

Cardiac Rehabilitation Enrollment Strategy

Reducing the Delay Between Hospital Discharge and Enrollment into Cardiac Rehabilitation

Subject	Content
Definition/Description	Minimizing the window of time between hospital discharge and cardiac rehabilitation (CR) order to the first CR enrollment appointment. The optimal time goal: <21 days, with the best practice goal of 14-17 days.
Key Terms/ Abbreviations	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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?

	<ul style="list-style-type: none"> ○ Program barriers: hours of operation; intake appointment length; adequate staffing; adequate appointment times; does current volume allow for more patients? ○ System barriers: medical information from referring site not timely. ○ Other barriers? ● What do you have to change to reach your goal? (suggestions below) <ul style="list-style-type: none"> ○ Patient barriers: reminder phone call to patient the day before; identify social support network; financial incentive to encourage enrollment; transportation reimbursement ○ Program barriers: make appointment while patient in hospital; facilitate referral utilizing CR staff; program model changes to accommodate patient intake appointments in a timely manner ○ System barriers: work with referring providers to send pertinent medical information at the time of referral ○ Other barriers?
Key People/ Departments to Engage	<ul style="list-style-type: none"> ● 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	<p>Ongoing. This could be a regularly measured metric.</p> <ul style="list-style-type: none"> ● 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.
References	<ol style="list-style-type: none"> 1. Balady GJ, Ades PA, Bittner VA, et al. Referral, enrollment, and delivery of cardiac rehabilitation/secondary prevention programs at clinical centers and beyond: a presidential advisory from the American Heart Association. <i>Circulation</i>. 2011;124(25):2951-60. 2. Collins CL, Suskin N, Aggarwal S, et al. Cardiac rehabilitation wait times and relation to patient outcomes. <i>Eur J Phys Rehabil Med</i>. 2015;51(3):301-9.

	<ol style="list-style-type: none"> 3. King M. Affordability, accountability, and accessibility in health care reform: implications for cardiovascular and pulmonary rehabilitation. <i>J Cardiopulm Rehabil Prev.</i> 2013;33(3):144-52. 4. Pack QR, Mansour M, Barboza JS, et al. An early appointment to outpatient cardiac rehabilitation at hospital discharge improves attendance at orientation: a randomized, single-blind, controlled trial. <i>Circulation.</i> 2013;127(3):349-55. 5. Thomas RJ, Balady G, Banka G, Beckie TM, Chiu J, Gokak S, Ho PM, Keteyian SJ, King M, Lui K, Pack Q, Sanderson BK, Wang TY. 2018 ACC/AHA clinical performance and quality measures for cardiac rehabilitation: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures. <i>J Am Coll Cardiol.</i> 2018, epub ahead of print.
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