AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation

Cardiac Rehabilitation Enrollment Strategy

Inpatient Liaison for Outpatient Cardiac Rehabilitation

Subject	Content
Definition/Description	Schedule the first visit for phase II cardiac rehabilitation prior to discharge from the inpatient admission.
Key Terms/ Abbreviations	• CR = cardiac rehabilitation • IP = inpatient • OP = outpatient • CHF = congestive heart failure • CABG = coronary artery bypass grafting • PCI = percutaneous coronary intervention • MI = myocardial infarction • EMR = electronic medical record • FTE = full time equivalent
Background and Purpose	Many programs struggle with capturing and processing referrals for outpatient CR. Goal or purpose is to schedule a patient's first visit in outpatient CR prior to discharge from their inpatient admission, as a means to increase the percentage of qualified candidates who participate in CR.
Relevant Metric(s)	Track/compute the percentage of eligible, appropriate IP patients that attend at least one visit in OP CR.
Process Description/ Processes Impacted	1. Establish an order set for each of the qualifying diagnoses (CABG, MI, PCI, valve repair, transplant, CHF) that includes an automatic order for outpatient Phase II CR, unless the physician documents an appropriate contraindication. 2. Determine if physicians are recommending CR to patients in person. If not, educate physicians on the important and impactful role they play relative to influencing a patient's participation and compliance in CR. 3. Establish a new position or repurpose part of an existing staff person to contact patients (preferably in-person) during their IP hospitalization. This contact with the patient while they are hospitalized is two-fold. First, provide basic information regarding the CR program. Second, schedule their first

	appointment within 21 days, or for a best practice goal of 14-17 days, of hospital discharge (if appropriate). 4. Use the "Inpatient Tracking Form" to ensure all qualifying patients meet with the in-patient CR liaison (see supporting material).
Key People/ Departments to Engage	• CR Medical Director • CR Program Director • Relevant physician community • Administration • Quality and Process Improvement department • Case Managers/Care Coordinators/Navigators • CR Staff
Data Sources	• Electronic Medical Record • Access to all relevant admission diagnosis CPT codes • Scheduling system database • Create a spreadsheet to track CR eligible inpatients, those that schedule an appointment, and those that attend the scheduled appointment (if this functionality does not exist in the EMR or care management system)
Cost Concerns	New part-time or FTE position or repurpose an existing FTE staff person working in or familiar with CR.
Timeline	To be determined.
Supporting Material	Inpatient Tracking Form
References	1. Pack QR, Mansour M, Barboza JS, Hibner BA, Mahan MG, Ehrman JK, VanZant MA, Schairer JR, Keteyian SJ. An early Appointment to Outpatient Cardiac Rehabilitation at Hospital Discharge Improves Attendance at Orientation: A Randomized, Single-Blind, Controlled Trial; Circulation, 2012; 112; 00-00. 2. Arena R, Williams M, Forman DE, Cahalin LP, Coke L, Myers J, Hamm L, Kris-Etherton P, Humphrey R, Bittner V, Lavie CJ. Increasing Referral and Participation Rates to Outpatient Cardiac Rehabilitation: The Valuable Role of Healthcare Professionals in the Inpatient and Home Health Settings: A Science Advisory From the American Heart Association; Circulation. 2012; 125:00-00.

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