



Time to get out of the basement:
How to Grow Your Rehab Program Through Innovation

Barbra Fagan, MS, MAACVPR

MACVPR April 29, 2022

Disclosures

Employed by Chanl Health



My Journey

Staff Clinical Exercise Physiologist 1987

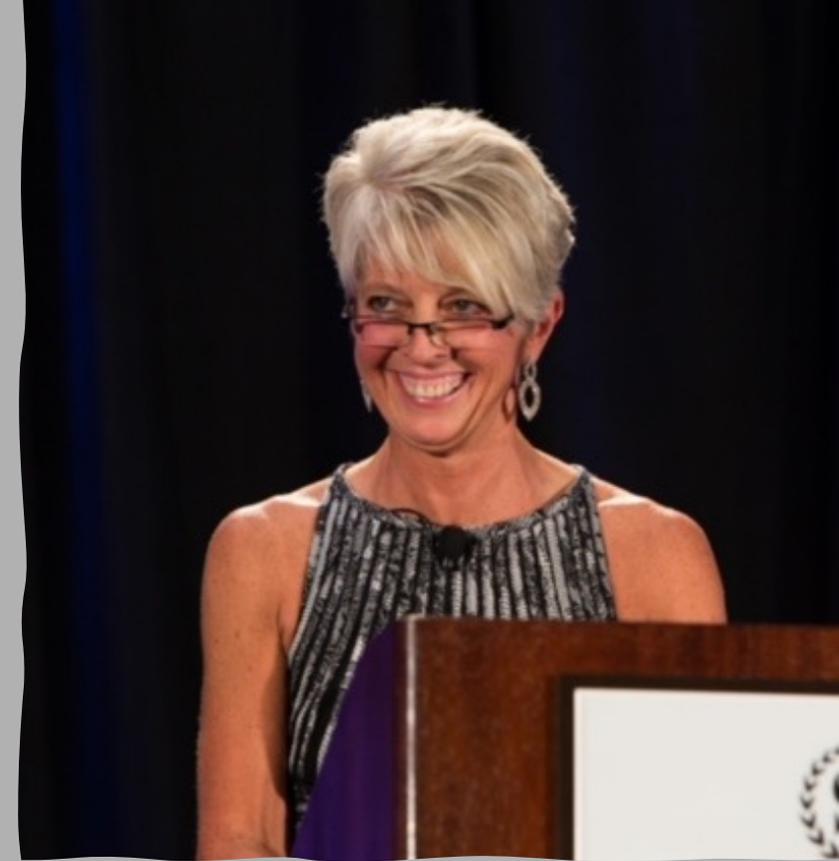
AACVPR Member 1987 - current

AACVPR President 2014

**Population Health & Employee
Wellness 2006-2018**

Chanl Health 2019 - current

Eyes and ears of what YOU share





Where the Magic Happens

A photograph of a paved path lined with mature cherry blossom trees. The trees are in full bloom, with light pink and white blossoms. The scene is captured at dusk or dawn, with a soft, golden light filtering through the branches, creating long shadows on the path. The overall mood is serene and peaceful.

Holly's Story

Are we listening?

- 58-year-old female professional
- Active lifestyle
- CrossFit Athlete
- Summer 2021, Experiencing chest discomfort, cath, Stent of the circumflex.
- Joined CR because she knew better, and I'd kill her if she didn't
- Agreed to come twice a week
- 2.0 mph HR<130, very slow increases
- Week 6 – FOCUS remains on exercise, but they are letting her run now



What was
Holly really
looking for?

A hybrid option – 1X weekly
wrapped with a virtual component

Better understanding of her
unique “individual” physical
capabilities

Address what is most important
from Day 1 - STRESS



What we will talk about

- What is your Mindset
- What is change and why do we need it?
- What does it mean to grow your program?
- What are my resources?
- Leading practice – what's happening at other programs?
- How to ask for what you want?



In the midst of chaos,
there is also opportunity.

Sun Tzu



“Listen with your ears, see with your eyes the
opportunities all around.” Baystate CEO, Mark Keroack

