



Increasing Patient Confidence with Non-ECG Monitoring in Cardiac Rehabilitation

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INTRODUCTION

Recent studies have shown excessive monitoring can potentially hinder patient self-efficacy and decrease program attendance (Carlson, 2011).

Improvement strategies are needed to increase patient confidence exercising independently and adherence to a cardiac rehabilitation program.

METHODS

Patient Program Plan

March 2017 Test of Change



Standard Process

- 150 patients
- No change to current process
 - Blood pressures taken 3x/session
 - Patients ECG Monitored 36 sessions
- Current process: Case management every 4 weeks when ITPs sent to Dr.
- Confidence with exercise assessed before/after program

Patient Program Plan

- 138 patients
- Developed an algorithm and case management process to evaluate patient blood pressures and cardiac rhythm
- Case management Process:
 - ✓ Between RN and Exercise Physiologist completed in weeks 1, 3, 5, 7, 9
- Confidence with exercise assessed before/after program

METHODS

Telemetry Monitoring Algorithm		
Low Risk	Moderate Risk	High Risk
1. Assess cardiac rhythm trends 2. Assess patient exercise tolerance		
If stable, consider discontinuing telemetry between sessions 12 to 18	If stable, consider discontinuing telemetry between session 18 to 24	If stable, consider discontinuing telemetry between session 24 to 36
Clinical Indications for continued monitoring: <ul style="list-style-type: none"> ▪ New reports of angina ▪ Change in frequency, duration, or type or rhythm per policy ▪ Change in patient baseline condition, symptomatic 		

RESULTS

	Standard Process	Patient Program Plan
How important is it for you to start/maintain an exercise routine?	11% Improvement (Avg. 8/10)	16% Improvement (Avg. 9.3/10)
How confident do you feel exercising independently?	31% Improvement (Avg. 6.5/10)	39% Improvement (Avg. 9/10)

➤ Most surprising, patients were staying **LONGER!**

	Standard Process	Patient Program Plan
# Avg. Phase 2 Sessions Completed	18 sessions	24 sessions

✓ Additionally, the cardiac rehabilitation program saw an increase of 438 sessions in 2017, an average financial increase of \$41,610 after insurance reimbursement.

CONCLUSIONS

Given the positive results regarding Patient Program Plan patients reporting more confidence exercising independently, and patients were more likely to start/maintain an exercise routine, the cardiac rehabilitation program increased the scope of the Patient Program Plan test of change to include all patients.

Staff reported increased satisfaction with documentation, workflow and more streamline communication of case management process with patients. The test of change was considered successful in identifying a better system to individualize and improve patient care.