# Cardiac Rehabilitation Enrollment Strategy

## Cardiac Rehabilitation Pre-Enrollment Group Screening

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<td><strong>Definition/Description</strong></td>
<td>Enroll referred cardiac rehabilitation (CR) patients in groups of two or more on a cadence that matches your program's referral volume to reduce time from hospital discharge to enrollment.</td>
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| **Key Terms/Abbreviations** | • CR = cardiac rehabilitation  
• GS = group screening  
• IS = individual screening  
• Screening = Process that includes, but not limited to, program orientation, patient consent, clinical evaluation and data collection (also referred to as orientation)  
• Time to enrollment = duration (days) from hospital discharge to enrollment in outpatient CR |
| **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 cardiac rehab decreases by 1% for every day enrollment is prolonged beyond discharge. There are a number of patient-related barriers to early enrollment, however, there are also systems- and process-related barriers that increase time to enrollment.  
An example of a systems-related barrier is individual, one-on-one, screening of patients into the CR program. It has been noted that patients who are ready to enroll can be delayed pending availability of a convenient IS appointment with a CR provider, particularly in times of increased referral volume. Transitioning your program to a group screening methodology has the potential to decrease time to enrollment and improve staff efficiency. |
| **Data Sources**          | • Time to enrollment baseline: Identify your program's time to enrollment related to current screening methodology. Review 50-100 charts, calculating the time (days) from discharge to CR enrollment.  
• Enrollment staff time baseline: Average time to complete patient facing screening duties plus time to complete documentation.  
• Time to enrollment in GS: Collect time to enrollment using GS methodology.  
• Enrollment staff time GS: Time to complete patient facing GS duties plus individual patient facing duties plus time to compete documentation. |
### Process Description/Processes Impacted

- **GS**: identify all components of your program’s screening process that are repeated with every new patient (e.g., CR orientation information, questionnaires, consent, goal setting worksheets) and adapt materials for delivery in a group. Review historical referral volumes to determine appropriate GS frequency, and identify space in your facility that will accommodate a small group (e.g. 6-12 patients). This GS will be the first personal interaction your program has with referred patients. Design and refine your delivery until one staff member can deliver this session. Note: As described, this is a **non-billable service**, as the patients will not exercise this day.

- **IS**: Identify those components of your program’s screening process that are not practical/appropriate in a group setting, including but not limited to medicine reconciliation, goal discussion, review of depression screening, measurement of exercise capacity and individual patient Q&A. Design a very brief, individual meeting with the patient and appropriate staff to complete these items. Design this session to include the patient’s first CR exercise session. Note: If the Individual Treatment Plan is signed by physician this is a **billable service**.

### Key People/Departments to Engage

- Scheduling support: With the process defined, you’ll need to adjust your scheduling to accommodate GS.
- Front desk/reception/patient intake: Include in the planning to ensure the best patient experience for your GS
- Administrator and other facility leaders: Notify or consult with to secure needed space for GS.

### Cost Concerns

Printed materials and folders to be used during GS. GS methodology improves staffing efficiency significantly:

**IS example:**

\[
\text{Face time} + \text{Doc time} \\
(1 \text{ hr/pt} \times 12 \text{ pts}) + (0.5 \text{ hr/pt} \times 12 \text{ pts}) = 18 \text{ staff hrs}
\]

**GS example:**

\[
\text{Group time} + \text{Ind. Face Time} + \text{Doc time} \\
(1 \text{ staff} \times 1 \text{ hr}) + (0.5 \text{ hr/pt} \times 12 \text{ pts}) + (0.25 \text{ hr} \times 12 \text{ pts}) = 10 \text{ staff hrs}
\]

### Timeline

3-6 months. Time to execution will be variable depending on time dedicated to planning and operationalizing.

### Supporting Material

Not applicable

### References


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