

Million Hearts® Partner Call

Cardiac Rehab

October 16, 2018

1pm-2pm EDT



Welcome



Robin Rinker, MPH

Health Communications Specialist
Division for Heart Disease and
Stroke Prevention
Centers for Disease Control
and Prevention



Agenda

Welcome/Overview

Janet Wright, MD, FACC

Executive Director, Million Hearts[®], CDC and CMS

Cardiac Rehab Change Package

Hilary Wall, MPH

Senior Health Scientist/Million Hearts[®] Science Lead, Centers for Disease Control and Prevention

Lake Regional Health System: Using Data to Drive Improvement

Jennifer Newman, RN, BSN, cPT

Director of Cardiac Services, Lake Regional Health System, Cardiopulmonary Rehabilitation



Agenda continued

Mount Carmel Health System: Changing Program Structure to Accommodate Patients

Tammy Garwick

Manager, Cardiac and Pulmonary Rehabilitation

Miriam Hospital: Patient Ambassador Program

Loren Stabile, MS

Cardiac, Pulmonary & Vascular Rehab Program Manager, The Miriam & Newport Hospitals

Question & Answer

April Wallace, MHA

Program Initiatives Manager
American Heart® Association

Million Hearts® Partners Share

- Centers for Disease Control and Prevention
- American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)



Agenda continued

Miriam Hospital: Patient Ambassador Program

Loren Stabile, MS

Cardiac, Pulmonary & Vascular Rehab
Program Manager, The Miriam & Newport
Hospitals

Question & Answer

April Wallace, MHA

Program Initiatives Manager
Million Hearts Collaboration
American Heart® Association

Million Hearts® Partners Share

- Centers for Disease Control and Prevention
- American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)

Closing and Adjourn



Cardiac Rehab Aims and Asks



Janet S. Wright, MD, FACC
Executive Director
Million Hearts[®]
CDC and CMS



Cardiac Rehab Saves Lives and Improves Health

Road-tested Strategies to Boost Participation



Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative

Philip A. Ades, MD; Steven J. Keteyian, PhD; Janet S. Wright, MD;
Larry F. Hamm, PhD; Karen Lui, RN, MS; Kimberly Newlin, ANP;
Donald S. Shepard, PhD; and Randal J. Thomas, MD, MS

“...increasing CR participation from 20% to 70% would save 25,000 lives and prevent 180,000 hospitalizations annually in the U.S.”

The primary aim of the Million Hearts initiative is to prevent 1 million cardiovascular events over 5 years. Concomitant with the Million Hearts' focus on achieving more than 70% performance in the “ABCS” of aspirin for those at risk, blood pressure control, cholesterol management, and smoking cessation, we outline the cardiovascular events that would be prevented and a road map to achieve more than 70% participation in cardiac rehabilitation (CR)/secondary prevention programs by the year 2022. Cardiac rehabilitation is a class I recommendation of the American Heart Association and the American College of Cardiology after myocardial infarction or coronary revascularization, promotes the ABCS along with lifestyle counseling and exercise, and is associated with decreased total mortality, cardiac mortality, and rehospitalizations. However, current participation rates for CR in the United States generally range from only 20% to 30%. This road map focuses on interventions, such as electronic medical record–based prompts and staffing liaisons that increase referrals of appropriate patients to CR, increase enrollment of appropriate individuals into CR, and increase adherence to longer-term CR. We also calculate that increasing CR participation from 20% to 70% would save 25,000 lives and prevent 180,000 hospitali-



Show 5 Million People the Value of Cardiac Rehabilitation by December 31, 2018

- Share key messages
- Post social media content
- Include an announcement in your newsletter(s)
- Disseminate infographics and factsheets
- Embed syndicated web content into your webpages
- Tell us how many people your messages reach at

MillionHeartsCRC@cdc.gov



Access the Cardiac Rehabilitation Communications Toolkit at:
<https://millionhearts.hhs.gov/partners-progress/partners/cardiac-rehab-toolkit.html>

Cardiac Rehab Change Package



Hilary Wall, MPH

Senior Scientist

Million Hearts Science Lead

Centers for Disease Control and
Prevention



Intro to the Million Hearts[®] Cardiac Rehab Change Package for Partners

Hilary K. Wall, MPH

Senior Scientist/Million Hearts Science Lead
Centers for Disease Control and Prevention

Million Hearts Private Partner Call
October 16, 2018




Million Hearts[®] 2022

Priorities

Keeping People Healthy	Optimizing Care
Reduce Sodium Intake	Improve ABCS*
Decrease Tobacco Use	Increase Use of Cardiac Rehab
Increase Physical Activity	Engage Patients in Heart-Healthy Behaviors

70%

Improving Outcomes for Priority Populations
Blacks/African Americans with hypertension
35- to 64-year-olds
 People who have had a heart attack or stroke
People with mental health or substance use disorders who use tobacco



*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation

What is Cardiac Rehabilitation?

- Comprehensive, team-delivered out-patient program
- Typically administered in 36 sessions over ~12 weeks
 - 25 sessions = healthy 'dose'
- Strong evidence for individuals who have:
 - Had a heart attack
 - Chronic stable angina
 - Received a coronary angioplasty or stent
 - Chronic heart failure
 - Undergone coronary artery bypass surgery, heart valve replacement or repair, or a heart or heart-lung transplant
- Numerous benefits



Cardiac Rehabilitation Continuum



Referrals

Referrals



- **Referral to CR varies by diagnosis**
 - ~80% for patients with a heart attack
 - ~60% for patients who undergo angioplasty
 - ~10% for patients with heart failure
- **Lower referrals for women, minorities**
- **Variability by hospital, provider, department**

Beatty AL, et al. Trends in referral to cardiac rehabilitation after myocardial infarction: data from the National Cardiovascular Data Registry 2007 to 2012. *J Am Coll Cardiol.* 2014;63:2582–2583.

Aragam KG, et al. Gaps in referral to cardiac rehabilitation of patients undergoing percutaneous coronary intervention in the United States. *J Am Coll Cardiol.* 2015;65:2079–88.

Golwala H, et al. Temporal trends and factors associated with cardiac rehabilitation referral among patients hospitalized with heart failure: findings from Get With The Guidelines-Heart Failure Registry. *J Am Coll Cardiol.* 2015;66:917–26.

Ghisi GL, et al. Physician Factors Affecting Cardiac Rehabilitation Referral and Patient Enrollment: A Systematic Review. *Clin. Cardiol.* 2013;36:323-335.

Colella TJF, et al. Sex bias in referral of women to outpatient cardiac rehabilitation? A meta-analysis. *Eur J Prev Cardiol.* 2015;22:423–441.

Enrollment and Participation

- **Participation rates vary by diagnosis**
 - Higher for heart attack (~14%) and bypass surgery (31%)
 - Lower for patients with heart failure (<3%)
- **Lower participation rates among**
 - People of color
 - Women
 - People with co-morbidities or low SES
- **Significant geographic variation**



Suaya JA, Shepard DS, Normand SL, et al., Use of cardiac rehabilitation by Medicare beneficiaries after myocardial infarction or coronary bypass surgery. *Circulation*. 2007;116(15):1653-62; Park LG, Schopfer DW, Zhang N, et al. Participation in Cardiac Rehabilitation Among Patients with Heart Failure. *J of Cardiac Failure*. 2017;23(5):427-431; Castellanos LR, Viramontes O, Bains NK, et al. Disparities in Cardiac Rehabilitation Among Individuals from Racial and Ethnic Groups and Rural Communities-A Systematic Review. *J. Racial and Ethnic Health Disparities*. 2018 Mar 13. [Epub ahead of print].; Fang J, Ayala C, Luncheon C, et al. Use of Outpatient Cardiac Rehabilitation Among Heart Attack Survivors - 20 States and the District of Columbia, 2013 and Four States, 2015. *MMWR Morb Mortal Wkly Rep*. 2017;66(33):869-873.; Beatty AL, Truong M, Schopfer DW, et al. Geographic Variation in Cardiac Rehabilitation Participation in Medicare and Veterans Affairs Populations: An Opportunity for Improvement? *Circulation*, 2018.117.029471.

