Group Orientations: Are they right for my program?

1. Do you have patients who need to get started but you don’t have immediate appointments?

2. Do you have the need for more revenue with less work?

3. Do you have the space and staff to implement group orientations?
Benefits of Group Orientations

• Group appointments promote efficiency in busy offices with many chronically ill patients, and give patients peer support and a venue to exchange ideas, problems and successes

• “Shown to create positive peer pressure in helping patients manage chronic conditions…”

(Boston Globe, 2011)
“His heartbeat has been like that ever since he had the pig valve installed.”
Research behind this theory…

• Circulation, Jan 2013: “Outpatient cardiac rehabilitation (CR) decreases mortality rates but is underutilized. Current median time from hospital discharge to enrollment is 35 days. **We hypothesized that an appointment within 10 days would improve attendance at CR orientation.”**

• Circulation, 2012: The secret to getting cardiac patients into outpatient rehabilitation programs may be as simple as scheduling their first appointment soon after they leave the hospital.
  - Attendance was 77% for patients enrolled early and 59% for patients enrolled late (median time to enrollment was 8.5 and 42 days, respectively). This translated into a significant 18% absolute and 56% relative improvement in attendance when patients were scheduled for early appointments.
  - Consequently, the only firm conclusion that can be drawn from this trial is that a strategy of early appointments to cardiac rehabilitation increases attendance at orientation.
Cardiac Rehab should be FUN!

Don’t make your patients dread it!
1. **Population Selection:**
   - Are you going to exclude certain patients from group orientations? (i.e. illerit, Repeat patients etc.)

   - **Genesis HVR** – All patients are welcome to our Group Orientations

2. **Schedule Selection:**
   - Non-CR days?
   - Add “repeat offenders” to CR days

   - **Genesis HVR:**
     - Tues and Thursdays – 9:30am and 12:30pm Groups
     - Will do individual orientations for “repeat offenders” and new patients on CR days too.
     - Scripting is KEY! Don’t give the patient an out – They’ll take it every time!
“What fits your busy schedule better, exercising 30 minutes a day or being dead 24 hours a day?”
3. **Staffing**

- How many staff are needed for group orientations?
  - How many patients?
  - What is the acuity level of the patients?
  - What roles will my disciplines play?
  - What can my program afford?

**Genesis HVR:**
- Groups 1-4 patients = 1 RN, 1 EP
- Groups 5-8 patients = 2 RN, 1 EP
4. Billing

- Will we charge two sessions?
- Documentation?

- **Genesis HVR:**
  - If patient is there over 91 minutes – YES, we place two charges
    - 93798 AND 93797 (2 of their 36 sessions)
  - If patient is there less than 91 minutes – NO, we only place one charge
    - 93798 Only!

- Documentation:
  - ScottCare shows continuous ECG for 93798 justification
  - RN/EP include educational sessions provided within orientation as part of their ITP and session note for 93797 justification
Patient Arrives at HVR w/ paperwork completed that was mailed

Obtain Medications and paperwork from pt.

Med Rec and Paperwork documented

RN Assessment completed:
- Weight
- Waist Measurement
- Blood Pressure
- Pulse Ox
- Lungs assessment
- Wound assessment

Group education completed:
- Program Structure
- Signs & Symptoms
- Hand washing/Cleaning Equipment
- Dr. Appointments
- Medication Changes
- Attendance
- Telemetry hook-up

6MWT Completed on able patients by Exercise Physiologist(s)

8MWT Completed on able patients by Exercise Physiologist(s)

Group HVR Orientation Process

Orientation Wrap-Up:
- Post-BP
- Post BS calibration for diabetic (compare pt meter to hospital meter for accuracy)
- Each patient is scheduled for Dietitian class
- Patients are taught about disconnecting from telemetry and cleaning
- Packets are provided (appt reminders, phone numbers etc.)

All orientations are placed on exercise equipment as a group in the projected order/modality that will be used on regular class day:
- Intro to equipment, patient board and warm-up
- 1st set = 3 minutes
- 2nd set = 3 minutes
- 3rd set = 4 minutes (includes cool-down teaching)

Patient Arrives at HVR the next day for class
Verify ScottCare forms are completed:
- Demographics
- Medical History
- Exercise Prescription

RN and EP session notes are completed in ScottCare

Enter Post-It notes in ScottCare for any questions/concerns that need addressed with patient at first visit.

Grade Surveys:
- Ferrans & Powers (ScottCare)
- Rate Your Plate (ScottCare)
- DASI
- Knowledge Test

Complete Chart Forms:
- Risk Stratification
- Exercise Prescription (EP)
- Pre-discharge Summary

Place Completed chart in file cabinet.

Place patient in attendance and coaching book.

Complete Initial ITP - Print for MD signature

Review with Patient during HVR:
- Risk Stratification with their personal labs/values (RN)
- Exercise Prescription and set goals (EP)
- Knowledge Test (EP or RN)
“Learning from the experiences of fellow patients and getting peer support likely accounted for the effectiveness of the SMA model. And being able to share what they know about their disease with others gives patients a sense of confidence and of being useful”

"Enabling patients to give information to other patients and letting them interact with one another allows them to become experts in a way…”

Gea Drost, MD, PhD, Johannes Groenewoud, MSc, Gert Jan van der Wilt, Professor* and Baziel G.M. van Engelen, MD, Professor*, journal of american acedemy of neurology