

HVC Cardiac Rehabilitation Referral Performance Program Improvement for Coronary Revascularization Patients

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Background

Extensive data have shown that cardiac rehabilitation improves outcomes, reduces the risk of Cardiovascular Disease (CVD) events over the ensuing year following coronary revascularization (percutaneously or surgically). Cardiac rehabilitation also improves exercise performance, enhances medication compliance, reduces symptoms such as angina, dyspnea, and fatigue; and reduces all-cause mortality by 25%.

This improvement for cardiovascular disease patients represents the high quality of care provided by the Heart and Vascular Center (HVC) at Yale New Haven Hospital (YNHH).

Aim

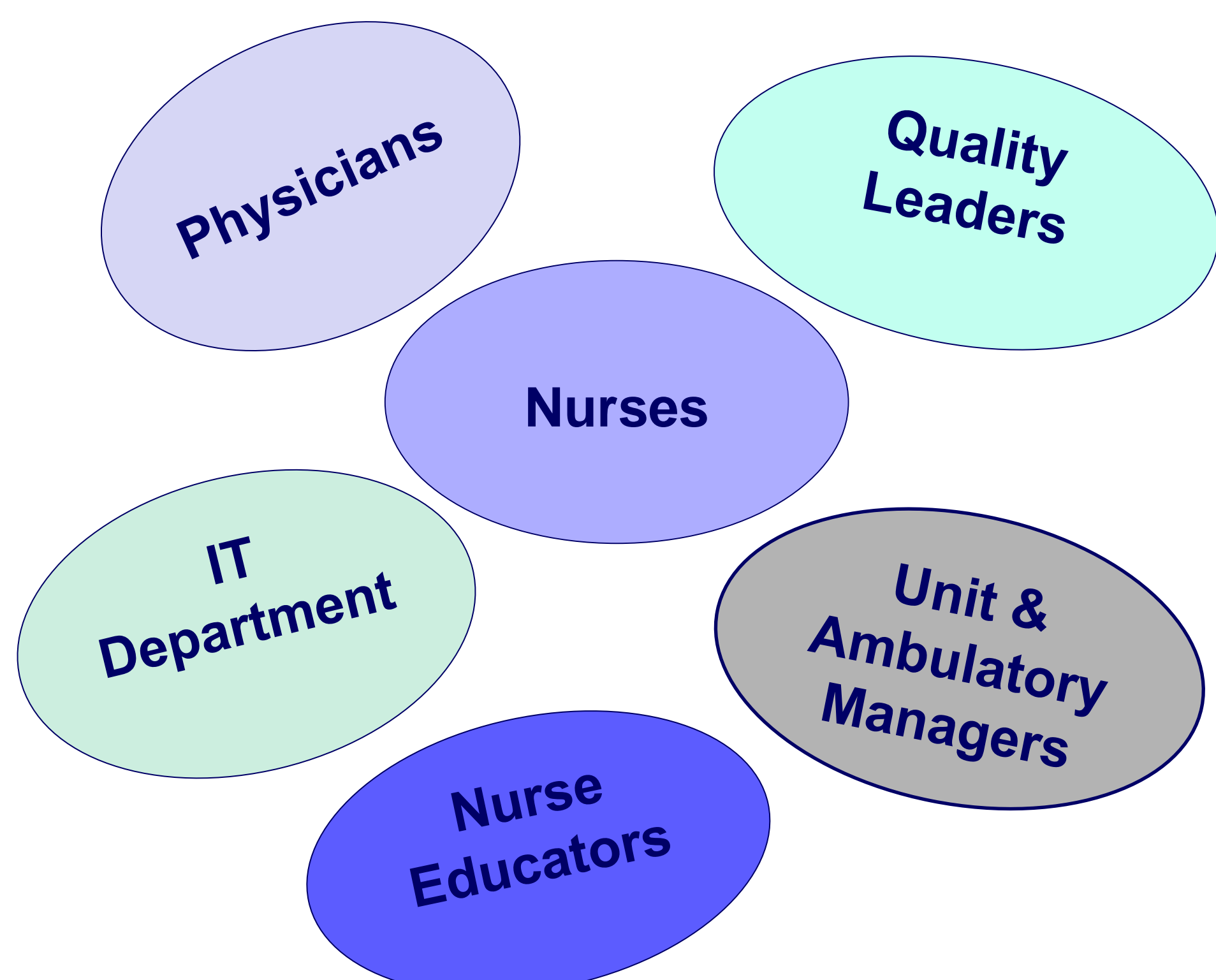
To increase the number of referrals to the HVC Cardiac Rehabilitation Program.

Description

After conducting a literature review, a multidisciplinary HVC improvement team including physicians, nurses, managers, quality leaders, information technology leaders, and educators was created to brainstorm improvement ideas and solutions to increase cardiac rehabilitation referrals.

A review of YNHH discharge data identified trends and pockets of excellence regarding cardiac rehabilitation referrals.

