# Cardiac Rehabilitation Enrollment Strategy

Reducing the Delay Between Hospital Discharge and Enrollment into Cardiac Rehabilitation

<table>
<thead>
<tr>
<th>Subject</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition/Description</td>
<td>Minimizing the window of time between hospital discharge and cardiac rehabilitation (CR) order to the first CR enrollment appointment. The optimal time goal: &lt;21 days, with the best practice goal of 14-17 days.</td>
</tr>
</tbody>
</table>
| Key Terms/Abbreviations      | • CR = cardiac rehabilitation  
                               • Referral date = Date the order or referral to outpatient CR was made  
                               • Discharge date = Date patient was discharged from hospital (from which referral was made)  
                               • Enrollment date = Date of first outpatient CR appointment |
| Background and Purpose       | It is recognized that an inverse relationship exists between time to enrollment in outpatient CR and participation. It has been estimated that participation in CR decreases by 1% for every day enrollment is prolonged beyond discharge. Delays to enrollment should be minimized so patients receive the maximum benefit from participation. |
| Relevant Metric(s)           | • Time to enrollment appointment: identify your program's time to enrollment from discharge or outpatient CR order related to current screening methodology. Review 50-100 charts or the last 3 months patient enrollments, calculating days to enrollment.  
                               • Identify number of enrollment appointment slots available. |
| Process Description/Processes Impacted | 1. Identify current interval between discharge/referral and first CR appointment (range and average).  
                                            2. Determine goal interval (This will vary among programs due to local factors, but all should try to decrease the interval).  
                                            3. If not at goal:  
                                                • Map out current process from time of referral/discharge to appointment. What are the steps taken to get an appointment?  
                                                • Identify barriers/outliers, such as:  
                                                    o Patient barriers: pre-authorizations; insurance, transportation; language or cultural barriers; appointment times; spousal or patient concerns; adequate information about CR, etc. What is the cause of no-shows/cancellations?  |
| Key People/Departments to Engage | • Scheduling Support Staff  
• Supervisors/Program Managers  
• CR Staff  
• Referring Providers  
• Administrative Assistant(s) |
| Data Sources | Not applicable. |
| Cost Concerns | This is not costly to the programs. |
| Timeline | Ongoing. This could be a regularly measured metric.  
• **QM-1: Time to Enrollment**: Percentage of patients, age ≥18 y, with a qualifying event/diagnosis including MI, PCI, CABG, heart valve surgery/repair, and/or heart transplantation who enroll in CR within 21 days of hospital discharge. |
| Supporting Material | Not applicable. |


Questions should be directed to: aacvpr@aacvpr.org