Adherence

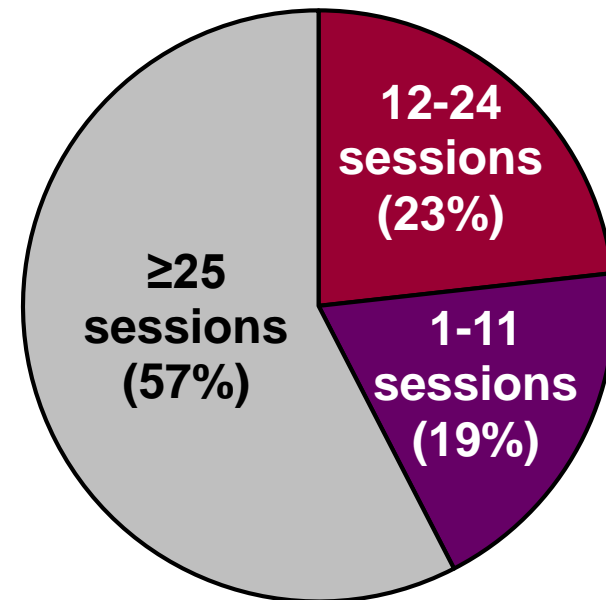


Adherence

- ~450K beneficiaries were eligible in 2013
- 20% of those eligible *initiated* within 12 months
- 57% of CR users completed ≥ 25 sessions (~51K)

→ Only 12% of 'eligibles' rec'd a healthy dose of CR

Number of CR Sessions per User



■ 12-24 sessions ■ 1-11 sessions ■ ≥25 sessions



**“It is not necessary to change.
Survival is not mandatory.”**

– W. Edwards Deming



Cardiac Rehabilitation Change Package

https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf

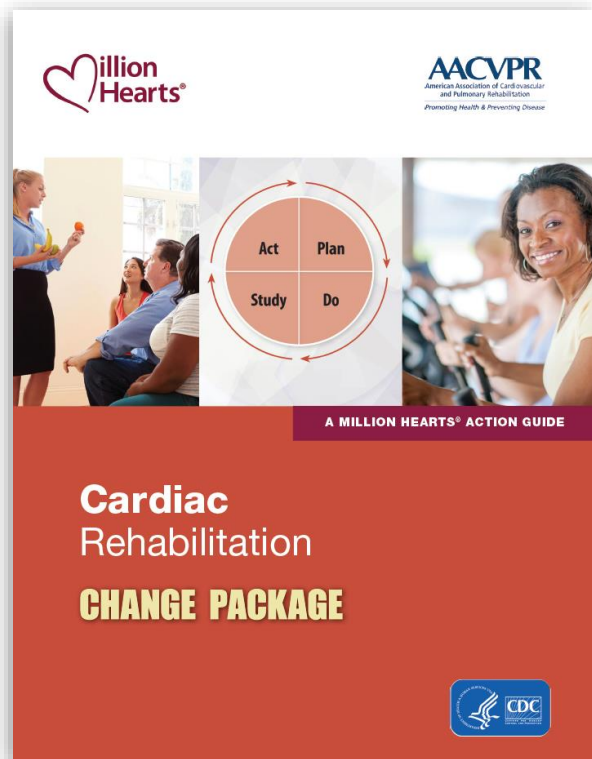


Table 2. Cardiac Rehabilitation Change Package—Referrals		
Change Concepts	Change Ideas	Tools and Resources
Incorporate Referral to CR into Hospital Standardized Processes of Care for Eligible Patients	Include referral to CR in order sets for appropriate patients; incorporate into EHR as appropriate	<ul style="list-style-type: none"> • Henry Ford Health System—EMR Discharge Order Set, “Opt Out” Cardiac Rehabilitation Referral Screenshot • Template AMI Orders. Pages 24B–25B, Montoye CK, et al., 2005.²⁰
	Include referral to CR in discharge checklists for appropriate patients; incorporate into EHR as appropriate	<ul style="list-style-type: none"> • Multidisciplinary Cardiac Discharge Checklist/Instructions. Page 1409, Thomas RJ, et al., 2007.²¹
	Include referral to CR in appropriate patient discharge forms; incorporate into EHR as appropriate	<ul style="list-style-type: none"> • Heart Attack Discharge Form. Page 29B, Montoye CK, et al., 2005.²⁰
	Develop a standard process for informing an external CR program of a referred patient	<ul style="list-style-type: none"> • Case Study: Massachusetts General Hospital—Referral of Patient to External Cardiac Rehabilitation Program • How to Find Cardiac Rehabilitation Programs in the United States Using the CDC Interactive Atlas of Heart Disease and Stroke • AACVPR—Program Directory • Massachusetts General Hospital—Fax Cover Sheet for External



Change Package Format

**Change
Concept**

- General notions that are useful in the development of more specific ideas for changes that lead to improvement



**Change
Idea**

- Actionable, specific ideas for changing a process



**Tools &
Resources**

- Can be adapted by or adopted in a health care setting

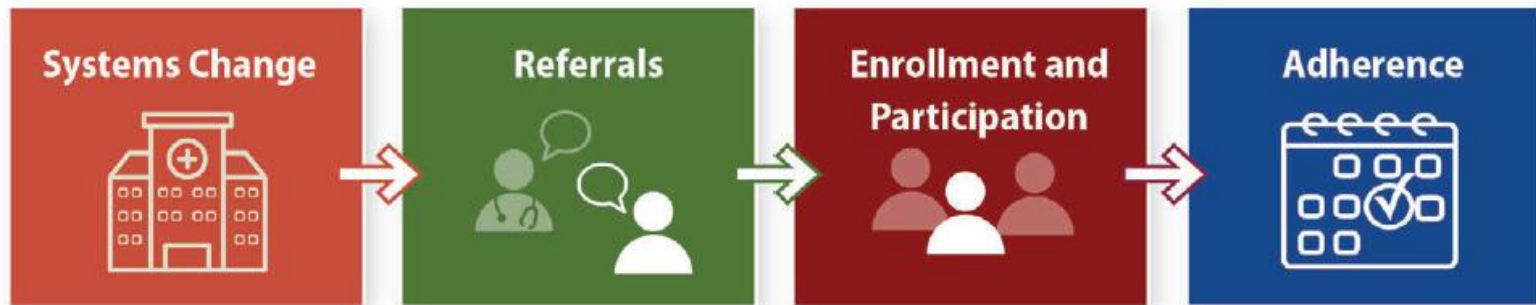
Tools and Resources

1. American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Strategies
2. Case studies
3. Program-specific tools
4. Organization-specific tools – CDC, AHA, ACC



Cardiac Rehabilitation Change Package Focus Areas

1. Systems change
2. Referrals
3. Enrollment and participation
4. Adherence



Referrals

Change Concepts:

- Incorporate referral to CR into hospital standardized processes of care for eligible patients
- Standardize the CR referral process
- Use data to drive improvement in referrals to CR



Referrals

Change Concept

Change Ideas

Tools & Resources



Use Data to Drive Improvement in Referrals to CR

1. Determine inpatient referral metrics to CR

2. Determine outpatient referral metrics to CR

3. Use CR referral performance measures in a quality improvement system

4. Regularly provide a dashboard with CR referral metrics, goals, and performance

5. Implement a CR Registry to identify, track, and manage patients who are referred to a CR program

6. Identify patients who had a cardiac event without a referral to a CR program

The image shows two overlapping screenshots of healthcare dashboards. The left screenshot is from AACVPR and displays a table of patient referrals with columns for 'SOURCE' and 'DIA'. The right screenshot is from Penn Medicine and shows a 'Pre Cardiac Rehab Patient Contact' form with various checkboxes and a 'Patient Registry' table. Below these is a 'Dashboard of Patients with Qualifying Diagnoses to Track Who Was Eligible, Referred, and Declined Services' which includes a table with columns for 'Patient', 'Room', 'Admit Info', 'Interventions', 'Prior Tasks', and 'Received?'. The table lists several patients with their respective room numbers, admit dates, and intervention status.

