Impact of Patient Navigation on Cardiac Rehabilitation Enrollment for Radial Percutaneous Coronary Intervention Patients

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BACKGROUND

➢ The recommended cardiac rehabilitation (CR) enrollment rate of eligible cardiac patients is 70% (Grace, Sherry L. et al., Canadian Journal of Cardiology).

➢ Improvement strategies are needed to increase the CR enrollment rate of qualifying percutaneous coronary intervention (PCI) patients as evidence shows CR greatly improves patient outcomes.

➢ Our program proposed the implementation of a combined automatic CR referral and use of a patient navigator to stimulate an increase in CR patient attendance.

OBJECTIVE

➢ Explore a process improvement strategy on post procedure radial PCI patients with the use of a refined automatic CR referral system and patient navigator rounding.

METHODS

➢ 55 patients who received a PCI procedure in the Radial Cath lab were eligible for an automatic CR referral from the referring cardiologist.

➢ Once the automated referral order for CR had been placed by the Physician, Radial Cath lab staff paged the CR patient navigator for intervention.

➢ The patient navigator explained the CR program and benefits of participation, provided a CR program brochure, and scheduled a CR initial evaluation appointment before patient discharge from the Radial Lab.

RESULTS

➢ From the 48 eligible PCI patients receiving automatic CR referrals, 65% (31/48) of patients who rounded with the patient navigator scheduled a CR initial evaluation before discharge.

➢ 80% (20/25) of the patients who arrived at their initial evaluation appointment enrolled in the CR program by scheduling future appointments.

CONCLUSIONS

➢ The Radial Cath lab patient population proved difficult to CR enrollment due to the number of high functioning and low risk patients in outpatient setting.

➢ Focusing on patient navigation for inpatient PCI procedures as well as increased Cardiologist involvement including promotion of CR may still prove helpful in improving CR enrollment and patient outcomes.

➢ Results suggest no statistical significance at p < 0.05

➢ Major barriers for patient navigator implementation included lack of Physician involvement as well as high functioning, low risk patient population

NEXT STEPS

➢ Continuation of brochure disbursement and patient initial evaluation pre-call

➢ Improvement in Physician involvement is essential to the success of a patient navigator system and increased CR enrollment rate.