TAKE heart
AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

EVENT SUMMARY

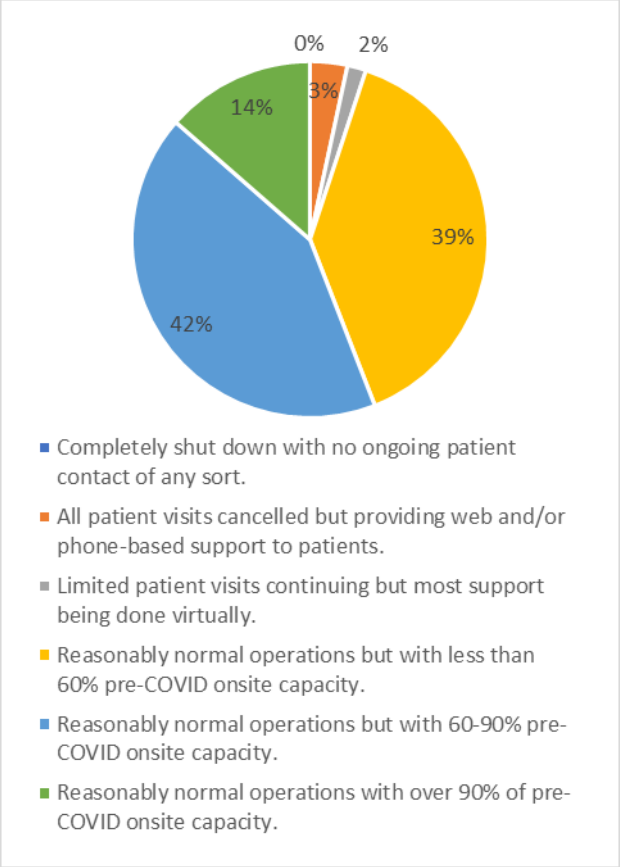
AFFINITY GROUP DETAILS AT-A-GLANCE

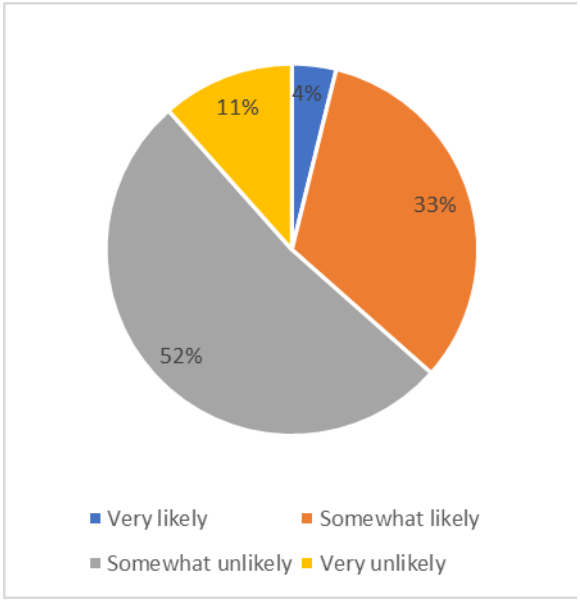
Title	**Coping with Staffing Challenges in Today's Cardiac Rehabilitation Programs** **September 16, 2020**
Purpose	• To provide an opportunity for peer-to-peer sharing related how CR programs are responding to reduced patient capacity, expanded hours for CR sessions, staffing reductions and quarantines while supporting the needs of their patients, staff and bottom lines
Format	• A moderated panel discussion with five panelists, with additional input from the 100 event participants
Special Thanks to our Moderator and Panelists	**Moderator:** • **Hicham Skali, MD, MSc**, TAKEheart's Principal Investigator and Director of the Cardiac Rehabilitation program at Brigham and Women's Hospital **Panelists:** • **Sherri Brandhorst, BSN -** Kadlec Regional Medical Center- Richland, WA • **Kathe Briggs, MS, CEP, FAACVPR -** East Alabama Medical Center- Opelika, AL • **Stacey Greenway, MA -** Vidant Medical Center, Greenville, NC • **Tina Miller, MS -** Frederick Health Hospital- Frederick, MD • **Loren Stabile, MS, FAACVPR -** Lifespan Cardiovascular Institute, Miriam and Newport Hospitals, Providence, RI
Resource Link	**Slides** and a **recording** of the event along with **links** to other relevant resources for addressing COVID-19 are available online at: https://takeheart.ahrq.gov.

