TAKE heart

AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

Cerner Q&A Session

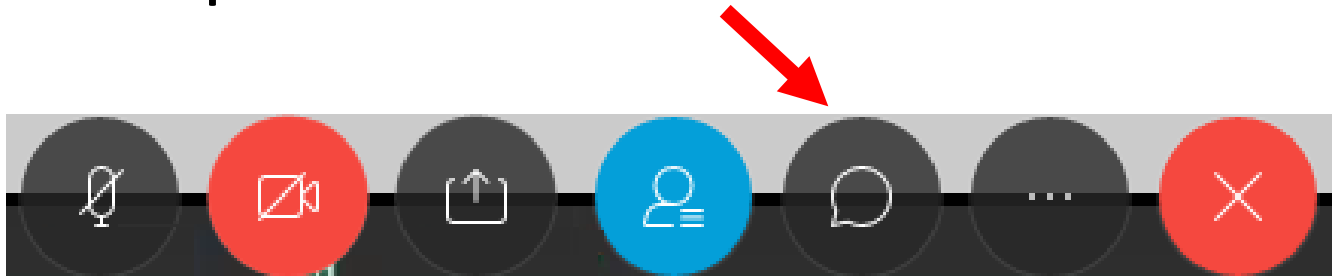
Kathy Lee Bishop, PT, DPT, CCS, FNAP
Guru Patel

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA
AHRQ Agency for Healthcare Research and Quality

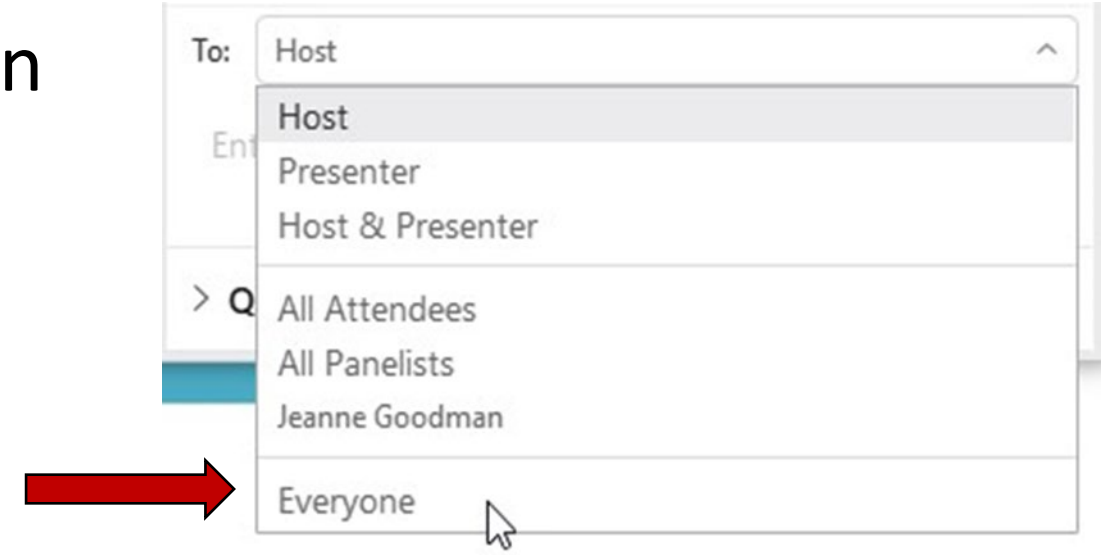
Chat Function

HOW TO ASK QUESTIONS

To ask a question or make a comment open the chat box



Set the TO: field to **Everyone** so that we can all see your question



Try the chat function now by sending a short greeting to the rest of the group

Today's Presenters

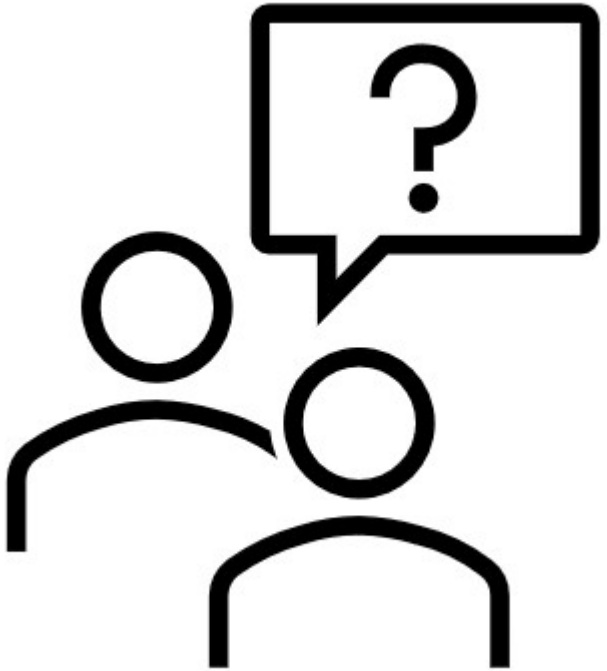
Kathy Lee Bishop, PT, DPT, CCS, FNAP
Board-Certified Cardiovascular and Pulmonary Clinical Specialist
Program Manager, Emory Saint Joseph's Hospital Cardiac Rehabilitation Program

