

AACVPR Case Study: Emory Healthcare

Title: Multidisciplinary-Developed Cardiac Rehabilitation Referral

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Motivation and Operations

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

In a southeastern metropolitan health system there was no cardiac rehabilitation (CR) standard referral and follow-up process. Participation in CR has been proven to reduce morbidity and mortality rates, decrease readmission and improve quality of life in cardiac patients. The Action Registry (Acute Coronary Treatment and Intervention Outcomes Network) requirements include: documentation of CR referral and documentation of patient follow up. The American Heart Association and the American College of Cardiology have made CR a standard of care; however, referrals remain low due to lack of standard process. The purpose of this initiative was to develop a standard health system process for generating referrals for eligible inpatients and outpatient to CR.

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

This was a 21 month period for development and implementation throughout the health system.

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

This process was developed to minimize staffing changes. It was implemented without a change but shortly after we added an additional administrative half-time position. This was done due to the increased number of referrals.

Reflection on Process

4. What worked well?

- Inter-professional team: CR registered nurse (RN), physical therapist, nurse informatics, quality RN, chief quality officer, division of cardiology, information technology specialists, media specialist, physician champions
- Review of literature, evaluation of the health systems current referral/follow-up processes, electronic medical record's (EMR) capabilities, and analysis of referral rates done by the team
- Team sought input and best practices from referring cardiologists and the administrative team enrolling CR patients
- Efficient electronic referral was developed including an EMR referral and a CR EMR documentation tool

- Patient-centered follow-up process created which provides information on the patient's most convenient CR program
- Staged implementation with provider education which encompassed email announcements, how-to guides, meeting/classes, and one-on-one instruction
- Development process created discrete fields within documentation form which allows for tracking of outcomes

5. What were the opportunities for improvement?

- Decreasing the steps needed to complete the order process
- An EMR alert sent to providers when an eligible patient refuses CR for any reason

6. How long have you been implementing these changes?

We have not implemented these changes because it requires approval from system leadership. System approval of information technology (IT) requests generally requires a strong business case. The team is collecting the data needed to demonstrate how these changes will increase patient participation and increase CR revenue.

Future/Next Steps

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

Yes, if we receive approval we will implement the above opportunities.

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

- [Emory Healthcare Cardiac Rehabilitation Electronic Referral Process and Communication Tool Presentation](#)