ASSESSING THE CURRENT AND FUTURE STATUS OF CR PROGRAM OPERATION

STATUS AT-A-GLANCE

Current State	Future State
Participants in this event responded to a polling question about their CR program's status as of Sept. 16, 2020. Results from the 59 responses are shown below. There were no participants reporting that the CR program where they work remains completely shut down.	In the previous Affinity Group in August, over half the respondents thought it was somewhat or very likely that their programs would need to curtail operations again before the end of 2020 due to a COVID-19 resurgence in their area. Now a month later, 63% report that it is either somewhat or very unlikely that they may need to reduce onsite operations at some point before the end of the year.





OVERALL EVENT THEMES

"DISCUSSION HIGHLIGHTS" below provide panelist suggestions and recommended resources related to each theme

- **Staff Adjustments in Response to Operational Changes**

  Staff are performing additional roles and responsibilities, in part due to smaller, more frequent classes that comply with social distancing guidelines. Given less capacity and smaller classes, administrators focus on attendance and follow up with patients to ensure that spots are utilized.

Due to additional responsibilities among staff, it may be useful to allow staff time to complete their documentation in between CR sessions.

- **Adjustments in CR Education**

  Some programs have incorporated educational instruction, often comprised of videos, lectures, and Q&A, into the exercise class itself, which has increased the number of exercise sessions that can be conducted at a time. Several report utilizing Cardiac College and note that patients appreciate the ease of accessing them at home. Going forward, some administrators anticipate a hybrid model that incorporates home-based care, which was a success for many during closures, particularly among younger patients who appreciate more flexibility in their schedules. Others are providing individualized education during exercise sessions or smaller group session in the gym or outdoors which may be more ideal for distancing.

- **Communication with Leadership**

  Developing a weekly staffing report that includes information around the number of eligible and waitlisted patients, is one tool for communicating staffing needs to leadership.

- **Foster Innovation among CR Staff**

  As our environment continues to shift in response to COVID-19, assume every adjustment you make can be improved on and that input from staff is key to continuous improvement. CR staff are the ones interacting directly with patients and are walking through the steps in the work flow. Conducting brainstorming sessions and listening to staff about what they are hearing from patients and how to improve the work flow can help strengthen your CR processes.

DISCUSSION HIGHLIGHTS

Maximizing Efficiency and Effectiveness of Staff

Panelists representing a broad range of cardiac rehabilitation programs, both in terms of program size and geographic location (WA, AL, NC, MD, RI) shared a variety of strategies for adjusting staffing in response to changes in CR programs from the COVID-19 pandemic, including:

- **Loren Stabile** acknowledged the extra responsibilities of her staff during the pandemic, which requires "all hands on deck." To supplement existing coverage, Loren increased hours for part-time and per-diem employees, while also cross-training staff across facilities. The program has restructured the Phase 3 and Phase 4 patients, which previously had open hours, to instead require scheduled class times. According to Loren, this adjustment has held patients more accountable, ensures all spots are filled, and encourages staff to be more prepared for the specific patients they know will be attending. Meanwhile, the program has been utilizing Dr. Paul O's curriculum for its education classes.
- Similarly, the program where **Stacey Greenway** is based has transitioned from a 4 day-per-week open floor plan model to 5 day-per-week scheduled sessions. Going forward, administrators anticipate a hybrid model that incorporates home-based care, which was a success for their center during the closure, particularly among younger patients who appreciated more flexibility in their schedules. Stacey doesn't think they will go back to in-person education classes – "patients like the digital!" Meanwhile, due to additional responsibilities among staff, Stacey strives to ensure that everyone has enough time to complete their documentation in between CR sessions.
- Over the past several months, the program that **Sherri Brandhorst** manages has appropriated the slots allocated for pulmonary rehab (which has not yet resumed operations) to CR provision. Her staff is very flexible, and the fact that all outpatient services are under one roof makes it easier to shuffle staff as needed. Specifically, several physical therapy aides have helped with restocking PPE.
- **Kathe Briggs** described her own redeployment (along with two nurses) where she managed the screening stations at the beginning of the pandemic. Meanwhile, other staff were assigned to different activities to maintain their full time status, at least while outpatient CR was closed.