Guru Patel
Director, Clinical Informatics
Office of Quality & Risk
Emory Healthcare

Commonly Asked Question Categories

1. **General Process Questions**
2. **Diagnostic Codes:** identifying the correct diagnoses and screening for inappropriate patients
3. **Embedding AR into Order Sets**
4. **Engagement, Buy-in and Training** getting physicians to not only refer, but to promote CR
5. **More Process Questions**
6. **Reports:** methods to run reports from Cerner

Q&A



Audience Question

Question: **In the chat box, tell us one useful insight you will take away from today's Q&A session.**

TAKEheart Resources

Module 5 Building and Implementing a Successful Automatic Referral

- Reviewing the important relationship between automatic referral and care coordination.
- Exploring the important factors to think through when designing the EMR specifications for automatic referral to cardiac rehabilitation.
- Creating a testing plan for the newly designed automatic referral system:
  - Defining the testing process
  - Creating success criteria
  - Allowing for adjustments and refinements
  - Preparing for implementation

Module 7 Troubleshooting Your Automatic Referral System

- This module builds upon Module 5 which discussed how to build an automatic referral (AR) order set. Expert speakers will cover areas such as how to test the AR order set, prepare for go-live, and developing a data and monitoring plan.
- Topics covered in this module include:
  - Automatic referral testing
  - Staff training
  - Roll-out and reinforcement of automatic referral
  - Evaluation and improvement of automatic referral
  - Extending and spreading automatic referral use

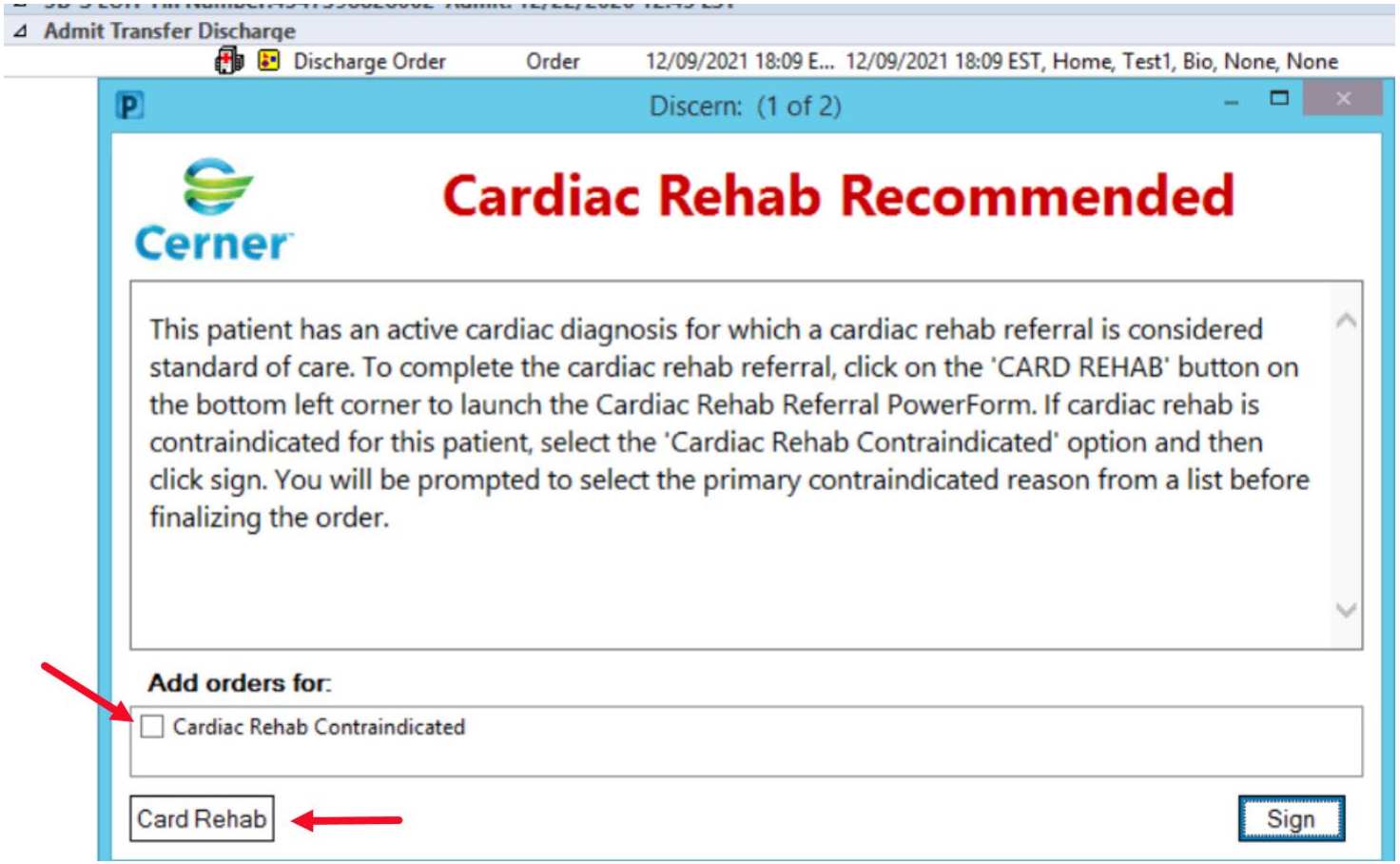
Help us help you!

