



Impact of Patient Navigation on Cardiac Rehabilitation Enrollment for Radial Percutaneous Coronary Intervention Patients



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BACKGROUND

- The recommended cardiac rehabilitation (CR) enrollment rate of eligible cardiac patients is 70%.
- Improvement strategies are needed to increase the CR enrollment rate of qualifying percutaneous coronary intervention (PCI) patients as evidence shows CR greatly improves patient outcomes.
- Our program proposed the implementation of a combined automatic CR referral and use of a patient navigator to stimulate an increase in CR patient attendance.



OBJECTIVE

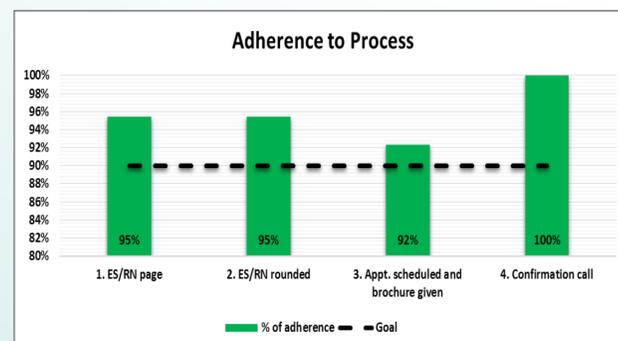
- Explore a process improvement strategy on post-procedure radial PCI patients with the use of a refined automatic CR referral system and patient navigator rounding.

METHODS

- 55 patients who received a PCI procedure in the Radial Cath lab were eligible for an automatic CR referral from the referring cardiologist.
- Once the automated referral order for CR had been placed by the Physician, Radial Cath lab staff paged the CR patient navigator for intervention.

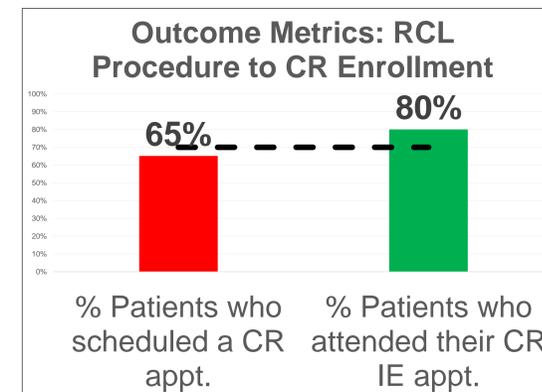


- The patient navigator explained the CR program and benefits of participation, provided a CR program brochure, and scheduled a CR initial evaluation appointment before patient discharge from the Radial Lab.



RESULTS

- From the 48 eligible PCI patients receiving automatic CR referrals, 65% (31/48) of patients who rounded with the patient navigator scheduled a CR initial evaluation before discharge.
- 80% (20/25) of the patients who arrived at their initial evaluation appointment enrolled in the CR program by scheduling future appointments.



- Results suggest no statistical significance at $p < 0.05$
- Major barriers for patient navigator implementation included lack of Physician involvement as well as high functioning, low risk patient population

CONCLUSIONS

- The Radial Cath lab patient population proved difficult to CR enrollment due to the number of high functioning and low risk patients in outpatient setting.
- Focusing on patient navigation for inpatient PCI procedures as well as increased Cardiologist involvement including promotion of CR may still prove helpful in improving CR enrollment and patient outcomes.



NEXT STEPS

- Continuation of brochure disbursement and patient initial evaluation pre-call
- Improvement in physician involvement is essential to the success of a patient navigator system and increased CR enrollment rate.