our staff includes a Licensed Professional Counselor who provides the psychosocial needs of the patients by providing assessment, education, and counseling for stress management, depression, anxiety, and various psychosocial issues. This staff member is cross trained to assist with patients during exercise sessions and this approach affords numerous opportunities to identify and incorporate counseling into the care plan. We value this staffing opportunity since research indicates that a percentage of our patient population have numerous psychosocial issues that when not properly addressed may affect their ability to have satisfactory outcomes and progress in their care plan. This

### Population Served by The Program (up to 5 points)
Q10: Specify and describe the unique population selected for this program or service. Examples include:
- Clinical populations currently served (CR, PR, and VR)
- Subgroup within CR / PR / VR (i.e. dyslipidemia)
- Primary prevention groups
- Other Clinical conditions or populations (Obese, cancer, osteoporosis, etc)
- Children, elderly, women, minorities, underserved (rural), etc

Cardiac Rehabilitation
Pulmonary Rehabilitation
Rural based parish
Minorities
Primarily elderly

Q11: Please specify how this population was identified and how their needs were identified:

Our Medical Director, Dr. Joseph Y. Bordelon, vision for the program to include a Licensed Professional Counselor on staff to address the many psychosocial needs of Cardiac and Pulmonary Rehabilitation Programs. Pulmonary patients dyspnea condition makes it challenging to contend with their medical diagnosis. Programs that offer strong stress management program, breathing retraining techniques, smoking cessation and simultaneously address the patient's needs that combat with depression, anxiety, and quality of life issues. Cardiac patients are afforded the same opportunity as they contend with their ailment or medical condition.

Q12: Please identify other opportunities within this target population (referrals or procedures):

When we market our physicians it gives us an opportunity to inform them that our program goes a step further in the treatment plan. Our assessment, education, and treatment plan incorporates the numerous psychosocial issues to assist the patient in the rehab setting address: depression, stress, smoking cessation, and anxiety.

Q13: Please explain considerations given to undeserved or rural populations:

Our rural based population receive services that would otherwise not be available. We know that when our patients psychosocial needs are met that are more likely to comply with medication, exercise, and treatment plan.

Q14: Does your program have a research basis: No

Q15: If "yes", please indicate the specific guideline(s), scientific evidence, or research articles used in planning this program. Also include, research that supports that this type of innovative program can be/is effective. Respondent skipped this question

Q16: Describe in detail your model of collaboration; how have you worked to include a variety of caregivers into your program?

Our Licensed Professional Counselor utilizes many surveys - quality of life, depression scale, and interview. Assessment findings or shared with the team to assist in the care of the patient.

Q17: Who are the caregivers involved in this collaborative process? (identify members of the team):

CR/PR staff, Physician, Family

Q18: Describe (or show evidence of) how participant results are shared among all team members and provide examples of this communication process:

Team meetings/huddles are used to share findings or progress towards goals.
PAGE 8: Patient Self-Management Education (up to 10 points)

Q19: Are patient self-management strategies included? (including primary prevention, behavior modification, compliance and surveillance)

Yes

Q20: If yes: Provide details of the education process used and explain how it encourages patient self-management. State the process for identifying barriers to learning, determining state of readiness for learning, and identifying patient’s preferred learning style. Identify by what means education information is provided to the patient/participant:

Learning barriers are identified and the state of readiness for learning and readiness for wanting to make behavioral changes. Education is delivered in a group and individual setting based on the needs of the patient. Patient is provided follow-up and afforded to meet with the counselor 1:1.

Q21: If yes: Describe behavior modification techniques or interventions used. Explain how patient/participant compliance to treatment plans is tracked and how issues of non-compliance are addressed:

Smoking cessation - utilization and desire for smoking is analyzed. Psychosocial issues are tracked on an individual basis.

PAGE 9: Process/program outcomes evaluation - How is success measured? (up to 30 points)

Q22: What is evaluated in your patient outcomes tracking system:

Quality of life
Smoking status
Depression scale.

Q23: How is your patient outcomes tracking system measured?

Scott Care telemetry system and manually.

Q24: Describe your outcomes to date (provide "n," pre- & post-values, %change, & supporting narrative):

Utilize the SF-36 quality of life and comments from the patients.

Q25: Describe your program/process-related outcomes - how do you know your program is successful (how did your patients do)? Describe outcomes to date (provide pre- & post-values, %change, & supporting narrative):

Quality of Life (Sf-36) includes pre and post values and percent of change. Improvement -
Physical Function Cardiac 33% & Pulmonary 46%. Role Physical Cardiac 44% and Pulmonary 30%
Bodily Pain Cardiac 16%
General Health Cardiac 4% and Pulmonary 14%
Vitality Cardiac 21% and 24%
Social Function Cardiac 31% & Pulmonary 31%
Role Emotional Cardiac 26% & Pulmonary 39%
Mental Health Cardiac 13% & Pulmonary 28%
Comments and feedback from the patients.

PAGE 10: Describe evidence of benefit gained from this program (up to 30 points)
Q26: Describe the evidence of Operational Benefit gained from this program (e.g., growth documented by increased visits or patients; enhanced efficiency and process as evident by improved productivity; improved customer and/or physician satisfaction):

Well, once we get the patients to go into education we have a hard time getting them out. Our 30 minutes sessions often end up being 45-60 minutes. Physicians appreciate the value that we add to our services. Compliance for our cardiac is 74% and pulmonary is 61%. Patient comments show appreciation for having a professional available to meet with and discuss their psychosocial needs that they are contending with.

Q27: Describe the evidence of Financial Benefit gained from this program (e.g., return on investment (how it is measured); description of revenue or reimbursement sources; indication of cost savings, in-direct revenue enhancement elsewhere in organization; any evidence of payer cooperation or support):

Only subjective information available.

Q28: Describe the evidence of Health Benefit gained from this program (e.g., increased health awareness and/or decreased health risk; improved health of community (or population targeted) as evidence by improved health knowledge and/or behavior; decreased hospital, physician or ER visits):

Health benefit is that when you can take care of the patient as a whole then the whole patient benefits. It is not enough to just meet the physical needs of the patients without addressing the emotional and mental needs. Patients respond, comply, and have better outcomes when the patient is treated as a whole. Our patients just love the service and show immense appreciation. We appreciate our medical director's vision and complete understanding and commitment to taking care of the patients and always leading efforts in identifying the needs of our patient.