Adherence

Change Concepts:

- Identify populations at risk for low engagement
- Improve patient engagement



Adherence

Change Concept

Change Ideas

Tools & Resources



Improve Patient Engagement

1. Incorporate motivational and financial incentives for meeting goals for session attendance

2. Automate reminders and communication

3. Connect enrolled patients with a graduate or phase 3 participant Patient Ambassador or "sponsor"

Tools & Resources

AACN Patient Ambassador Program

Author Names: Loren Stahl
Author Institution: The Miriam Hospital

Introduction and Description

1. **What was your motivation?**
Drop-out rate in a matrix rehabilitation (CR) program that early discharges or patients 10 sessions of CR of new patient was serious goal of ambassador program.

2. **How long did it take to get it initially look approved ambassador program. If it drop-out rates during session**

3. **What staffing changes of an existing CR staff need initiative. This assigned recruitment of volunteers, and renewing patient ambassador**

Reflection on Process

4. **What worked well?**
The patient ambassadors being a resource for other program in 12 months, but
Although the primary patients, over time we encouraged repeat psychologist and physical program completion if
Ambassadors are also "Patient Ambassador"

Lifespan Cardiovascular Institute

The Center for Cardiac Patient Ambassador

As The Center for Cardiac Fitness continues to strive to Patient Ambassador Program allows us to provide a service to our patients.

Mission
The mission of the Patient Ambassador Program is to cardiac rehab participants:
• Ease the transition of incoming cardiac rehab participants
• Provide encouragement regarding utilization of rehab program
• Provide peer support through sharing of experiences
• Encourage long-term health goals for patients

Qualifications & Interest Information
The Patient Ambassador Team is composed of individuals who have successfully completed the 12-week cardiac rehab program and are an active member of the program.

• Patient Ambassadors are respectful, courteous, patient and act as a liaison between the patient and the staff.
• Clinical questions or concerns from the patient patient ambassadors. Medical advice or clinical questions are strictly prohibited.
• A one year commitment for each individual is necessary.
• Patient Ambassadors meet quarterly to review recommendations.
• An approved staff person, in collaboration with the Patient Ambassador, is responsible for the coordination of the Patient Ambassador Program.
• Patients are notified of the Ambassador Program as an introduction to the program and a list of Ambassador Team members during the week.
• Patient Ambassadors can be easily identified by a name tag or bright orange team shirts with name tags.
• Staff is responsible for identifying and introducing Patient Ambassadors.
• Outcomes are assessed through patient satisfaction surveys as well as specific surveys for the Patient Ambassador.

Center for Cardiac Rehabilitation

When starting a Cardiac Rehab program:
• How can I Cardiac Rehab?
• Where do I start with Cardiac Rehab?
• Am I the only person in Cardiac Rehab?

Our Patient Ambassadors are here to help you. They have successfully completed the 12-week cardiac rehab program and are an active member of the program. They are here to help you better understand your condition and help you better understand your condition.

Below is some information about the Patient Ambassador Program.

Role 5: Cardiac Event: Heart Attack Alert
"Alert" moment: "During the realization it was within my power to make a change. That "moderation" a new life theme. Place of advice: From some advice is, take good care of yourself. Your health comes first."

Role 6: Cardiac Event: Coronary Artery Disease
"Alert" moment: "After being another heart. There had to be needed rehab and the people."

Dear the information is confidential with your information. When do you have you need to make a program to make a program report for you.

Lifespan Cardiovascular Institute

PROGRAM EVALUATION

DATE: _____ TOTAL: _____

Your honest evaluation, comments, and concerns are very important to us and will assist us with the ongoing improvement of our program. Please help us to provide the highest quality of care.

Please indicate (by circling the appropriate number) whether you agree or disagree to the following statements.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. I was motivated and interested to start the program in a "sponsored" or "graduate" program.	1	2	3	4	5
2. The exercise program, facilities, and equipment were well-maintained.	1	2	3	4	5
3. The staff was friendly and professional.	1	2	3	4	5
4. The staff was concerned about my safety.	1	2	3	4	5

Additional comments or suggestions regarding your enrollment at the facility: _____

Dear Patient Ambassador,

The staff at The Center for Cardiac Fitness of time you have spent over the last twelve months.

The Patient Ambassador Program has a lot of experience. As the Center for Cardiac Fitness continues to strive to provide the highest quality of care, we are grateful for your participation in the program.

Over the past 18 months, we continued to receive positive feedback from our Patient Ambassadors.

Thank you for your interest and commitment to our program. The program could not be complete without your contributions.

The staff is extremely grateful and appreciative of your support for increasing patients.

Sincerely,

Debbie Beaudoin, BS, CRP
Patient Ambassador Coordinator

Loren Stahl, MS
Program Manager

Mark Wu, MD
Medical Director

CR Resources

- CR Webpage – <https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html>
- CR Change Package
- Cardiac Rehab Collaboration – email MillionHeartsCRC@cdc.gov to join
- CR Communications Toolkit – <https://millionhearts.hhs.gov/partners-progress/partners/cardiac-rehab-toolkit.html> n
- CR infographic and factsheet



Questions?

Hilary Wall – hwall@cdc.gov



The opinions expressed by authors contributing to this project do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named.

Using Data to Drive Improvement



Jennifer Newman, RN, BSN, cPT
Director of Cardiac Services, Lake
Regional Health System,
Cardiopulmonary Rehabilitation