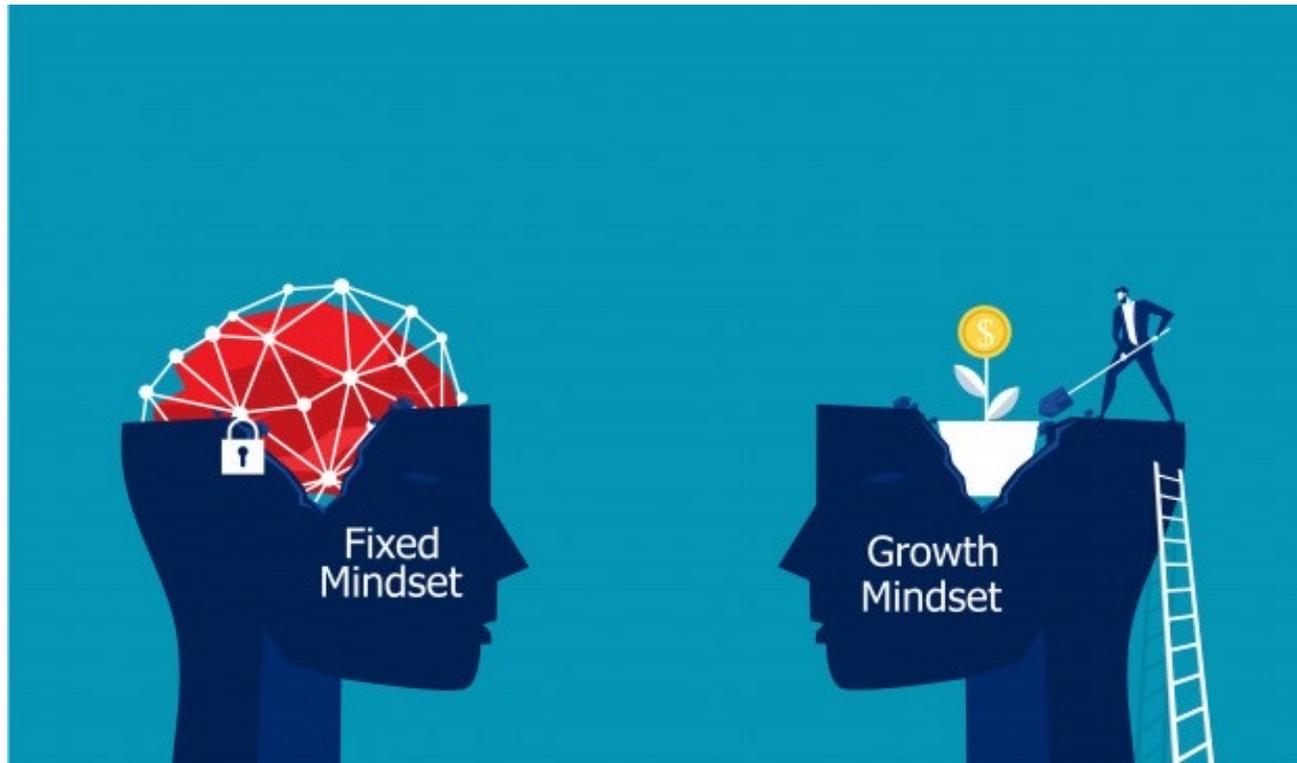
Mindset

Set of:

- Assumptions
- Methods
- Notions



FIXED VS. GROWTH MINDSET



If you imagine less, less will be what you undoubtedly deserve.

Change is inevitable, growth is optional. John Maxwell

Fixed Mindset	Growth Mindset
Either I'm good at it or I'm not.	I can learn to do anything I want.
That's just who I am. I can't change it.	I'm a constantly evolving work in progress.
If you have to work hard, you don't have the ability.	The more you challenge yourself, the smarter you become.
If I don't try, then I won't fail.	I only fail when I stop trying.
That job position is totally out of my league.	That job position looks challenging. Let me apply for it.

What's My Mindset?

1. You're born with a certain amount of intelligence and it isn't something that can be changed.
2. No matter who you are, there isn't much you can do to improve your basic abilities and personality.
3. People are capable of changing who they are.
4. You can learn new things and improve your intelligence.
5. People either have particular talents, or they don't. You can't just acquire talent for things like music, writing, art, or athletics.
6. Studying, working hard, and practicing new skills are all ways to develop new talents and abilities.

Can You “unfix” The “fixed” Mindset?

- Focus on the journey
- Take on challenges
- Pay attention to your thoughts.
 - Thoughts become words, words become actions, actions become character and character becomes your destiny.
- Incorporate “yet” into your vocabulary.
 - Remove soft talk such as maybe, one day, I might...
- Should detox
- Find new ways to learn
- Be alright with being uncomfortable





Disruptive Innovations

Challenging the Status Quo



“
The most dangerous phrase
in the language is ‘we’ve always
done it this way.’

- Grace Hopper



Grow your program?

Increase gym size

Increase the number of staff



Growth through innovation

Standard Cardiac Rehab Class Structure

Intake –revisit and ask patient everything that we can read in their chart

6-minute walk – initial exercise assessment

Class focused with start and end time – send patients home if late

Three times a week, MWF (seldom weekends)

7:00-5:00 (seldom evenings)

