

Cardiac Rehabilitation

ELECTRONIC REFERRAL PROCESS

COMMUNICATION TOOL

EMORY
HEALTHCARE

**Cardiac Rehabilitation Program
Emory Saint Joseph's Hospital
5673 Peachtree Dunwoody Road
Atlanta, Georgia 30342
678-843-7633**

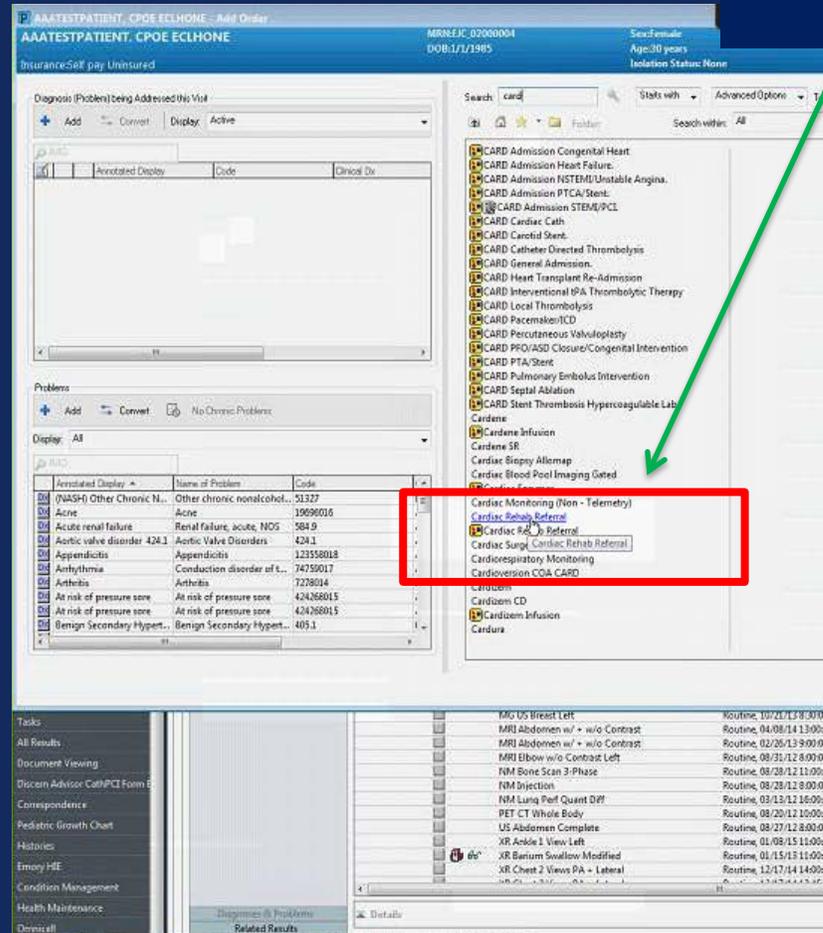


Emory Healthcare

- Large metropolitan healthcare system
- 7 hospital locations
- 117 primary care locations
- 297 specialty care locations
- 1,945 specialists in network
- 2,194 total network physicians
- Mission: To Serve Humanity by Improving Health through integration of education, discovery, and health care delivery
- Challenge: Develop a standardized process for electronic referrals for cardiac rehabilitation to meet the need of the patient, provider, and healthcare system



New Electronic Ordering CR via EMR 3/1/2016



1. Priority
 - a. Diagnosis
 - b. Supportive Documentation
 2. Meet Needs
 - a. ACTION Registry
 - b. Standard of Care: CR Level 1 Recommendation
 - c. Continuity of Care
 3. Electronic Signature and Information
 4. Four EHC Acute Care Hospitals
 - a. Attached to 40 Admission Power Plans
 - b. 'Catch/Net' for ICD 10 Codes at D/C
 - c. Multipatient Task List (MPTL)
 - i. Patient Communication Documentation & Scheduling to Clinical Notes
 - ii. Date/Time Stamped Communication with Patient
 - iii. Tracking Outcomes
4. Available: EHC Ambulatory settings

Abbreviations:

ACTION: Acute Coronary Treatment and Intervention Outcomes Network
 CR: Cardiac rehabilitation
 D/C: Discharge
 EHC: Emory Healthcare
 EMR: Electronic medical record
 ICD 10: International Classification of Diseases

Cardiac Rehabilitation: EMR – Hospital Admit Orders

Cardiac Rehab Referral (Initiated Pending)

Admit Transfer Discharge



Cardiac Rehab is indicated for the following diagnoses:

1. Coronary Artery Bypass Graft (CABG)
2. Percutaneous Coronary Intervention (PCI, or PTCA)
3. ST elevation Myocardial Infarction (STEMI)
4. Non-ST elevation Myocardial Infarction (NSTEMI)
5. Heart Transplant
6. Valve Replacement (Surgical or Percutaneous, including TAVR)
7. Valve Repair (Surgical or Percutaneous, including Valvotomy or Valvuloplasty)
8. Stable Angina
9. Stable, Chronic Congestive Heart Failure with systolic dysfunction (NOT FOR HOSPITALIZED PATIENTS)
10. Other cardiac diagnoses may be covered by non-Medicare insurers



Cardiac Rehab Program Referral



Cardiac Rehab Contraindicated

Cardiac Rehabilitation: EMR Power Form Access

Indicated
Diagnosis
(AMI/PCI) or
Tagged to a
Power Plan

Discern: (1 of 1)



To complete the cardiac rehab referral, click on the "Card Rehab" button on the bottom left corner to launch the Cardiac Rehab Referral PowerForm. To exit out of this window without ordering cardiac rehab, check the "Cancel" box and click the "OK" button.

Alert Action

CANCEL Cardiac Rehab Program Referral

Cardiac Rehabilitation Medical Necessity Documentation Form

Green check to SIGN form

Scroll Bar

Performed on: 11/29/2024

Cardiac Rehab Referral

Primary Diagnosis during recent hospitalization or within the past 12 months:

- Coronary Artery Bypass Graft (CABG)
- Percutaneous Coronary Intervention (PCI) or PTCA
- ST Elevation Myocardial Infarction (STEMI)
- Non-ST Elevation Myocardial Infarction (NSTEMI)
- Heart Transplant
- Valve Replacement (Surgical or Percutaneous, including TAVR)
- Valve Repair (Surgical or Percutaneous, including Valvotomy or Valvuloplasty)
- Stable Angina (Different insurers may require definition of stable angina. You may be contacted later by cardiac rehab staff to provide additional details.)
- Stable, Chronic Congestive Heart Failure (NOT FOR HOSPITALIZED PATIENTS)
- Other

Regarding Stable Chronic Congestive Heart Failure as a Primary Diagnosis

Choose this option only if all of the following Medicare Reimbursement Criteria are met:

- Patient is not currently hospitalized
- Patient has not had a cardiovascular hospitalization or procedure within the last six weeks
- Patient has EF less than or equal to 35%
- NYHA class II, III, or IV symptoms despite being on optimal heart failure therapy for at least six weeks

NYHA symptom class: Most recent EF: Does the patient have a VAD? Yes No

Please select corresponding ICD-10 Code

Coronary Artery Bypass Graft (CABG)	Valve Replacement (Surgical or Percutaneous, including TAVR)
Percutaneous Coronary Intervention (PCI or PTCA)	Valve Repair (Surgical or Percutaneous, including Valvotomy or Valvuloplasty)
ST elevation Myocardial Infarction (STEMI)	Stable Angina
Non-ST elevation Myocardial Infarction (NSTEMI)	Stable, Chronic Congestive Heart Failure with systolic dysfunction (NOT FOR HOSPITALIZED PATIENTS)
Heart Transplant	

If none of the above diagnoses apply please enter other Primary Diagnosis Plus the Primary ICD-10 Code here

Will the patient require a stress test prior to entering Cardiac Rehab?

- No, a stress test is not required before entering the program. I accept the standard target heart rate range of 20-30 bpm above resting heart rate.
- No, a stress test is not required before entering the program, but I would like this patient's target heart rate range to be within a specific range (Please specify)
- Yes, a stress test is required but patient may begin exercising at target heart rate range of 20-30 bpm above resting heart rate while waiting for stress to be scheduled.
- Yes, a stress test is required before entering the program.

Cardiac Rehab Target Heart Rate Range:

Time frame for starting Cardiac Rehabilitation:

- Less than 2 weeks
- Greater than 2 weeks but less than 6 weeks
- Must follow up with outpatient provider before starting cardiac rehab

Outpatient Provider for follow up: If your outpatient provider is not in the database, please enter OUTPATIENT, PHYSICIAN

This physician verifies that this patient should be enrolled in Phase 2 Cardiac Rehabilitation and considers this program to be medically necessary. Once Phase 2 is complete, the patient may participate in a Phase 3 or 4 program if desired.

Scan, Stephanie Instructions to Advanced Practice Providers: Please remove your name and enter your supervising physician's name in the box.



*Performed on: 03/31/2016 1500

By: Sloan, Stephanie

Cardiac Rehab [dropdown]

additional details.

Non-ST elevation Myocardial Infarction (NSTEMI)

[dropdown menu]

Stable, Chronic Congestive Heart Failure with systolic dysfunction (NOT FOR HOSPITALIZED PATIENTS)

[dropdown menu]

NOTE: To use this code, patient must have stable, chronic heart failure (not acute heart failure), and heart failure must be with reduced systolic function (not isolated diastolic heart failure).