Cardiac Rehabilitation Change Package

Jennifer Newman, RN, BSN, cPT
Director of Cardiac Services

Lake Regional Health System
Osage Beach, Missouri

Cardiopulmonary Rehabilitation



Lake Ozark



Osage Beach



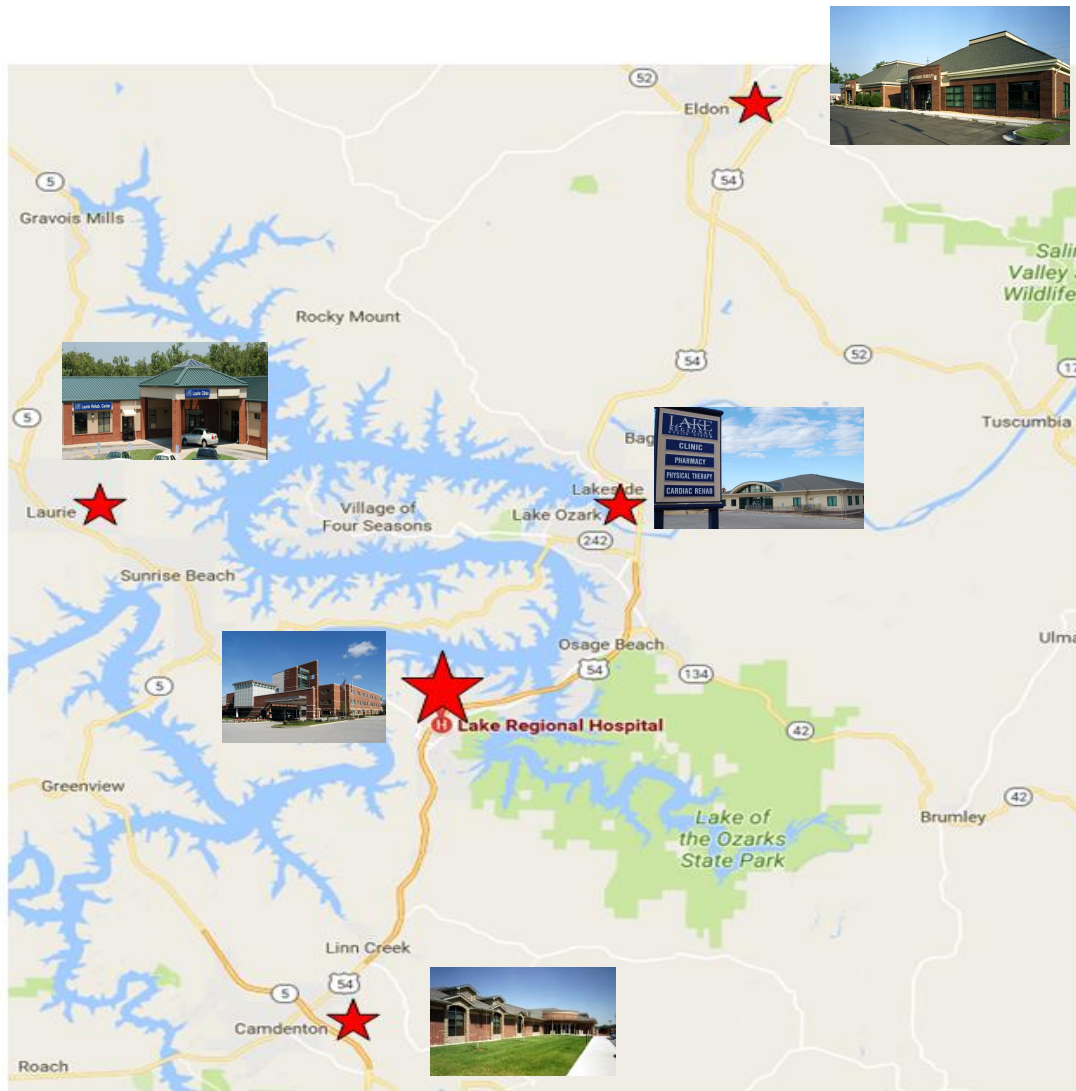
Eldon



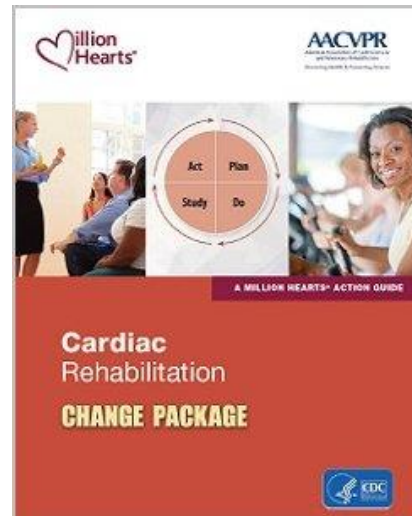
Laurie



Camdenton



- Quality improvement tool
- Target is improved care
- Listing of process improvements that cardiac rehabilitation champions can implement
 - Change concepts
 - Change ideas
 - Tools
 - Resources



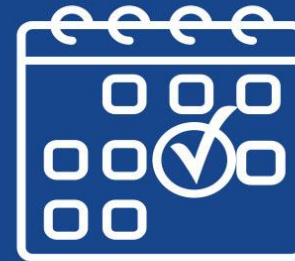
[Cardiac Rehabilitation Change Package](#)

Systems Change



1 Tool

Adherence



Referrals



3 Tools

Enrollment and Participation



4 Tools

- Make CR a Health System Priority
 - Tool – Presentation to the Board of Trustees
 - Tool – Update to department managers



- Standardization
 - Tool - Process Mapping for CR Referrals
 - Tool - Physician Referral/Order Policy
 - Tool - Admission Guidelines



- Educate patients about the benefits of CR.
 - Tool - Phase I Program Guidelines for inpatient education
- Use Data (analytics) to Drive Improvement
 - Tool - CR Enrollment Data – spreadsheet
 - Tool - Tracking of participants by diagnosis for targeting
- Reduce cost sharing barriers for CR services
 - Tool - Referral Process Map

Enrollment and Participation



Questions?



Designing Outpatient Rehab for the Patient



Tammy Garwick
Manager, Cardiac and
Pulmonary Rehabilitation
Mount Carmel Health System

Traditional vs. Contemporary Rehabilitation

- **Traditional rehab is 3 days per week**
 - Monday, Wednesday, and Thursday/Friday
- **Contemporary Rehab is 1-7 days per week**
- **Medicare Guidelines indicate up to 36 sessions in 36 weeks**
- **Accelerated program:**
 - Allows a patient to complete most or all of the program before returning to work or traveling for the season
 - Two billable sessions per day (93798 and/or 93797) lasting > 91 minutes



Hours

- Hours that meet the patient needs and not the staff needs
 - Working professional
 - Older population

Open Gym

- Need is there to treat cardiac rehabilitation like the YMCA or a community recreation center.
 - Allows patients to come and go as they please
 - Allows patients to choose who they exercise with
 - Announce when group education will be provided allow the patient to schedule accordingly
 - Limitation of open gym is staffing and cardiovascular equipment
 - Resistance training is an excellent addition that can be worked into the routine.
 - Telemetry monitors should not be a limitation

ECG monitoring

- Number of patients at any one time should not be limited by the telemetry ECG monitors available.
 - Risk stratification
 - Initial assessment only
 - Use of CPT: 93797
- 93797 Outpatient cardiac rehabilitation without continuous ECG monitoring
- 93798 Outpatient cardiac rehabilitation with continuous ECG monitoring

Home-based vs Facility-based

- Home-based program allows the patient to exercise at home with staff interaction.
 - Patient records their own exercise sessions
 - Patient may use an accelerometer to determine exercise capacity and heart rates. We know them as FitBit, Garmin, Apple Watches, Polar
 - Patient may use a home blood pressure cuff that has been calibrated or checked against staff acquisition of blood pressure
 - Staff checks in with the patient on a regular basis to review the exercise
 - Allows patients to make progress without the commitment or cost of attending cardiac rehabilitation multiple times per week.

Research Shows Home-Based Cardiac Rehab Increases Participation. (2018). American College of Cardiology. Retrieved from <https://www.acc.org/latest-in-cardiology/articles/2018/02/02/15/31/research-shows-home-based-cardiac-rehab-increases-participation>.



