

**Cardiac Rehabilitation Enrollment Strategy**  
Cardiac Rehabilitation Pre-Enrollment Group Screening

<b>Subject</b>	<b>Content</b>
<b>Definition/Description</b>	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.
<b>Key Terms/ Abbreviations</b>	<ul style="list-style-type: none"> <li>• CR = cardiac rehabilitation</li> <li>• GS = group screening</li> <li>• IS = individual screening</li> <li>• Screening = Process that includes, but not limited to, program orientation, patient consent, clinical evaluation and data collection (also referred to as orientation)</li> <li>• Time to enrollment = duration (days) from hospital discharge to enrollment in outpatient CR</li> </ul>
<b>Background and Purpose</b>	<p>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.</p> <p>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.</p>
<b>Data Sources</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Enrollment staff time baseline: Average time to complete patient facing screening duties plus time to complete documentation.</li> <li>• Time to enrollment in GS: Collect time to enrollment using GS methodology.</li> <li>• Enrollment staff time GS: Time to complete patient facing GS duties plus individual patient facing duties plus time to complete documentation.</li> </ul>

<p><b>Process Description/ Processes Impacted</b></p>	<ul style="list-style-type: none"> <li>• <b>GS:</b> 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 <b>non-billable service</b>, as the patients will not exercise this day.</li> <li>• <b>IS:</b> 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&amp;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 <b>billable service</b>.</li> </ul>
<p><b>Key People/ Departments to Engage</b></p>	<ul style="list-style-type: none"> <li>• Scheduling support: With the process defined, you’ll need to adjust your scheduling to accommodate GS.</li> <li>• Front desk/reception/patient intake: Include in the planning to ensure the best patient experience for your GS</li> <li>• Administrator and other facility leaders: Notify or consult with to secure needed space for GS.</li> </ul>
<p><b>Cost Concerns</b></p>	<p>Printed materials and folders to be used during GS. GS methodology improves staffing efficiency significantly:</p> <p><b>IS example:</b>  <u>Face time</u>                      <u>Doc time</u>  (1 hr/pt x 12pts) + (0.5 hr/pt x 12 pts) = 18 staff hrs</p> <p><b>GS example:</b>  <u>Group time</u>              <u>Ind. Face Time</u>              <u>Doc time</u>  (1 staff x 1 hr) + (0.5 hr/pt x 12pts) + (0.25 hr x 12 pts) = 10 staff hrs</p>
<p><b>Timeline</b></p>	<p>3-6 months. Time to execution will be variable depending on time dedicated to planning and operationalizing.</p>
<p><b>Supporting Material</b></p>	<p>Not applicable</p>
<p><b>References</b></p>	<p>1. Russell, K.L et al.; Cardiac Rehabilitation Wait Times: effect on enrollment. J Cardiopulm Rehabil Prev. 2011;31(6):373-377.</p>

	2. Pack, Q.R., Mansour, M., Barboza, J.S. 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: 349–355.
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