

AACVPR Case Study: University of Alabama at Birmingham

Title: Increase Enrollment and Session Adherence

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Motivation and Operations

1. What was your motivation for implementing these changes in your program?

To increase our referral to enrollment percentages and increase session attendance. We also saw a need to better address the psychosocial issues that impact attendance, maintaining an exercise program, and changing diet.

Plan:

1. Establish group orientation for cardiac and pulmonary rehab to enroll more patient in a timelier manner and provide detailed information on our service and expectations of the participant.
2. Bolster programs psychoeducational classes to promote mind and body concepts to making lifestyle changes.

2. How long did it take to implement these changes?

It took some planning ahead (~3 months) and reorganizing one of our paperwork days at the time to establish the group orientations. Work time - three hours of an 8-hour day for the patient orientation process – requires two staff members for the three hours. Allows for more patients being scheduled for orientation/enrollment. A daily admissions schedule implemented to allow for three or more admits per day, with a goal of 10-15 admits per week if needed.

It took 6-12 months to establish psychoeducational class topics and get them implemented. To assist patients to get the most out of their rehab experience, classes were added into our monthly education class calendar and patients were referred for specific classes in the Individual Treatment Plan (ITP). Classes that were added were a monthly support group, living well with chronic illness, mindful eating, mixed yoga, and chair yoga. One-on-one Behavior Health consultations also scheduled according to the Psychosocial Risk Factor Survey (PRFS) and Dartmouth – COOP (Quality of life) scores.

Example - See UAB Class Calendar

3. What staffing changes did you have to make in order to achieve these changes?

The new orientation schedule required the designation of two staff members to be available for approximately three hours per week. Since orientation took place initially on a paperwork day, no additional staffing was needed at first. However, additional staffing was added for telephone coverage and reception desk help. Later, as enrollment numbers increased

additional staffing was needed to cover increased patient volume for admissions and exercise days.

Psychosocial education needed a champion (staff) to see that each component is cared for monthly – classes are scheduled, topics confirmed, and the psychologist consult list is up-to-date and accurate (4 hours per month). We partnered with Rehabilitation Psychology within our institution to contribute to classes, support groups, and consults – 5 hours per month line item budget. One yoga instructor needed 2 hours per week (currently a staff nurse).

Reflection on Process

4. What worked well?

- CardioPulmonary rehab enrollment has increased by 30% over the last 3 years.
- Rehab sessions attended has increased by 45% over the last 3 years.
- Staff buy-in to the process of care; doing what it takes to schedule patients and providing encouragement to take advantage of all the resources we have available.
- It has been helpful to have psychology students in the program assist under the supervision of the clinical psychologist to expand the number of patients that can be seen.
- Support groups and interactive classes allow the patients to interact with each other and help with motivation and problem solving for barriers that come up.

5. What were the opportunities for improvement?

We need to continue to strive for greater enrollment numbers when compared to our eligible referrals, meet the patients' needs first, and make the enrollment process convenient for the patient – time, days, etc.

Have greater patient participation in psychoeducational classes to improve adherence to rehab scheduled session, lifestyle changes, and most importantly continue to show improvement on quality of life and psychosocial scores through rehab participation.

Would be nice to have more behavioral consults earlier in the program to assess barriers.

6. How long have you been implementing these changes?

3-4 years

Future/Next Steps

7. Do you anticipate making any changes in the future to your current process?

Not at this time but health care is ever changing and change is inevitable. At the present time, we will continue our process of care of creating an atmosphere of encouragement and support to help patients utilize the resources we have available to better manage their heart or lung condition. Looking to increase regular attendance in support groups and classes.

8. Do you have any supplemental materials you would be willing to share?

- [UAB Class Calendar](#)