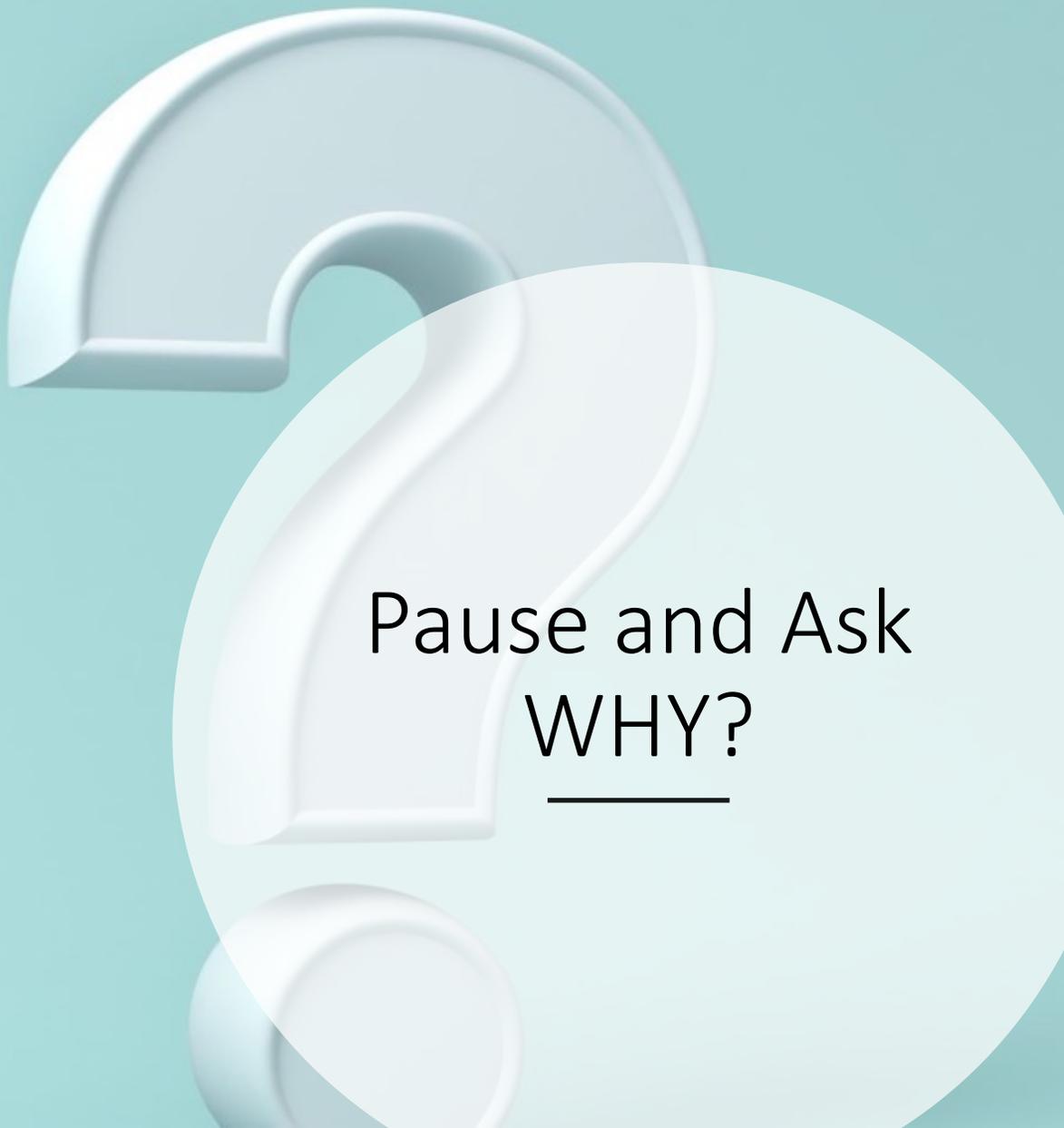
Heavily focused on exercise

Treadmill, Bike, NuStep

Light weights

Continuous ECG monitoring for all – whether the patient needs them or not

Blood Pressures taken on all patients every session

A large, light blue question mark graphic is centered on the right side of a teal background. The question mark has a 3D effect with shadows. The text "Pause and Ask WHY?" is overlaid on the question mark, with "WHY?" underlined.

Pause and Ask
WHY?

Cardiac Rehab Reinvented

Intake of curiosity – why is the patient coming? What is most important to their participation? Group orientations or intakes?

Open gym concept, allow the patient to come when it's convenient for them. **Outside the pandemic.

Accelerated sessions; 5 times per week, 91+ minute sessions.

Hybrid model, patient comes to some onsite session some virtual synchronous and asynchronous.

ECG monitor those patients that need it, start with 4-6 sessions, transition to no ECG monitoring.

Measure blood pressures on patients that have issues.(AACVPR Change Package)

Focus on what is most important to the “individual” patient.

Where Do I Start?

AACVPR

**American Association of Cardiovascular
and Pulmonary Rehabilitation**

AACVPR

American Association of Cardiovascular
and Pulmonary Rehabilitation

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PROFESSIONAL AND CONTINUING EDUCATION

Whether online or in-person, AACVPR offers education to keep cardiac and pulmonary professionals in-the-know on hot topics and up-to-date on critical skills.

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AACVPR Central

HOME DISCUSSIONS - DIRECTORY RESOURCES - ADVOCACY - CAREER CENTER AACVPR.ORG

The Pulse

Settings

Community Home

Discussion 3.6K

Library 74

Events 0

Members 3.2K

1 to 50 of 919 threads (3.6K total posts)

Most Recently Updated

Posts in my communities

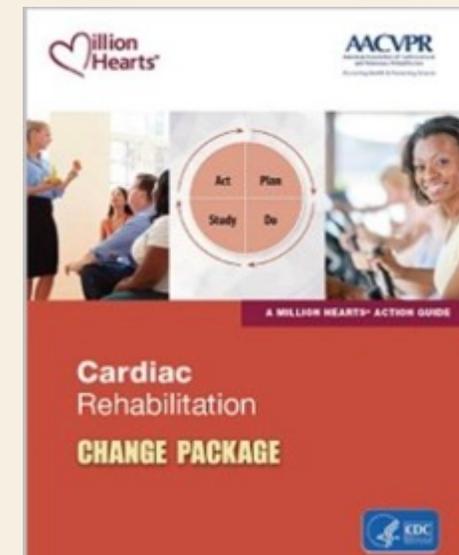
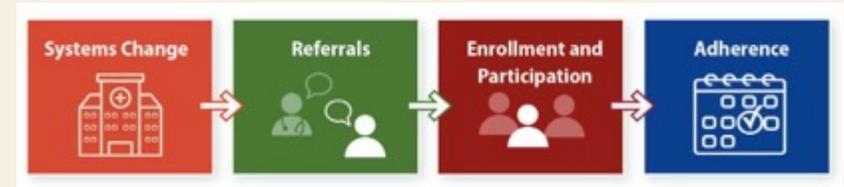
50 per page

