Welcome!

Welcome to the first edition of the AACVPR Cardiac and Pulmonary Rehabilitation Data Registry Newsletter! Each edition of this new registry user communication will include information on newly available resources, answers to the registry’s most frequently asked questions, data entry tips & tricks, and exciting case studies from programs using the registries to improve their practice.

In this edition you can read about the Registry New User Toolkit, download the New Program Checklist, learn about how to properly enter patients referred to your program for the second time, what information to include for patients that are referred but do not enroll, and much more.

We encourage you to share this newsletter with your staff to make sure your team is updated on the latest news surrounding the registries! If you miss an issue, no worries! All issues of the Registry Newsletter will be made available on the new registry user resource page on the AACVPR website.

Registry New Subscriber Toolkit

Programs should use the New Subscriber Toolkit to help guide them through the enrollment process and first few months of registry use. The toolkit also includes a list of registry super users by region that are available to answer your questions about the registry at any point.

Registry New User Checklist

Use the Registry New User Checklist to orient yourself with the registry during the required training process and over your first few months of use. The list includes links to helpful resources for new users.

FAQs

Q: We have an individual that is entering our rehabilitation program again after having previously completed the program in the past. Should we re-write over his old record, or create a new record for this enrollment?

A: Never delete an old record for a returning patient. To add a new registry record for an existing patient, first make sure the previous record has been completely “closed”. Ensure that the Program Completed? field is either Yes or No and that the Discharge Date has been entered. (The DC Date for a patient who did not complete should be the last billed exercise session the patient made. The date for a patient who has completed is also the last billed session.) The record status should now either show “Completed” or “Dropout” in the Patient List table. If you try to enter a new record through the “Add Patient” routine you should get a warning that the patient is currently in the registry, but you’ll have 3 options: Cancel the transaction, go to the current record, or proceed to add a new record. Select the last option.

Q: Should we enter patients into the registry that are referred to our program but do not enroll?

A: Yes, we do want to receive information all referrals, so please enter records for patients who were referred but who don't enroll. This will provide you, and the CR profession in general, a better idea of the number of patients who are referred to CR but who don't start. For these patients enter as much demographic and medical history information as you have, then be sure to enter the reason for not starting.

Q: We have a patient that smokes a pipe/uses chewing tobacco/smokes cigars. How should we best enter their information into the registry?

A: The definitions we've used for tobacco use status come from the AHA/ACC standardized definitions for tobacco use. This field is how we identify any patient using any tobacco products. If a patient only uses
cigars/pipes/oral tobacco, you can enter “Current smoker” (or one of the other “current” options, depending on their frequency of use) and enter the years of use. Assuming you leave the packs per day and other fields empty, we can assume the patient is using something other than cigarettes. If they are no longer using cigars/pipes/oral tobacco at their discharge evaluation you can enter “abstaining” for the Discharge/Tobacco Status field.

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If you have any questions, please call 312-321-5146 (Option 1) or email registry@aacvpr.org.

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