

**AACVPR Case Study: Rusk Rehabilitation at NYU Langone Health**

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**Title:** A value-based management approach to efficient blood pressure monitoring during outpatient cardiac rehabilitation

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**Motivation and Operations**

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

The motivation to implement this change was related to NYU Langone's efforts to implement a Value-Based Medicine (VMB) initiative over the last several years. After reviewing the sequence of our cardiac rehabilitation (CR) sessions, we identified an area that could improve quality of care while maintaining/reducing cost. Our change in the program was related to reducing the frequency that blood pressures (BP) were being taken during a class session. The thought was that by improving efficiency with BP management, the time and cost savings could be utilized to ensure our patients were achieving exercise intensity goals during the class session.

NYU Langone Health CR BP Guidelines- Streamlining/Frequency Blood Pressure Measurement  
Summary of Policy

- For the first 3 sessions, BP is measured at rest and on all modalities.
- If BP at rest and exertion were within defined limits for these first 3 sessions, we reduced the frequency of BP assessment. It includes baseline resting BP measured and on 1 peak modality.
- If BP was found to be out of acceptable range, the frequency would be increased as needed.

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

The structure of the policy made it easy to implement and it took a few weeks. In addition, the team felt comfortable with the policy and agreed that it would not compromise patient safety.

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

In order to achieve the goal, a policy was developed to direct the team. As the VBM model emphasizes, this change did not require an increase in work force. In fact, the improved efficiency allowed for more time to focus on other aspects of patient care, such as functional outcomes and ensuring intensity goals were being achieved.

## **Reflection on Process**

### **4. What worked well?**

The policy has been effective in managing our patients safely. There has been no direct BP related incident and we have been able to achieve a 99% compliance with meeting Optimal Blood Pressure Outcomes. In addition, providing a solid structure for the policy made it easy for the team to adopt. The time saved from not measuring BP throughout the class session, has been able utilized to focus on functional outcomes, such as meeting daily METs level goal and Target Heart Rate. In our setting, an estimated 15 minutes per class could be saved to address other functional outcomes and goals. The additional time is being utilized to improve patient satisfaction with goal setting, which includes emphasis on Target Heart Rate and METs level progression.

### **5. What were the opportunities for improvement?**

There is an opportunity to align recent changes in the program certification process for Blood Pressure Management. This may include adding the process for managing BP when resting or exertional values fall outside of guideline.

### **6. How long have you been implementing these changes?**

This change was successfully implemented several years ago. It has run seamlessly without any incidents.

## **Future/Next Steps**

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

We anticipate updating the policy to reflect any new changes to the national guidelines for blood pressure management.

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

NYU Langone Health System Risk Rehabilitation  
Cardiac Rehabilitation Blood Pressure Session Goal:

- Resting BP goal of <140/90 or >80/40
- Peak exertional BP <180/100 or without drop in systolic or diastolic of 10mmHg