POST NEW MESSAGE

Thread Subject	Replies	Last Post	Status
LVAD patients	6	an hour ago by Rana Hornby Original post by James Lewis	
Flooring in Cardiac & Pulmonary Rehab	6	4 hours ago by Dustin Eggers Original post by Phyllis Hyde	
★ Is there a need for an assigned staff to monitor telemetry?	3	6 hours ago by Lance Maerz Original post by Brian Labudde	

AACVPR, Million Hearts & CDC Change Package

- **Change** concepts,
- **Change** ideas,
- **Change** tools and resources.



CHANGE...evidenced based

Cardiac Rehabilitation CHANGE PACKAGE

Make CR a Health System Priority

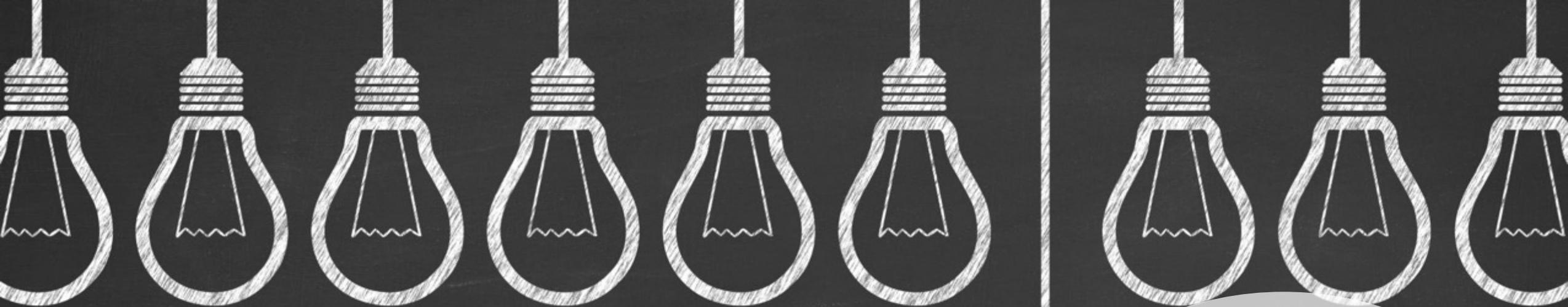
AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation
Advancing Health & Promoting Change