Miriam Hospital: Patient Ambassador Program



Loren Stabile, MS

Cardiac, Pulmonary &
Vascular Rehab

Program Manager, The
Miriam & Newport Hospitals



The Miriam Hospital Cardiac Rehab Patient Ambassador Program



Lifespan Cardiovascular Institute

Rhode Island Hospital • The Miriam Hospital
Newport Hospital

Delivering health with care.®

Million Hearts Partner Call

10.16.2018

Loren Stabile, MS

**Manager of The Miriam & Newport Hospitals
Cardiac, Pulmonary & Vascular Rehab Programs**

Objectives

- Share the explanation & motivation behind the implementation of the Patient Ambassador Program at The Miriam Hospital Cardiac Rehab Program
- Introduce the framework and components that comprise the Patient Ambassador Program
- Explore the impact of the Patient Ambassador Program on early drop out rates and patient experience in the cardiac rehab setting

The Patient Ambassador Program

A Department Quality Improvement Initiative

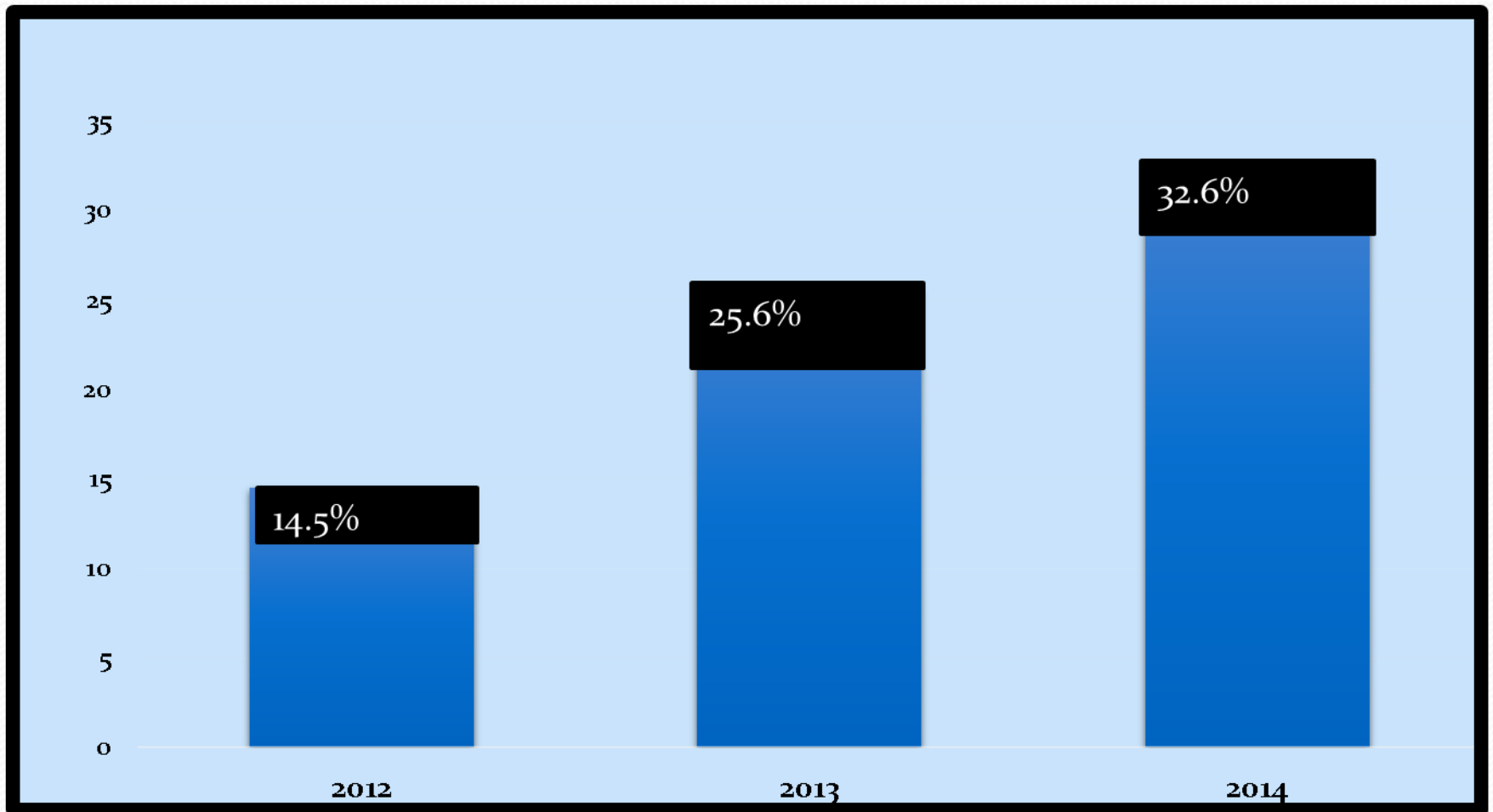
1. Capture Rate
2. Access to Care
3. Incidence of Falls
4. Absentee Rate
5. **Drop out rate**

2014: 24% Drop Out Rate

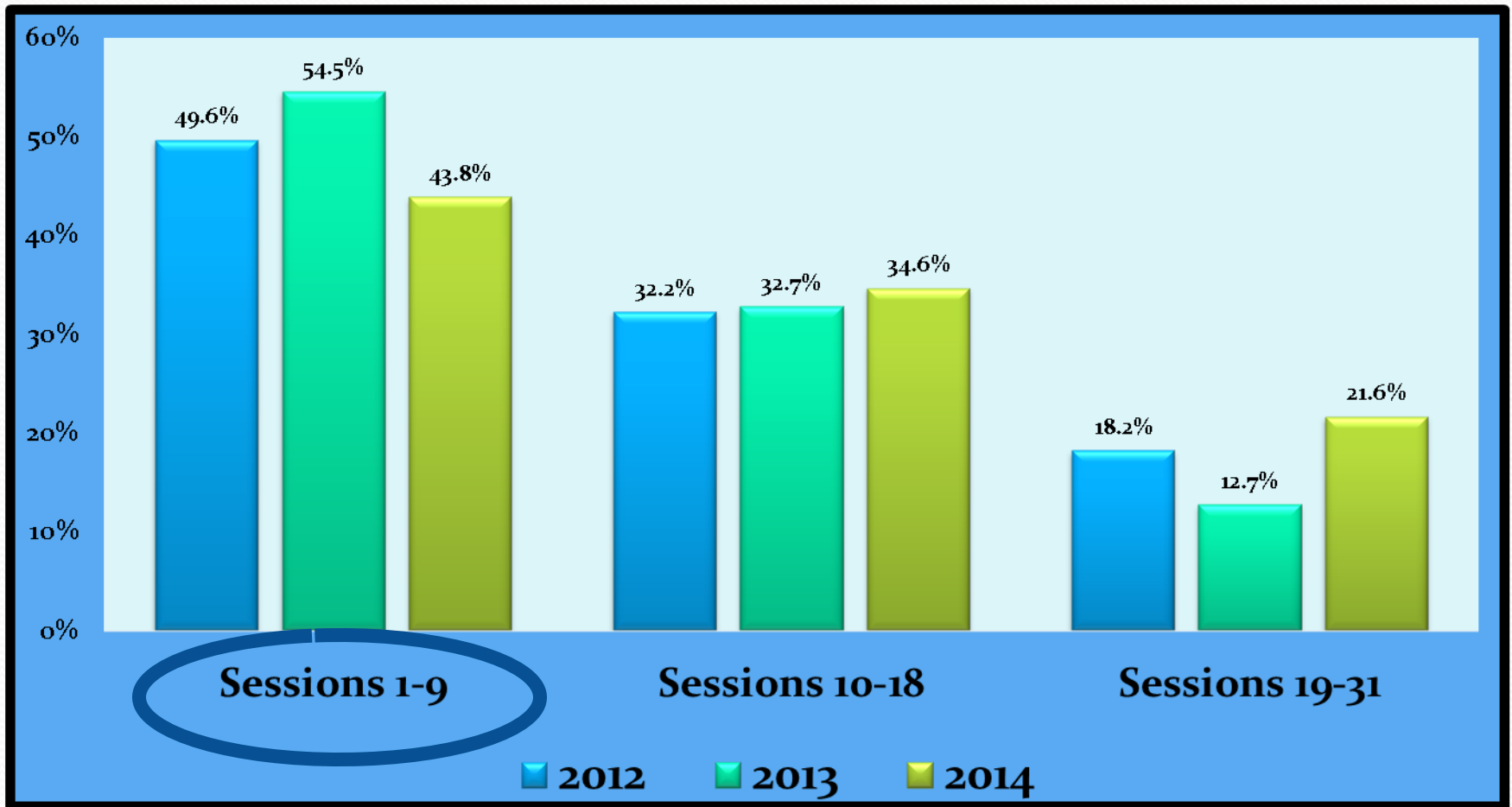
Reasons for Drop Out

Reason for drop out	Percent
Transportation	4.9%
Financial	5.8%
Personal	7.8%
Work	8.7%
No reason provided	10 %
Medical	30.2%
Non- compliance	32.6%

