

AACVPR Case Study: Southwest Florida Heart Group

Title: Open Gym Concept

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Motivation and Operations:

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

We started discussing the Open Gym model in 1989 at Baptist Hospital in Memphis Tennessee. Karen ran a traditional Phase II cardiac rehabilitation (CR) class schedule and Mark ran the Phase III Health-Plex, a 40,000 square foot Medical Fitness Facility with 3,000 participants. The drop-out rate for Phase III was 75% and we concluded that we could never match the intimate class structure of Phase II with the independence requirements of the Medical Fitness Facility.

We moved to Sarasota where we ran a traditional Phase II class structure with a separate Phase II/III facility. The program grew to 125 Phase II patients in two months, making the traditional class structure impossible. It was in the Phase II/III facility that we started the Open Gym. Participants scheduled themselves for their appointments more traditional to a gym setting.

Three years later we started the Southwest Florida Heart Group program that accommodated 140 Phase II participants during the Florida season of October to May. This was a 4,000 square foot facility that operated solely under the Open Gym model.

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

Most of our programs were initiated with the Open Gym model. The Anchor CR program in Naples, Florida transitioned to Open Gym and that transition took three months. Participants remained in the class setting until that class ran its course.

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

Open gym operates with the same staff. The open gym model requires staggering of lunch breaks with reduced scheduling of participants from 11:30 am to 1:00 pm. The staff needs to develop the goal of participant self-efficacy and relinquish control. This can be difficult for a more traditional established program. A noted difference is in the delivery of your educational material. We shifted to single concept educational delivery since participants no longer met in classes. We supplemented this with periodic educational evening classes.

Reflection on Process:

4. What worked well?

Participants prefer the Open Gym concept. Control and flexibility in participant schedules allows for better compliance. We could offer the opportunity for participants to come 5 days

per week. Participant self-efficacy is promoted from day one. The Open Gym model accommodates 30 percent more participants thus reducing or eliminating a waiting list into the program.

5. What were the opportunities for improvement?

Initially, Open Gym is more difficult for the staff of an established program, but, once established, not many programs have ever returned to the class model. Adjusting to a different educational delivery is also stressful for an established program. The schedule book must be monitored closely or chaos can occur with too many participants for too few telemetry monitors. Participants quickly learned to self-adjust their time preferences to less “prime-time” slots.

We found that triage off telemetry greatly helps with the Open Gym model and helps with self-efficacy as well. We used heart monitor devices from day one to assist with self-efficacy and home exercise strategies. (Chest monitors and watches were provided. Many participants opted to then purchase their own for long-term use.)

6. How long have you been implementing these changes?

We have been doing Open Gym since 1991.

Future/Next Steps

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

I would like to add accelerated CR to the Open Gym model. I would also like to add a more aggressive triage of telemetry with less than six monitored sessions.

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

- [Sample Open Gym Schedule](#): Scheduling is very important for the Open Gym model. You must maintain a tight schedule book - scheduling two participants every fifteen minutes if you have eight monitors, three every fifteen minutes if you have twelve monitors and four every fifteen minutes for sixteen monitors. We found that adding four extra monitors helped greatly until we started the triage of telemetry.
- [How to Use the Sample Open Gym Schedule](#)
- [Case Study – Mount Carmel Health System. Open Gym](#)