AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation

Cardiac Rehabilitation Enrollment Strategy

Matching Capacity to Demand: Open Gym

Subject	Content
Definition/Description	The 'Open Gym' model of Phase II Cardiac Rehabilitation uses a schedule book (or similar format) that allows participants to schedule their own appointments rather than be assigned to a class time.
Key Terms/ Abbreviations	• CR = Cardiac Rehabilitation • Programmed Independence = The 'Open Gym' model aims to progress participants into independence more like the real world they will experience in a phase III or community gym. • Independent Flexibility = The 'Open Gym' teaches phase II participants to be self-directed in their own warm-up and cool down exercises through initial guidance and use of stretching picture boards with matching hand-outs for home use.
Background and Purpose	The 'Open Gym' model was developed from larger CR Phase II programs that found a class structure problematic when class sizes exceeded greater than ten participants. The 'Open Gym' allows for more participants with fewer telemetry monitors, eliminates down time between classes and provides a larger capacity for Phase II CR. The Sample Open Gym Schedule sheet illustrates over one hundred Phase II slots in a time where five classes of twelve participants would normally be scheduled.
Relevant Metric(s)	Program utilization for both Phase II and III can be tracked through the schedule book.
Data Sources	Program utilization database uses the daily schedule book to track utilization statistics monthly.
Process Description/ Processes Impacted	The 'Open Gym' eliminates the class structure and requests that Phase II and III participants book their appointments in advance in a schedule book. The schedule is allocated into fifteen minutes slots. The size of the program is determined by how many columns are used. Two columns allow for eight participants. Three columns allow for twelve. Four columns allow for sixteen. CR staff controls the number of participants by crossing out time columns. For instance, lunch breaks allow fewer slots to allow staggered staff breaks. There is also a column for first and second day participants to allow staff to plan for 1:1 orientation-guidance. The schedule book allows staff to see their coming day. The number of staff on the floor is a combination of number of Phase II and Phase III participants and the number of day one and two participants.

	The elimination of classes means flexibility must be done with programmed independence. Warm-up boards are provided. The elimination of classes means education models are shifted away from the class structure. See "How to Use the Sample Open Gym Schedule" in the supplemental materials below for a more detailed outline about using the schedule.
Key People/ Departments to Engage	The schedule book can also be used to document which type of sessions have been billed. Most programs indicate a CPT code of 93797 or 93798 (i.e., ECG monitor or non-ECG monitor session) on the schedule. The nutritionist and psychologist use the schedule book to coordinate their appointments.
Cost Concerns	'Open Gym' programs utilize less staff.
Timeline	It takes about a month to transition patients and staff from a traditional class structure to an 'Open Gym' format.
Supporting Material	Sample Open Gym Schedule How to Use the Sample Open Gym Schedule Case Study – Southwest Florida Health Group. Open Gym Model Case Study – Mount Carmel Health System. Open Gym Model
References	1. Bachmann JM, Klint ZW, Jagoda AM, McNatt JK, Abney LR, Huang S, Liddle DG, Frontera WR. Group enrollment and open gym format decreases cardiac rehabilitation wait times. JCRP. 2017;37:322-328.

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