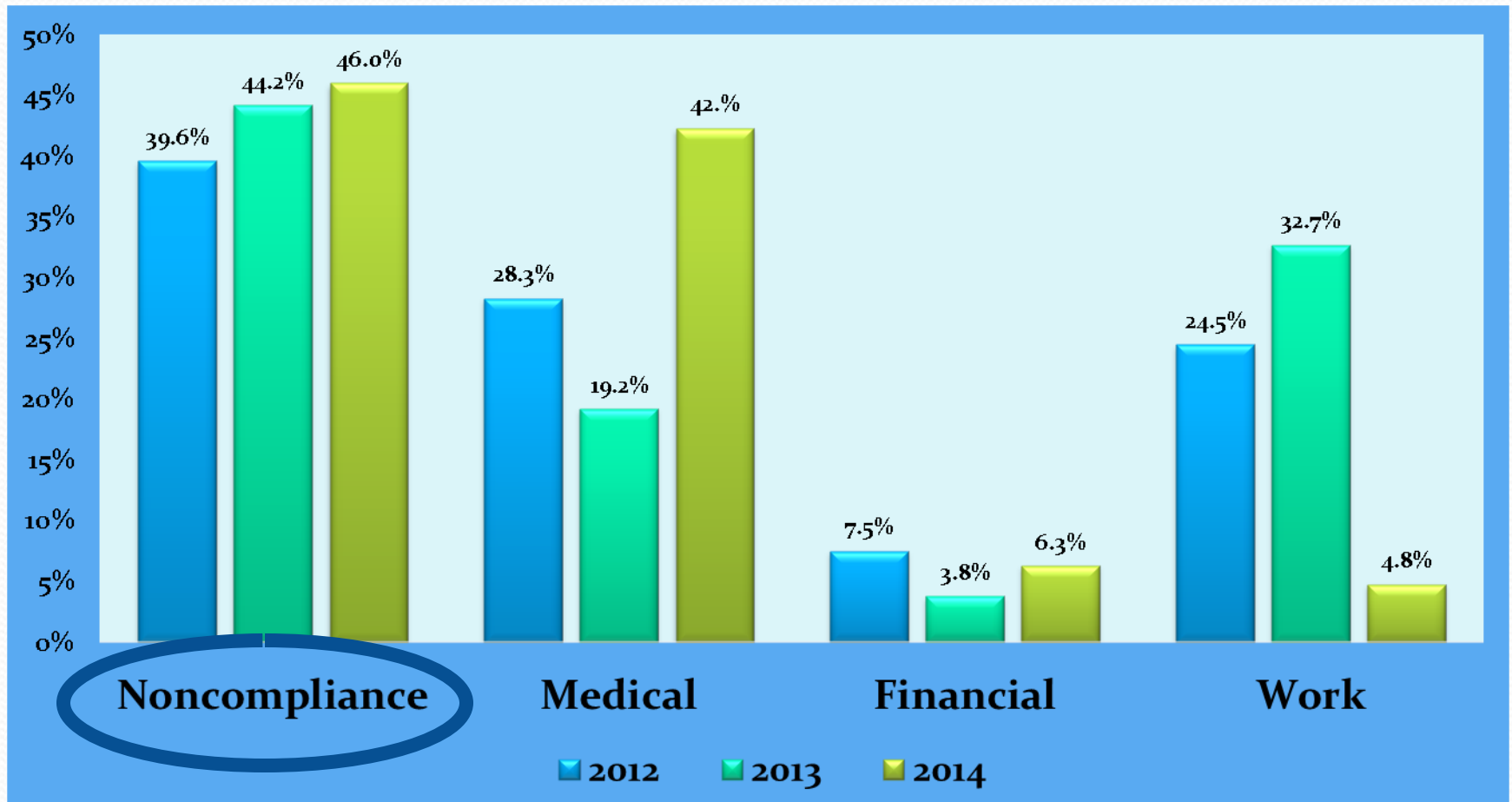
Drop out due to Non-compliance



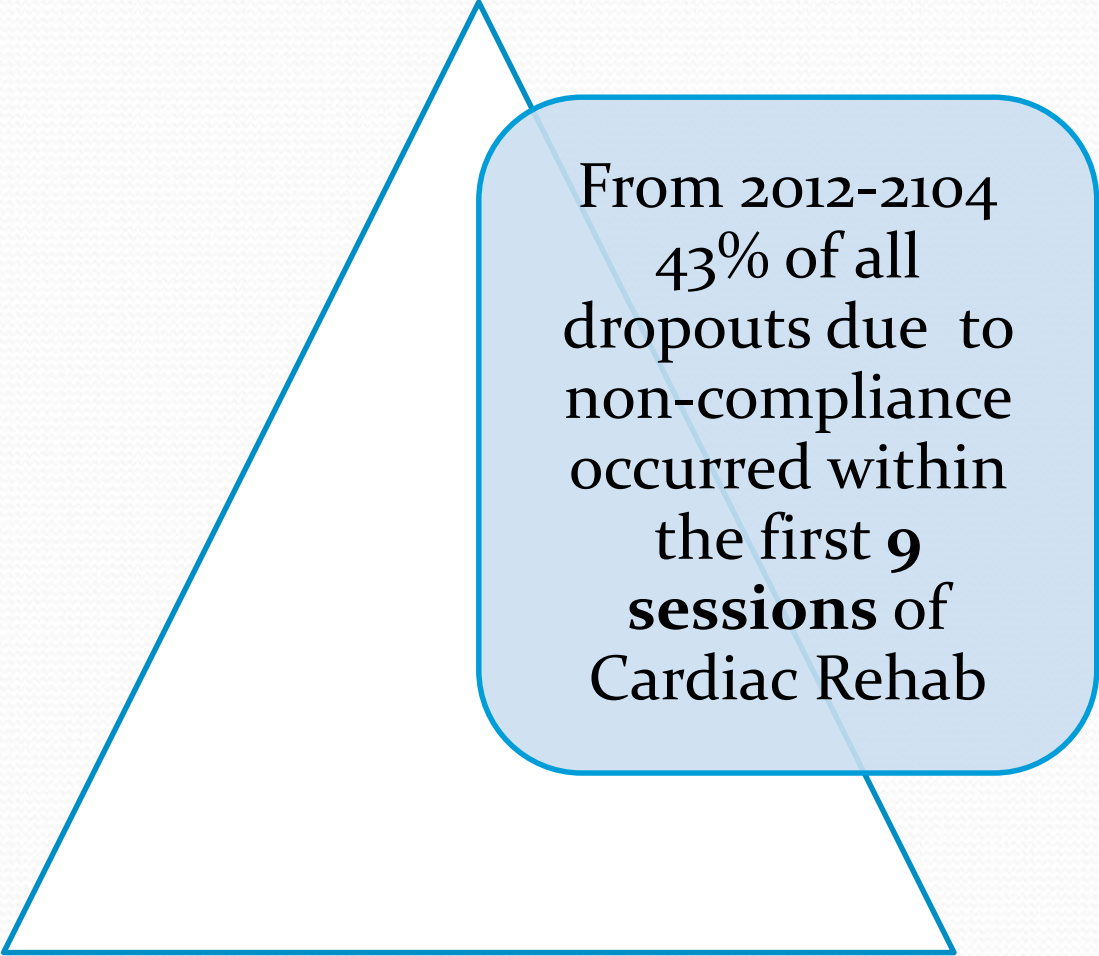
Drop Out Rate by Session



Reason for drop out in sessions 1-9



Conclusion



From 2012-2104
43% of all
dropouts due to
non-compliance
occurred within
the first **9**
sessions of
Cardiac Rehab

Opportunity for Improvement

Medical – No control over

Work Conflict- Implemented an early morning 6:45 am CR class

Copay-Offered an abbreviated program or Community Free Service

Transportation- coordinated local transportation through state dept.