A MILLION HEARTS ACTION GUIDE

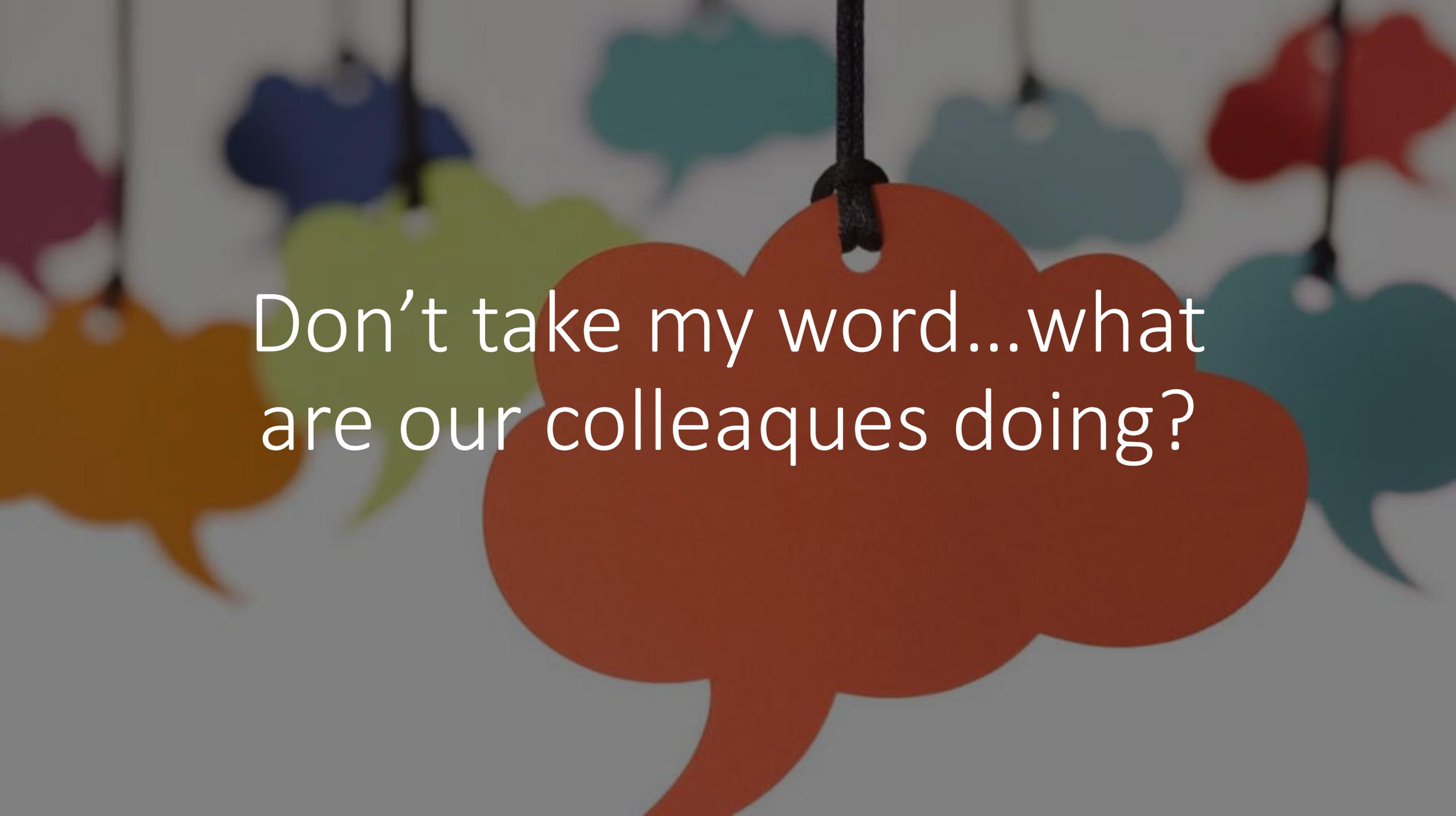
EDC

Change Concepts	Change Ideas	Tools and Resources
Identify Populations at Risk for Low Engagement	Know the characteristics that are predictive of attendance and drop-out to identify patients at particular risk, to offer extra support	<ul style="list-style-type: none"> Case Study: University of Alabama at Birmingham—Increase Enrollment and Session Adherence Class Schedule: University of Alabama at Birmingham—Cardiopulmonary Rehabilitation
Reduce Delay from Discharge to First CR Appointment	Before hospital discharge establish an early, within 12 days of discharge, outpatient appointment	<ul style="list-style-type: none"> AACVPR Cardiac Rehabilitation Enrollment Strategy—<i>Reducing the Delay Between Hospital Discharge and Enrollment into Cardiac Rehabilitation</i> Baystate Medical Center—Cardiovascular Rehabilitation and Wellness: Admission, Orders and Enrollment Policy and Procedure

Change Concept	Change Ideas	Tools and Resources
Make CR a Health System Priority	Establish a hospital champion, such as a quality of care leader or a CR administrator	<ul style="list-style-type: none"> Lake Regional Health System—Cardiopulmonary Rehabilitation: Presentation for Board of Trustees Uverpool Hospital—Clinical Champions PowerPoint AACVPR—Crucial Conversations with Medical Providers & Hospital Administrators About Cardiac Rehabilitation Services Delivering Value Based Care Million Hearts—Getting to 70% Cardiac Rehabilitation Participation: Action Steps for Hospitals
	Engage the care team in CR and ensure their buy-in in CR	<ul style="list-style-type: none"> AACVPR—Crucial Conversations with Medical Providers & Hospital Administrators About Cardiac Rehabilitation Services Delivering Value Based Care Lake Regional Health System—Cardiopulmonary Rehabilitation: Update to Department Managers Million Hearts—Cardiac Rehabilitation Infographic
Standardize the CR Referral Process	Develop and communicate a standardized outpatient CR referral process or policy for patients discharged to inpatient acute or subacute rehabilitation or to homecare services	<ul style="list-style-type: none"> AACVPR Cardiac Rehabilitation Referral Strategy—<i>Bridging the Rehabilitation Care Continuum: Spotlight on NYU Langone Health</i> Massachusetts General Hospital—Cardiac Rehabilitation Referral Form Beith Israel Deaconess Hospital, Milton—Cardiac Rehabilitation Physician Referral Form Referral Order to an Early Outpatient Cardiac Rehabilitation/ Secondary Prevention Program: From an Inpatient Setting, Page 1407, Thomas RL, et al., 2007.¹¹
	Implement standardized paper/taxed referral to CR from an inpatient setting	



Connect With
Thought Leaders
and Innovators



Don't take my word...what
are our colleagues doing?

Duke Cardiac Rehabilitation

- Opened in 1977 – never had continuous ECG
- Open gym concept
- BP exercise and post exercise checks for first 3 sessions; only repeated if clinically indicated
- CHF program billed by PTs; then transitioned pts to CR after the 6 weeks of stability
- Automatic referral in Epic
- Virtual Hybrid option 2020

