

**AACVPR Case Study: Rochester Regional**

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**Title:** Group Orientation

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**Motivation and Operations**

**1. What was your motivation for implementing these changes in your program?**

We have merged facilities and have been getting over 650 referrals to cardiac rehabilitation (CR) over the past several years. We estimated the time to look up information, make charts, and call the person and explain the program etc. and we were spending over 30 minutes per person on average, plus playing phone tag with them and following up on several occasions. So we questioned if there was a better way to use our time. We were getting an average of 10 referrals per week, and then spending three hours with them on the phone, and then recalling ones from previous weeks that we did not reach, we were tying up a staff person, for almost 8 hours or more per week just basically following up and recruiting for CR.

**2. How long did it take to implement these changes?**

Once we decided to implement changes, we started within a few weeks. We made sure the staff was on board, and we had designated times scheduled for orientation, so people when they called could get scheduled for orientation and we would not need to call them back or make further contact until that day. We had decided to do orientation on two separate days, one day in the morning, and the other in the afternoon.

**3. What staffing or programmatic changes did you have to make in order to achieve these changes?**

We made sure we had one staff member for the people attending orientation, and also some staff available after orientation to review insurance coverage individually, and also schedule people to start the program. Orientation ended about the same time as one of the exercise classes, so the secretary, staff, and registered dietitian were usually available to help as needed.

**Reflection on Process**

**4. What worked well?**

It has worked very well not having to call people, leave messages, and play phone tag for several weeks at a time. Instead they come in, see the department, and ask questions together in a group.

**5. What were the opportunities for improvement?**

There are still opportunities for improvement. We would like more people coming to orientation within the first week to see the facility, ask questions, etc. Sometimes this is delayed, not by our schedule but by the patient, so it would be nice to almost have it be automatic (see below under “Future/Next Steps”).

**6. How long have you been implementing these changes?**

We started this process in the spring of 2017, and it worked well through summer etc. We are definitely seeing at the end of the year, when the deductibles come to a close, that people do not want to be delayed coming in by doing orientation, they just want to start before their deductibles start again. So that has affected the orientations at the end of the year.

**Future/Next Steps**

**7. Do you anticipate making any changes in the future to your current process?**

We want to continue the process. We are looking into the physicians giving the information of dates and times for orientation and then they could come and get started. We are not sure if this will help or hinder the process. Currently we know who is coming and are able to check insurance information for individuals prior to attending, so we can review this with them in person and discuss payment options, what is covered for them, etc. So this is an idea we are thinking about trying.

**8. Do you have any supplemental materials you would be willing to share?**

We do not have handouts that we give them that day. We do have a general outline that we use to make sure we cover everything we feel is important in the orientation:

- Benefits of CR
- Components of CR, education, exercise etc.
- Some of the research behind why supervised exercise instead of a gym
- Professional staff available etc.

So it is a good outline of the why come to CR instead of not. Then we also ask who may be interested and divided them among the staff to discuss insurance coverage and to schedule them for their initial appointment. We also give them some of the evaluation forms to fill out for our outcomes (Patient Health Questionnaire (PHQ), diet survey, Dartmouth Cooperative Functional Assessment Charts (COOP), etc.). This allows the staff to have this information at the first initial visit day, and not have to remind and chase down the homework.