Non-compliant or Not Interested-???

What was the solution



A Patient Ambassador
Program

Frame Work

1. Establish Purpose & Mission

Mission &
goals were
established
for
Patient
ambassadors

- Ease transition of incoming cardiac rehab patients
- Provide peer support through sharing of experiences
- Provide encouragement regarding the utilization of support services
- Encourage long term health goals at discharge from cardiac rehab

2. Recruit Patient Ambassadors



Lifespan Cardiovascular Institute

Rhode Island Hospital - The Miriam Hospital
Newport Hospital

Delivering health with care®

You're Invited

To participate in our

Patient Ambassador Program

This is an opportunity to volunteer and share your positive experience in Cardiac Rehab with other newly enrolled patients. We understand that the first few weeks in cardiac rehab can be overwhelming, we are hoping that your experience can assist the new patients on setting a positive trajectory for their cardiac rehab program.

Each Patient Ambassador will be asked to volunteer 1 hour a week of their time to speak with new cardiac rehab patients.

We will be having an informational meeting on ___ to discuss the expectations and guidelines for the Patient Ambassador program. Please contact _____ at _____ if you are interested and will be able to attend.

We look forward to having you join our patient ambassador team.

3. Establish Mission, Guidelines & Expectations

Lifespan Cardiovascular Institute

Rhode Island Hospital • The Miriam Hospital
Newport Hospital

Delivering health with care.®

The Center for Cardiac Fitness Cardiac Rehab Patient Ambassador Program

As The Center for Cardiac Fitness continues to strive for excellence in quality and customer service, the Patient Ambassador Program allows us to provide a more personalized approach to care.

Mission

The mission of the Patient Ambassador Program is to address the following components for the active cardiac rehab participants:

- Ease the transition of incoming cardiac rehab patients
- Provide encouragement regarding utilization of support services
- Provide peer support through sharing of experiences
- Encourage long-term health goals for patients being discharged

Guidelines & General Information

- The Patient Ambassador Team is comprised of 6 to 12 past cardiac rehab participants who successfully completed the 12-week Cardiac Rehab program. Past rehab participants are invited by staff to serve on the committee and volunteer one hour a week to the ambassador program.
- Patient Ambassadors are respectful, courteous and professional at all times when interacting with patients and act as a liaison between the patient and the clinical staff.
- Clinical questions or concerns from the patients are directed to the clinical staff through the patient ambassadors. Medical advice or clinical recommendations from ambassador team members is strictly prohibited.
- A one year commitment for each individual is suggested and will be revisited on the one year anniversary.
- Patient Ambassadors meet quarterly to review procedures, concerns, evaluate suggestions and recommendations.
- An appointed staff person, in collaboration with the program manager and the medical director, is responsible for the coordination of the Patient Ambassador Program.
- Patients are notified of the Ambassador Program through the initial welcome mailing, consisting of an introduction to the program and a list of team members. Patients are reminded of the Ambassador Team members during the intake process and again during rehab classes.
- Patient Ambassadors can be easily identified by patients; they are always well-groomed and dressed in bright orange team shirts with name tags.
- Staff is responsible for identifying and introducing incoming and graduating rehab patients to the Patient Ambassadors.
- Outcomes are assessed through patient satisfaction surveys, turnover rate during the initial 10 rehab sessions as well as sporadic surveys during rehab class.

4. Create a Patient Ambassador Uniform

T - shirt design



Logo design



Name tag



5. Communication to CR patients

Ambassador Profile Form



Lifespan Cardiovascular Institute

Rhode Island Hospital • The Miriam Hospital
Newport Hospital

Delivering health with care.®

Name: _____ (Optional) Age: _____

(Optional) Cardiac Event _____

Rehab Graduation date/year: _____ Cardiac Maint. member since: _____

Hobbies: _____

Occupation/Career: _____

Your "Aha" Moment at the Center for Cardiac Fitness: _____

Biggest Lifestyle change: _____

Favorite things about Cardiac rehab: _____

A piece of advice: _____

Introduction to PAP in Cardiac Rehab Welcome Packet



Lifespan Cardiovascular Institute

Rhode Island Hospital • The Miriam Hospital
Newport Hospital

Delivering health with care.®

Center for Cardiac Fitness' Patient Ambassador Program

When starting a Cardiac Rehabilitation program you may have many of the following questions:

- How can I fit Cardiac Rehab in with my work schedule?
- Where do I start with making lifestyle changes?
- Am I the only person who has experienced these health challenges?

Our Patient Ambassadors are here to help!

- The Patient Ambassador team members experience heart disease just like yourself. They have successfully completed the 12-week Cardiac Rehabilitation program and now volunteer their time to help ease your enrollment and assist you in answering any questions you may have. By sharing their experiences, our Patient Ambassadors can help you better understand the long term benefits of the journey to improved health. They are here to support you through your Cardiac Rehab program.

Below is some information about our Patient Ambassadors:

Rob S

Cardiac Event: Heart Attack & Stents; cardiac rehab in 2009

"Aha" moment: "During the first week of rehab, accepting the fact that I had a cardiac event, realizing it was within my power to get healthy and continue my life."

Biggest lifestyle change: "Examining old habits, implementing sustained changes and making 'moderation' a new life theme."

Piece of advice: "From someone who was initially very reluctant to participate in rehab, my advice is, take good care of yourself and stay with it! As demanding as work can be, keep it in perspective. Your health comes first!"

Rocco C, 64

Cardiac Event: Coronary Artery Bypass Surgery; cardiac rehab 2015

Career: Self Employed/Marketing

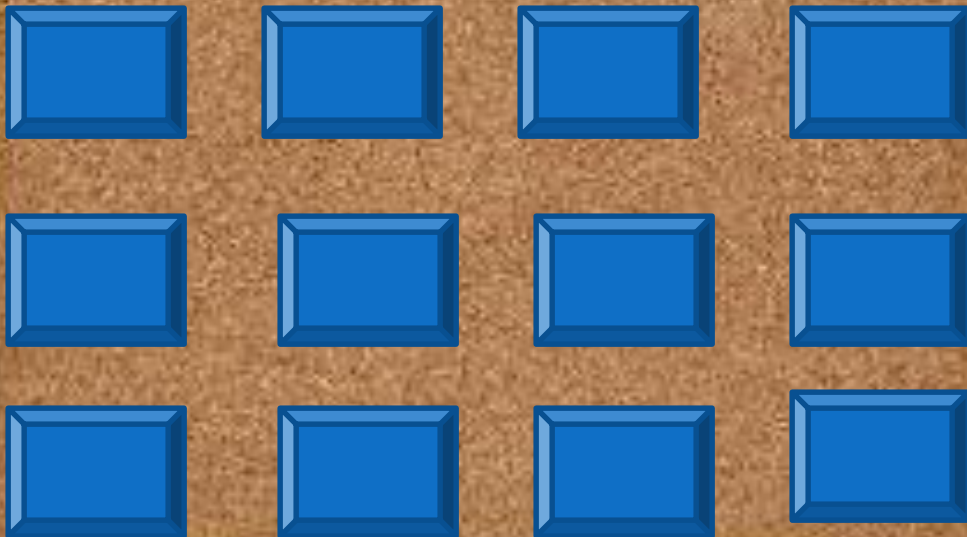
"Aha" moment: "After being in rehab for 5 weeks & having much trepidation, I had to receive another Stent. Then had to start all over again and only then did I realize just how much I