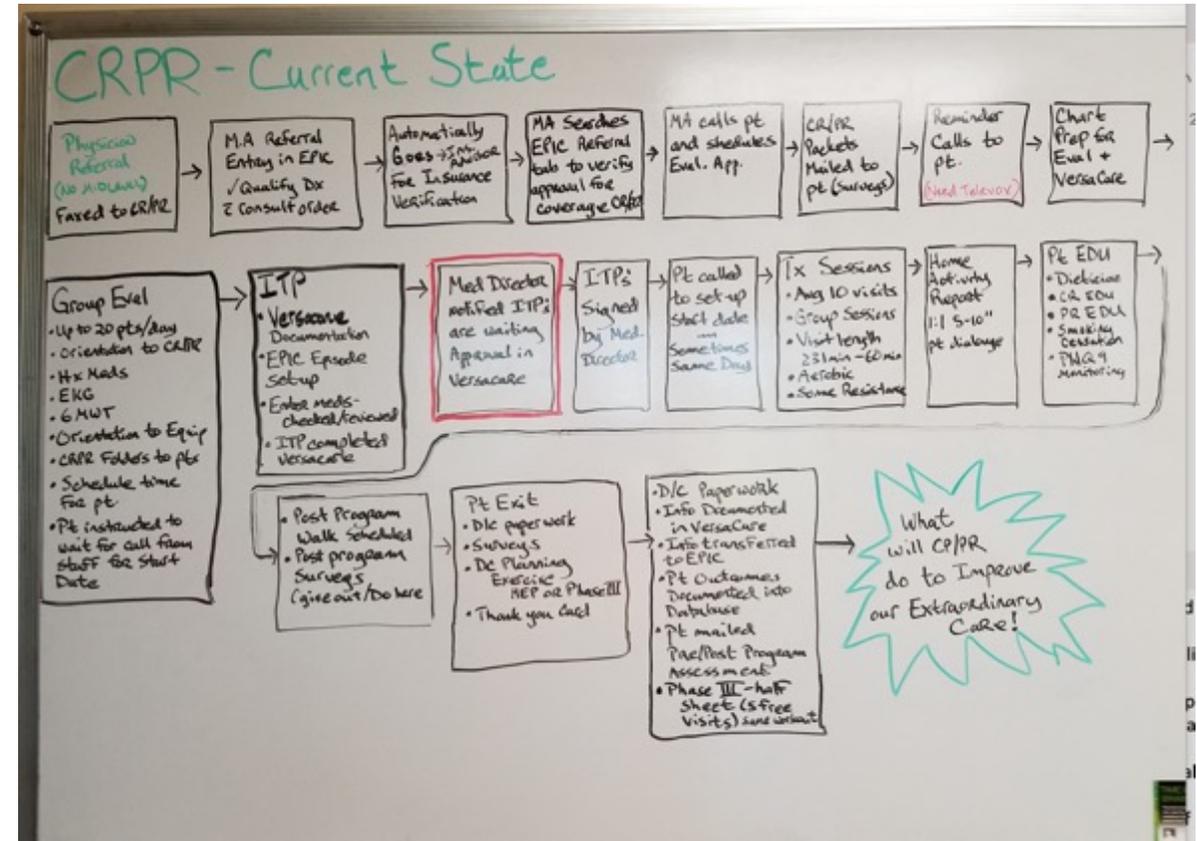


DukeHealth

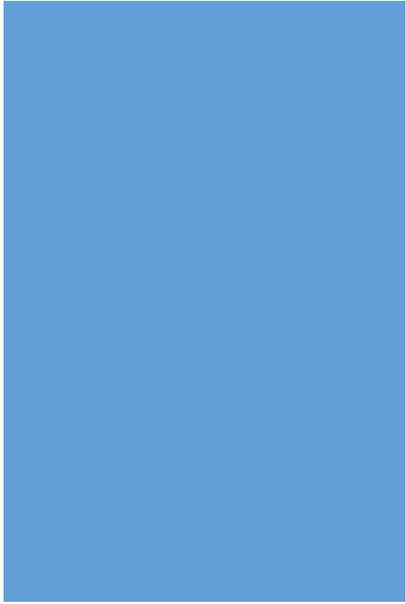
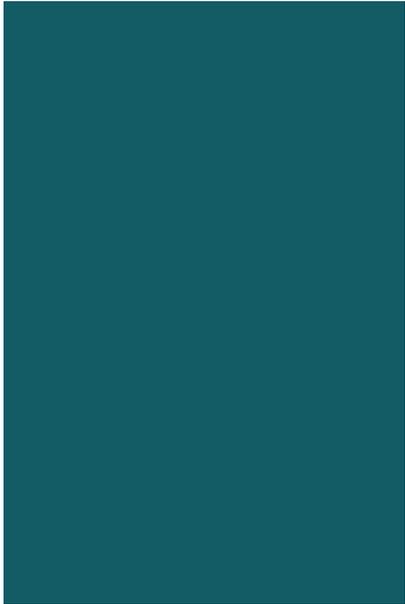
Covenant HealthCare

- Mapped out current state
 - ALL staff had input
- Quality Improvement Team - Approved for a full business day to be dedicated to CRPR to work on program format - **CRPR DRIVERS OF CHANGE**
- Group intakes – more efficient and reduced wait times
- **Pivot as needed, NEVER more necessary than during this pandemic**
 - Community Benefit's Pilot Program – January 2021, "Moving Forward With Your Health" post Covid
- Virtual rehab program implemented July 2021

“Flexibility is our biggest strength” – Jackie Evans



Jacqueline.Evans@chs-mi.com



Be YOUR
OWN
Champion
and
Cheerleader

The image shows a television screen displaying a video conference. In the top left corner of the screen, there is a logo that says "SPONSORED BY: COVENANT HealthCare". The screen is split into two video feeds. The left feed shows a woman with long blonde hair wearing a black top. The right feed shows a woman with short blonde hair and glasses wearing a patterned top. To the right of the screen, a woman with long dark hair, wearing a grey blazer and holding a white folder, stands as if presenting. Below the screen is a white banner with the text "Medical Moments" on the left, a stethoscope icon, and "PULMONARY REHABILITATION" in large bold letters, followed by the phone number "989-583-5030".