Heart Transplant

[dropdown menu]

If none of the above diagnoses apply please enter other Primary Diagnosis Plus the Primary ICD-10 Code here

[text input field]

ICD 10 Drop Down Menu

Cardiac Rehabilitation Medical Necessity Documentation Form

Will the patient require a stress test prior to entering Cardiac Rehab?

- No, a stress test is not required before entering the program. I accept the standard target heart rate range of 20-30 bpm above resting heart rate
- No, a stress test is not required before entering the program, but I would like this patient's target heart rate range to be within a specific range (Please specify)
- Yes, a stress test is required but patient may begin exercising at target heart rate range of 20-30 bpm above resting heart rate while waiting for stress to be scheduled
- Yes, a stress test is required before entering the program

Cardiac Rehab Target Heart Rate Range

[text input field]

It is clinically reasonable to start Cardiac Rehabilitation in:

- Less than 2 weeks
- Greater than 2 weeks but less than 6 weeks
- Must follow up with outpatient provider before starting cardiac rehab

Outpatient Provider for follow up

[text input field with user icon]

If your outpatient provider is not in the database, please enter OUTPATIENT, PHYSICIAN

This physician verifies that this patient should be enrolled in Phase 2 Cardiac Rehabilitation and considers this program to be medically necessary. Once Phase 2 is complete, the patient may participate in a Phase 3 or 4 program if desired.

Sloan, Stephanie [user icon]

Instructions to Advanced Practice Providers:

Please remove your name and enter your supervising physician's name in the box.

In Progress



Cardiac Rehabilitation: Documentation of Order/Referral Under Clinical Notes

The screenshot displays an EMR interface. On the left is a navigation sidebar with options: Plan of Care Inpatient, Results Review, IView, Medication List (+ Add), Orders (+ Add), Orders Summary, Problems and Diagnoses, Document Viewing (+ Add), Clinical Notes (highlighted), Allergies (+ Add), Clinical Trials, Correspondence, and Discern Advisor CathPCI Form Bro... The main area is divided into two panes. The left pane shows a folder hierarchy: Documents by Specialty > Cardiology > CARDS Cardiac Rehab. Two documents are listed: a yellow icon for '2/29/2016 17:49 Sloan, Stephanie - "Cardiac Rehab Referral"' and a red 'X' icon for '2/29/2016 15:52 Sloan, Stephanie - "Cardiac Rehab Referral"'. The right pane shows document metadata: Document Type: Cardiac Rehab Referral Form-Text; Document Date: 29 February 2016 17:49; Document Status: Auth (Verified); Document Title: Cardiac Rehab Referral; Performed By: Sloan, Stephanie on 29 February 2016 17:49; Verified By: Sloan, Stephanie on 29 February 2016 17:49; Encounter info: 2237798, EUH, Single Visit OP, 1/15/2016 -.

*** Final Report ***

**Cardiac Rehab Referral Entered On: 02/29/2016 17:49
Performed On: 02/29/2016 17:49 by Sloan, Stephanie**

Cardiac Rehab Referral
Primary Diagnosis Requiring Cardiac Rehab: Coronary Artery Bypass Graft (CABG)
CABG ICD-10 Req Cardiac Rehab: Z95.1: Prior CABG
Cardiac Rehab Stress Test Required: No, a stress test is not required before entering the program
rate range of 20-30 bpm above resting heart rate
Cardiac Rehab Time Frame: Less than 2 weeks
This physician verifies that this patient should be enrolled in Phase 2 Cardiac Rehabilitation and necessary. Once Phase 2 is complete, the patient may participate in a Phase 3 or 4 program if des

New documentation to support cardiac rehabilitation referral. Once power form (medical necessity form) is completed and signed (✓ in upper left hand corner of form) – this uploads real time into EMR. This signed referral now triggers the patient to go onto a Multipatient Task List (MPTL) for the administrative staff at ESJH card rehab to work for all EHC locations. 55 cardiac rehab programs are embedded into communication form to allow ESJH team to find the closest and most convenient program for the patient.