5. Communication to CR patients



Initial Assessment

MEET OUR AMBASSADORS



6. Measuring the Impact of the Intervention

Using the Program or Patient Satisfaction Survey

Did you speak with the Patient Ambassador during your rehab classes? Yes No

How helpful did you find them? Not very helpful Somewhat helpful Helpful Very Helpful

Circle the component(s) in which the patient ambassador was most helpful:

- Eased your transition into Cardiac Rehab
- Provided peer support and sharing of experiences
- Provided encouragement regarding the utilization of support services (psychologist /dietician/events)
- Encouraged long term health goals at discharge from cardiac rehab

Additional comments or suggestions:

Results

Patient survey data

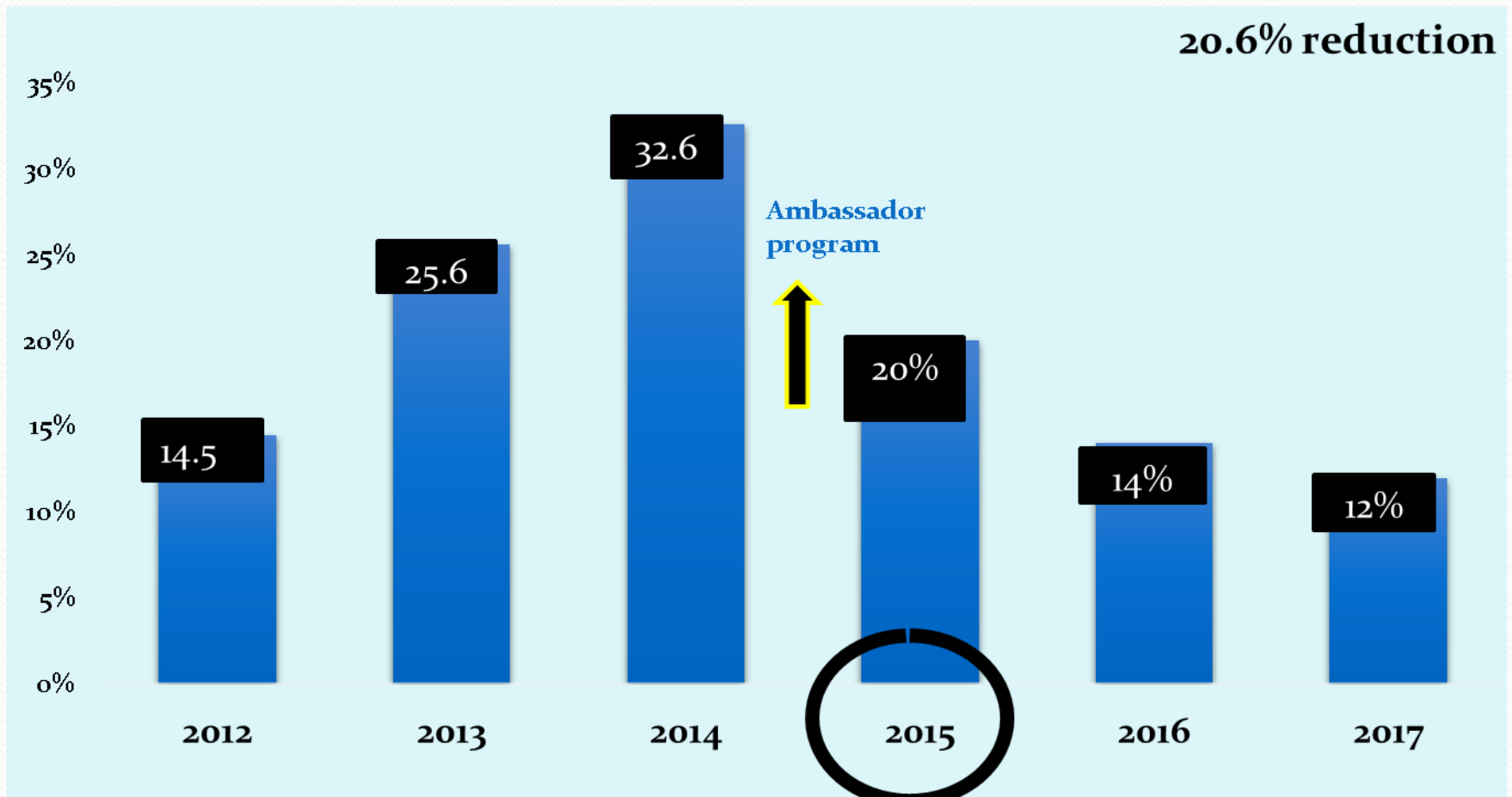
2016 97% patient satisfaction

2017 96% patient satisfaction

found the patient ambassador to be **somewhat helpful, helpful** or **very helpful**

- **Rating the components in order of helpfulness:**
- # 1 Eased your transition into Cardiac Rehab
- #2 Provided peer support and sharing of experiences
- # 3 Provided encouragement regarding the utilization of support services
- # 4 Encouraged long term health goals at discharge from cardiac rehab

Drop Out due to Non-compliance



7. Patient Ambassador Letter of Thanks

Lifespan Cardiovascular Institute

Rhode Island Hospital • The Miriam Hospital
Newport Hospital

Delivering health with care.®

Date _____

Dear Patient Ambassador,

The staff at The Center for Cardiac Fitness would like to thank you all for the enormous amount of time you have spent over the last twelve to eighteen months as a Cardiac Rehab Patient Ambassador.

The Patient Ambassador Program has a critical role in improving patient satisfaction and patient experience. As the Center for Cardiac Fitness continues to strive for excellence in quality and customer service, our patient ambassador team provides a more personalized approach to patient care.

Over the past 18 months, we continued to see a decrease in our patient dropout rates and continued to receive positive feedback by patients regarding their interactions with the Patient Ambassadors.

Thank you for your interest and commitment to this very important departmental quality improvement initiative. The program could not provide this valuable service without your contributions.

The staff is extremely grateful and appreciative for your participation and genuine desire to provide support for incoming patients.

Sincerely,

Ambassador Coordinator

Program Manager

Medical Director



Contact

Loren Stabile, MS

Program Manager

lstabile@lifespan.org

(401)793-5811 or (401)845-1460

Q & A

Do you have a question for one of the panelist?

Please submit your questions in writing using the Q&A Panel located at the bottom right of your screen.



Million Hearts® Partners Share

This is an opportunity for Million Hearts® Partners to provide an update on your organization's Million Hearts® actions.

Please submit your update in writing using the Q&A Panel located at the bottom right of your screen.



Million Hearts® Partners Share

Division for Heart Disease and Stroke

Prevention, CDC: Robin Rinker, MPH, Health Communications Specialist

AACVPR: Amy Knight, PhD ABPP, Associate Professor, Director of Psychology Services, Spain Rehabilitation Center, Department of Physical Medicine & Rehabilitation, The University of Alabama at Birmingham School of Medicine,



Thank You!

Please submit any comments or feedback to
millionhearts@cdc.gov