KNOW The WHY, “If you can’t do this part, the rest is pointless” – Shelley Mc Cabe

- **ECG Monitoring, Blood Pressures**
 - What does the patient NEED?
 - Does every patient need the same thing in rehab?
 - What does it mean to provide individualize care, an individualized treatment plan (ITP)?
- **Exercise Prescription**
 - Why are they walking the speed they are walking, who determined? How?
 - Why are they exercising at a specific duration, who determined? How?
 - Does everyone start at the same workloads, duration, etc on equipment?



What Is Measured Can Be Improved

- **KNOW YOUR NUMBERS**
 - Do you know how your utilization rate?
 - Do you know your completion rate?
 - Do you know why patients aren't enrolling?
 - Do you know if you are capturing all potential patient's referrals?
 - Do you know how many attend each day vs how many are canceling/no showing? Are you busy on paper only?
 - Do you know how long patients are waiting to enroll in your program?



 **Pulse**TM
Heart Institute
Of Good Samaritan Hospital

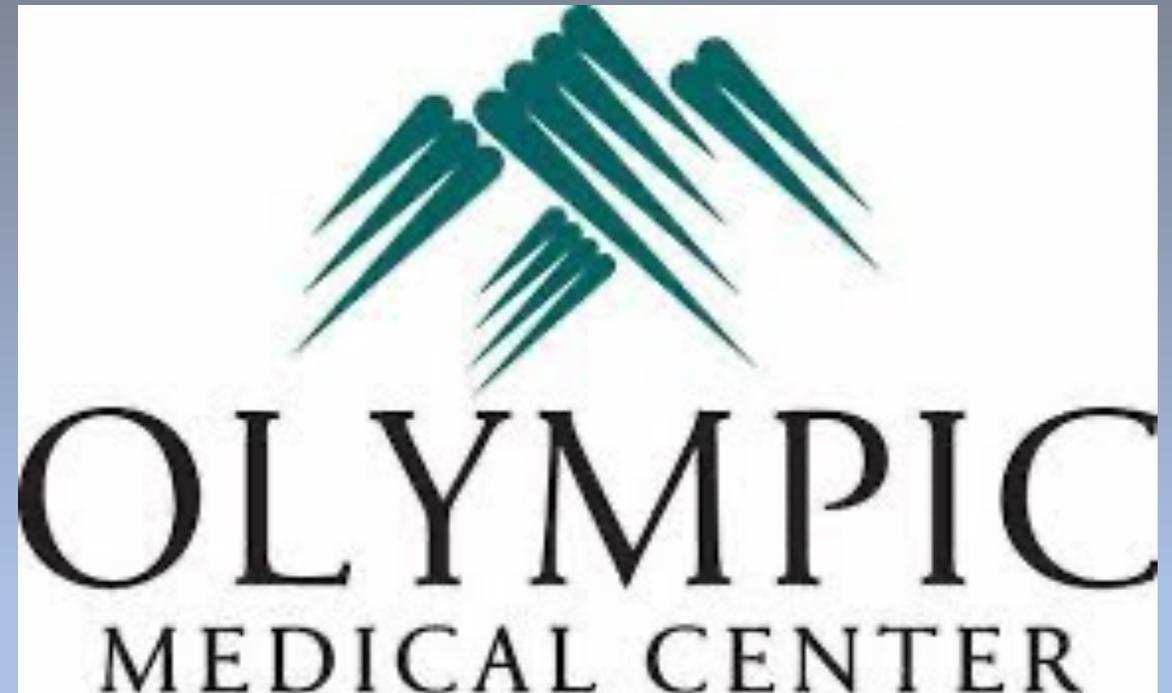


“Cardiac Rehab is a mindset and attitude change. Why shouldn’t the staff have the same outlook?”

Lindi Matthew, Program Manager

- **Virtual hybrid option offered to all patients**
- **All patients in CR exercise without continuous ECG monitoring, 93797**
- **Limited BP checks, done on those that need to be monitored**

Every time we look at making a change, the question is, “**Is how does this benefit the patient? In what way does this help them achieve their goals?**”



Meet Your Motivators



Lindi Matthews, MK
Program Coordinator

Hometown: Wendell, ID

Degree: Master of Kinesiology from Boise State University

Words of Wisdom: The best type of exercise is the one that you will do!



Muir Black, RN
Heart Center RN/Exercise Physiologist

Hometown: Berkeley, CA

Degree: Master of Science in Kinesiology from California Polytechnic University, San Luis Obispo

Words of Wisdom: You have BRAINS in your head. You have feet in your SHOES. You can steer YOURSELF in any direction you choose – Dr. Seuss



Sherry Xiong, MS
Exercise Physiologist

Hometown: Eau Claire, WI

Degree: Master of Science in Clinical Exercise Physiology from University of Wisconsin – La Crosse

Words of Wisdom: There are many pathways on this journey to better health. Keep walking until you find the right path for you!



Mikhail Maduska, BS
Exercise Physiologist

Hometown: Port Townsend, WA

Degree: Bachelor of Science in Clinical Exercise Physiology from Central Washington University

Words of wisdom: I believe it's never too late to take the first steps towards a healthy lifestyle!



Amber McKenzie, BS
Exercise Physiologist

Hometown: Cloverdale, IN

Degree: Bachelor of Science in Kinesiology from Indiana University – Bloomington

Words of Wisdom: Don't have a heart attack during a game of charades!