Multi-Disciplinary Team Composition

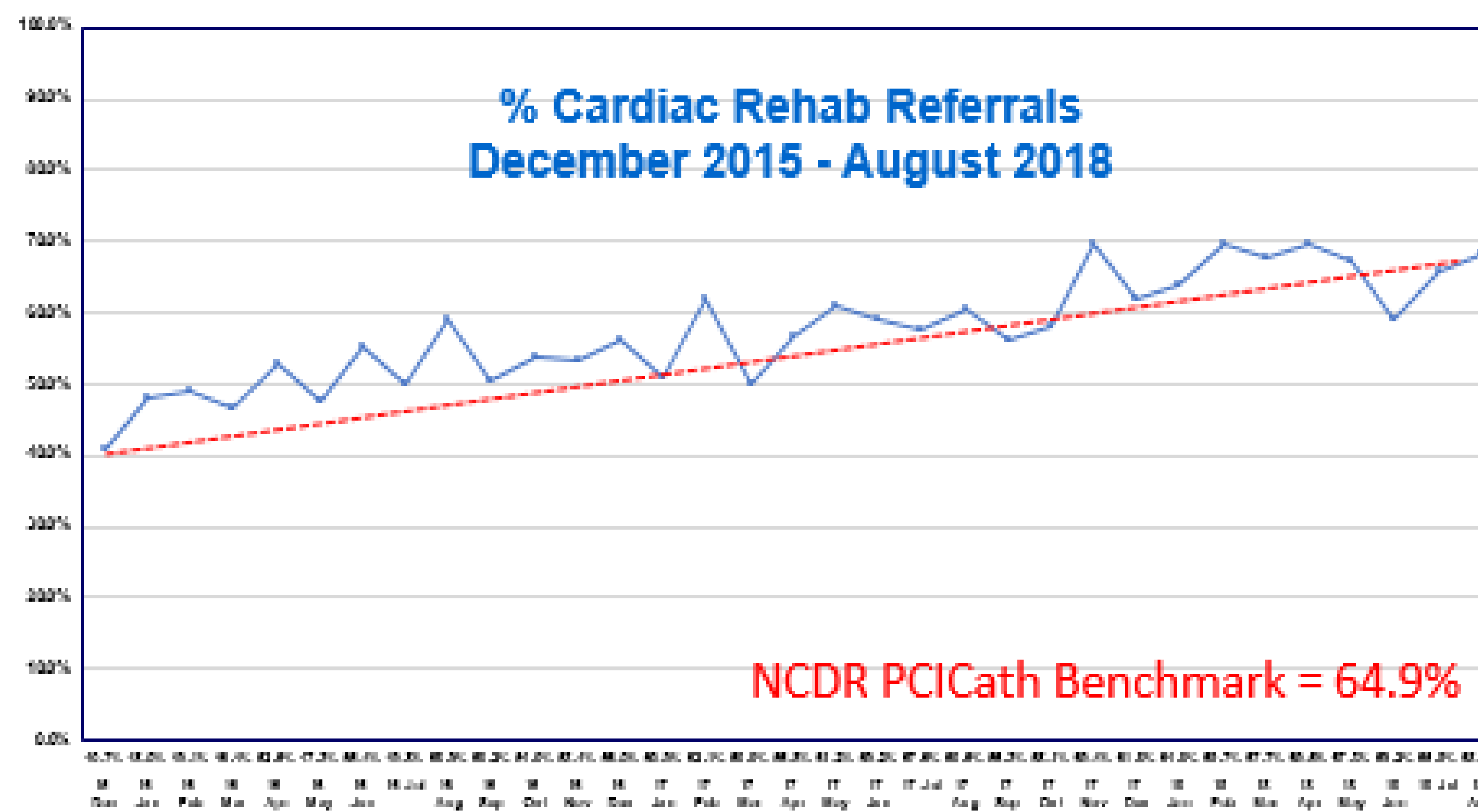


Actions Taken

The engagement of a multi-disciplinary team to:

- Develop a process and foster a culture that supports patient safety and quality and patient experience with a cardiac rehabilitation referral upon discharge.
- Educated staff and team members on timely referral upon discharge to an appropriate cardiac rehabilitation facility.
- Develop effective steps in a process that is providing quality cardiovascular care to HVC patients in the out-patient setting.
- Improved the capability for nurses to recommend cardiac rehab referral upon discharge in EPIC through the discharge navigator.
- Use of Plan Do Study Act (PDSA) and monthly unit feedback.

Results



An increase in the cardiac rehabilitation referral rate from 40.7% to 68.1% resulted from multifactorial methods to improve the referral process. These methods were inclusive of:

- Education of nursing staff on how to make a referral and increase understanding of cardiac rehabilitation.
- Unit managers performing daily audits of cardiac rehabilitation referrals made by their staff.
- YNHH care management team began to collaborate with clinical nurses to add cardiac rehabilitation referral to discharge instructions.
- Recirculation of a nursing brochure on how to refer inpatients to outpatient cardiac rehabilitation.
- Development of a new HVC discharge order set.
- Monthly cardiac rehabilitation referral data shared with unit managers.
- Collaboration of Nursing and Care Management to place referrals.
- Modification of EPIC address book for the expansion of cardiac rehab sites for convenient patient access.
- Development of a simple user-friendly process for provider referrals.

One of the unintended outcomes is the increase in volume has been challenging for the cardiac rehabilitation sites capacity.

Summary

- The engagement of a multi-disciplinary team to develop a process and foster a culture that supports patient safety and quality and patient experience in our Heart and Vascular Center with a cardiac rehabilitation referral upon discharge.
- A key element is a timely referral upon discharge to an appropriate cardiac rehabilitation facility.
- The multi-disciplinary team have coordinated their efforts to develop effective steps in a process that is providing quality cardiovascular care to HVC patients in the out-patient setting.



Implications

Cardiac rehabilitation referral upon in-patient discharge is currently the expectation of the Heart and Vascular Care Center and YNHH which can transcend to other service lines within our organization for future quality and safety improvements and patient experience initiatives.



Reference

Widmer, R., (2017), ACA, Cardiac Rehabilitation in 2017: Factors that Determine Its Benefit

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