Cardiac Rehabilitation: Communication Tool

- **Follow up/Scheduling Process:**
 - Once cardiac rehabilitation 'referral form (medical necessity power form)' completed
 - Patient automatically uploads to a 'multipatient task list'
- **Electronic Communication Tool Accessed:**
 - Administrative staff calls patient
 - Administrative staff completes communication tool
 - Was the patient able to be contacted? Yes/No
 - If yes, stress test required or waived? Place date of scheduled test if known
 - CR scheduled at internal facility? External?
(55 programs built into tool)
 - Patient opts out of participating in CR?
 - Primary reason for not participating: *Cost, days of week of program, distance to program, family needs, insurance but does not cover, hours of program, no insurance, out of pocket costs, physician did not mention, too sick or weak, transportation, work, undecided, other*

Cardiac Rehabilitation: Communication Power Form

(Completed by Administrative Staff)

Pre Cardiac Rehab Patient Contact

Emory Healthcare's Cardiac Rehabilitation Program received an electronic order and has attempted to schedule a cardiac rehabilitation appointment.

Was the patient able to be contacted regarding scheduling Cardiac Rehab?

Yes Unable to Contact Attempt 3
 Unable to Contact Attempt 1
 Unable to Contact Attempt 2

Check Yes and sign form when all attempts at contacting patient Cardiac Rehab have been completed. This will remove Cardiac Rehab from the patient's chart.

Pre Cardiac Rehab Interview - TESTPATIENT, SALMON PINK

Pre Cardiac Rehab Interview

Pre Cardiac Rehab Requirements

No stress test or physician follow-up required
 Stress test required by the physician before starting program, patient notified by our office, but patient has not scheduled stress test with physician office
 Stress test required by the physician before starting program, patient notified by our office, but patient does not want to have a stress test
 Stress test completed and reviewed
 A follow up outpatient physician office visit is required prior to starting cardiac rehabilitation
 Patient instructed to call Emory Cardiac Rehab Program at 678-843-7633 after stress test is complete

Cardiac Rehab Unable to Contact Attempt 1

Other Cardiac Rehab Unable to Contact Attempt 1

Cardiac Rehab Unable to Contact Attempt 2

Other Cardiac Rehab Unable to Contact Attempt 2

Patient To Participate in Cardiac Rehab Program

Cardiac Rehab Appt Scheduled

Cardiac Rehab Appt Scheduled

Cardiac Rehabilitation Communication Tool: Directly Upload Documentation to EMR for Ease of Viewing Within Patient Chart

The screenshot displays an EMR interface for a patient named 'TESTPATIENT, REHAB TWO'. The patient's MRN is EUH_66667767, DOB is 2/2/1942, and they are a 73-year-old male. The patient's file number is 178271991, and the location is 2R CRM EUH; R304; 01. The interface shows a 'Clinical Notes' section with a document titled 'Cardiac Rehab Communication Form-Text' dated 08 October 2015 14:10. The document is a 'Final Report' for a cardiac rehab communication entered on 10/08/2015 14:11 and performed on 10/08/2015 14:10 by Strickland, Kim. The report details pre-cardiac rehab patient contact attempts, including 'Pre Cardiac Rehab Contact Complete: Yes', 'Cardiac Rehab Unable to Contact Attempt 2: Unable to contact the patient by phone, phone number was invalid, a letter will be sent to home address', and 'Pre Cardiac Rehab Contact Successful: Unable to Contact Attempt 1, Unable to Contact Attempt 2'. The report is signed by Strickland, Kim on 10/08/2015 14:11. The interface also shows a sidebar with navigation options like 'Inpatient Summary', 'Transplant QDC', and 'Clinical Notes', and a taskbar at the bottom with various application windows open.

TESTPATIENT, REHAB TWO
MRN: EUH_66667767
DOB: 2/2/1942
Sex: Male
Age: 73 years
Isolation Status: None
File Number: 178271991
Location: 2R CRM EUH; R304; 01
Allergies Not Recorded
Patient Portal: No
Adhoc Results Not Subscribed

Document Type: Cardiac Rehab Communication Form-Text
Document Date: 08 October 2015 14:10
Document Status: Auth (Verified)
Document Title: Cardiac Rehab Communication
Performed By: Strickland, Kim on 08 October 2015 14:11
Verified By: Strickland, Kim on 08 October 2015 14:11
Encounter info: 178271991, EUH, Inpatient, 9/1/2015 -

*** Final Report ***
Cardiac Rehab Communication Entered On: 10/08/2015 14:11
Performed On: 10/08/2015 14:10 by Strickland, Kim

Pre Cardiac Rehab Patient Contact
Pre Cardiac Rehab Contact Complete : Yes
Cardiac Rehab Unable to Contact Attempt 2 : Unable to contact the patient by phone, phone number was invalid, a letter will be sent to home address
Pre Cardiac Rehab Contact Successful : Unable to Contact Attempt 1, Unable to Contact Attempt 2
Strickland, Kim - 10/08/2015 14:11
Cardiac Rehab Unable to Contact Attempt 1 : Other
Other Cardiac Rehab Unable to Contact Attempt 1 : test
Strickland, Kim - 10/08/2015 14:10