Kayla Auler, MS
Exercise Physiologist

Hometown: Virginia Beach, VA

Degree: Master of Exercise Science and Injury Prevention from California University of Pennsylvania

Words of Wisdom: Exercise boosts endorphins, which make you happy!



We are not a team
because we work together.
We are a team because we
respect, trust and care for
one another.



Donna Louise



Mackenzie Malia



Robin Wedell



Karren Ross



Donna G



Susan Skulina



Heidi Vale



Ingrid Tonisson



Cynthia Hartman



susanlam



kristinajohnson



Katie Renati



sally



Kristina's iPad

Heart Fit For Life Staff



The Answer is
ALWAYS "No"
if you don't
ASK



Everyone Should Know Who Cardiac Rehab Is!

- Once a week I visited the CEO with stethoscope and blood pressure cuff in hand.
- Asked to be a member of the cardiovascular monthly grand rounds.
 - Asked to present outcomes data
- Found a physician champion who believed what we believed; cardiac rehab saves lives.
 - Co-presented new programs and had great buy in



CEO Support

“Over the last several years we've all learned to be adaptable. Covid has challenged us in many ways. I am so excited about the opportunities we have for cardiac rehab and making a difference in people's lives. I am thrilled that we are able to offer this amazing service to the patients that we serve.”



Siri Nelson – CEO Marshall Medical Center

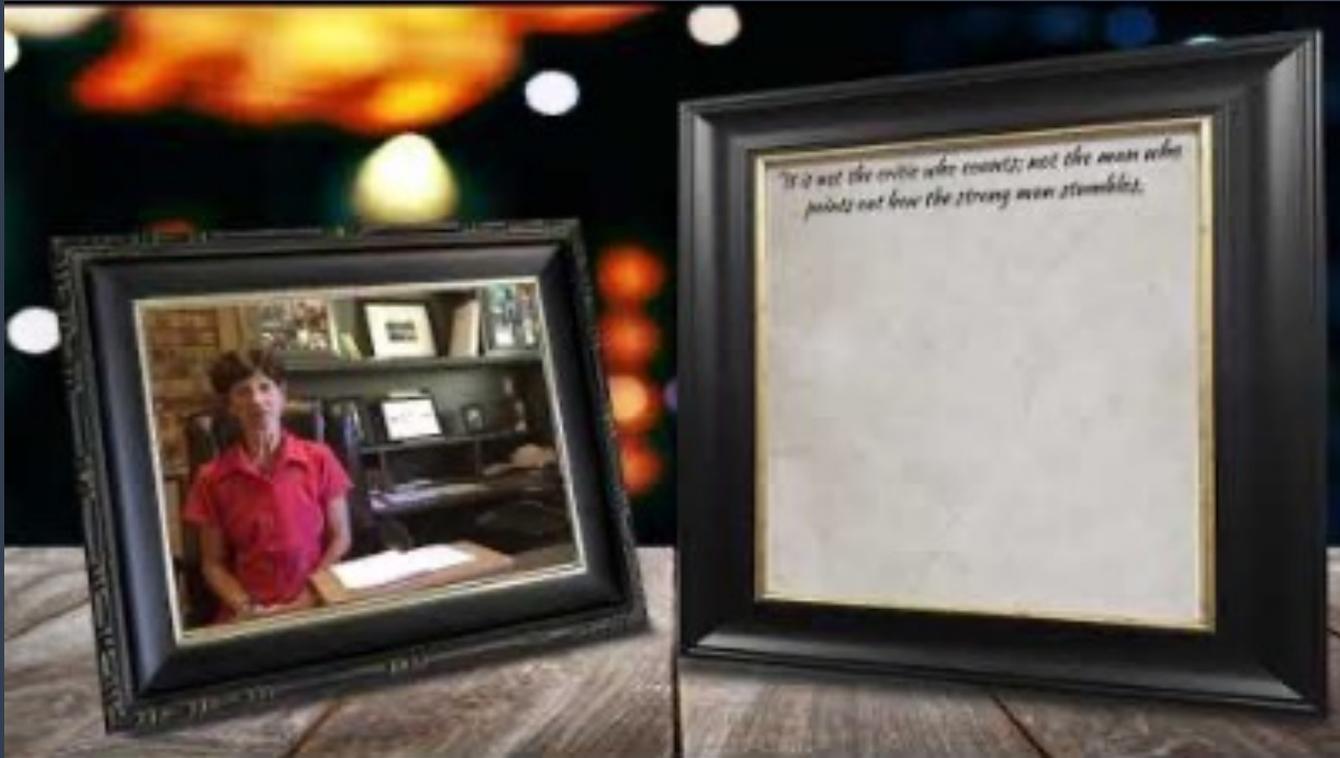
Parting words

- We must be engaged with our professional association
- We cannot remain complacent because it's the easiest path
- We have an obligation to (all of) OUR patients
- We shouldn't celebrate our success when we leave so many behind
- We have a moral imperative to reach the 70% that are not attending
- We MUST think again, think differently
- WE can make a difference!



THE BEST TIME TO
PLANT A TREE WAS 20
YEARS AGO, THE NEXT
BEST TIME...TODAY!

Thank You!



Think
Differently...

Dare Greatly!