Patient Education and Home-based Resources

- Dr. Paul Oh's Cardiac College
  - https://www.healtheuniversity.ca/EN/CardiacCollege/Pages/learn-online.aspx
- Cardio Smart- American College of Cardiology
  - https://www.cardiosmart.org/
- Henry Ford- Home Based Cardiac Rehabilitation
  - https://www.henryford.com/services/cardiology/support/cardiac-rehab/home-based-cardiac-rehabilitation
- American Heart Association Support Network
  - https://supportnetwork.heart.org/?utm_source=Heart.org+Widgets+October+2015+Refresh&utm_medium=widget&utm_campaign=SupportNetwork

TAKEAWAY QUESTION: Patient Acuity vs. Staff to Patient Ratio

How does your program determine the number of staff on site in the gym – based on the ratio of staff to patients or based on patient acuity?

Stacey Greenway considers the needs of the patients and the style of teaching necessary based on the acuity of patients in the class. She questions: Are we using ratio because it's the way we've always approached this? Which approach has the most added value?

***Are there any resources or tools we can include here on this discussion? I did a quick google search and see some mention of this but nothing that is a clear, reputable resource or tool.*

- The CR program where **Tina Miller** is based transitioned from a 3 day-per-week operation to a 5 day-per-week operation, in order to accommodate the same number of total patients. Before the pandemic, there used to be a 30-minute group education class following each exercise class; now, the educational instruction (comprised of videos, lectures, and Q&A) happens during the exercise class itself. Meanwhile, staff give written material to patients and encourage them to come back with questions. These changes have increased the amount of exercise sessions that can be conducted at a time.

Adjusting Staff Responsibilities and Routines

Panelists highlighted adjustments they have made to staff responsibilities and routines. These included:

- **Sherri Brandhorst** noted that her program is using educational materials developed by Cardiac College; "patients are loving the materials and the ease of accessing them at home."
- The CR program that **Loren Stabile** manages wanted to eliminate patients' contact with paper and pens; so, rather than have patients fill out forms, the staff now document all patient information on a single sheet, which they later convert into EMR format. Although this was one more task for staff, it has actually streamlined documentation in the long run. They plan to maintain this process going forward. Meanwhile, the program has utilized "blocked-time scheduling" to more efficiently accommodate 150 patients per day. According to Loren, this is a "great time to think out of the box. Sometimes, as managers, we put all the responsibility on ourselves to come up with new solutions; however, it's helpful to have brainstorming sessions with the staff themselves. They come up with some great ideas."
- **Kathe Briggs** developed a weekly staffing report, which included the number of eligible and waitlisted patients. When the Vice President of her program saw those numbers, he agreed to allow previously-deployed staff return to CR.

PANELIST INSIGHTS on STAFF INNOVATION

"This is a great time to think out of the box. Sometimes, as managers, we put all the responsibility on ourselves to come up with new solutions; however, it's helpful to have brainstorming sessions with the staff. They come up with some great ideas".

—Loren Stabile

"If the staff identify something that they think will be smoother, we can experiment".

—Tina Miller

Efforts to Help Staff Feel Supported

Panelists shared insights around supporting staff to help foster strong connections with patients. These included:

- **Tina Miller** has tried to allow more decision-making among staff. "If the staff identify something that they think will be smoother, we can experiment. No harm, no fowl."
- **Stacey Greenway** recognizes that transparency with staff is key.
- **Kathe Briggs** has been "trying not to micromanage."
- **Sherri Brandhorst** shares productivity records with her staff, who say they appreciate "being in the know."
- **Loren Stabile** communicates to her staff that their feedback is very valuable. Meanwhile, due to the additional documentation burden, she has reduced staff-patient ratios. The biggest support, though, comes from patients (in the form of verbal feedback, cards, and even fruit baskets!), who have all been very grateful.

FUTURE AFFINITY GROUP TOPIC

- CR programs vary with respect to how much data they can access and use to track patient referrals, CR program entrance and CR program completion. 75% of respondents indicated that they regularly collect relevant information.