In 2014, the Centers for Medicare and Medicaid Services (CMS) instituted a new performance measure requiring Cardiac Rehabilitation referrals for patients with Acute Myocardial Infarction (AMI) or Percutaneous Intervention (PCI) after discharge from the hospital. This study was performed to confirm that our institution’s procedure for managing cardiac rehabilitation referrals post PCI and post Cardiac Rehabilitation surgery was meeting or exceeding the national average.

Retrospective review of all post PCI and post Cardiac Rehabilitation patients treated at DHMC between January – June 2015 to assess for appropriate Phase 2 Cardiac Rehab referral. Proof of referral was documentation in EMR that a referral was sent to an outpatient program, or a medical or patient centered reason why such a referral was not made. Inappropriateness for referral based on:
- patient oriented factors: e.g., patient refusal
- medical factors: e.g., dementia, medically unable to exercise
- health care system factors: e.g., financial barriers, lack of Cardiac rehab programs near patient’s home

“Ineligible” categorization includes patients who were evaluated by Cardiac Rehab RN but refused or deemed inappropriate for medical reasons. The 2010 AACCVPR/AAC/AHA Performance measures for Cardiac Rehabilitation services updated the statement that patient refusal should no longer be considered a reason not to provide referral. However, when patients decline after an informed decision making process, they do not give consent to send medical information/referral; we deemed them ineligible.

Post PCI and Cardiac Rehabilitation Referral Rates: DHMC = 91.5%
- 710 patients were identified as appropriate for review by cardiac rehab RN
- 543 (76%) Met criteria for referral = eligible
- 12 (2%) missed
- 531 (88%) referred
- 167 (24%) Did not meet criteria for referral = ineligible

440 Patients referred back to community programs for cardiac rehab (Figure 3)
- 91 (17%) Referred to DHMC’s program
- 80 (88%) Attended at least 1 session

In the current review, 98% of patients with Acute Myocardial Infarction (AMI) or Percutaneous Intervention (PCI) referred to Cardiac Rehabilitation. This compares favorably with other reported rates.

Analysis of referral processes identified several reasons for missed referrals. Inappropriate Referrals: 12% were missed due to patient refusal. Medical: 30% were missed due to medical factors. Patient oriented: 9% were missed due to patient oriented reasons. Health care system: 7% were missed due to health care system factors.

Further study and focus: How is “successful completion” defined? How do DHMC participation rates compare? Create process to track medically managed AMI patients. Measure satisfaction of Cardiac Rehab referral process with receiving programs.