Please answer the survey questions as you leave the event today

Screenshots of Commonly Asked Questions

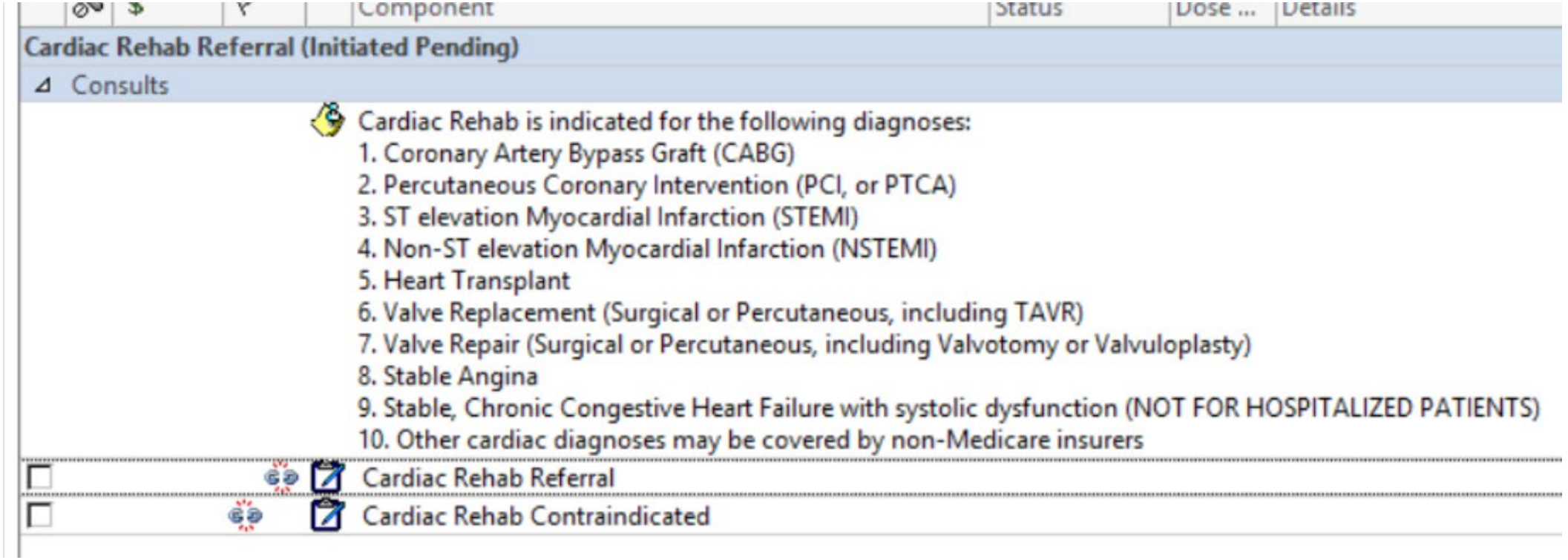
Alert at Discharge

For certain ICD-10 and SNOMED CT codes, when a Card rehab referral order is not present at discharge



Order Set for CPOE

When a provider wants to order Cardiac Rehab Referral during patient stay

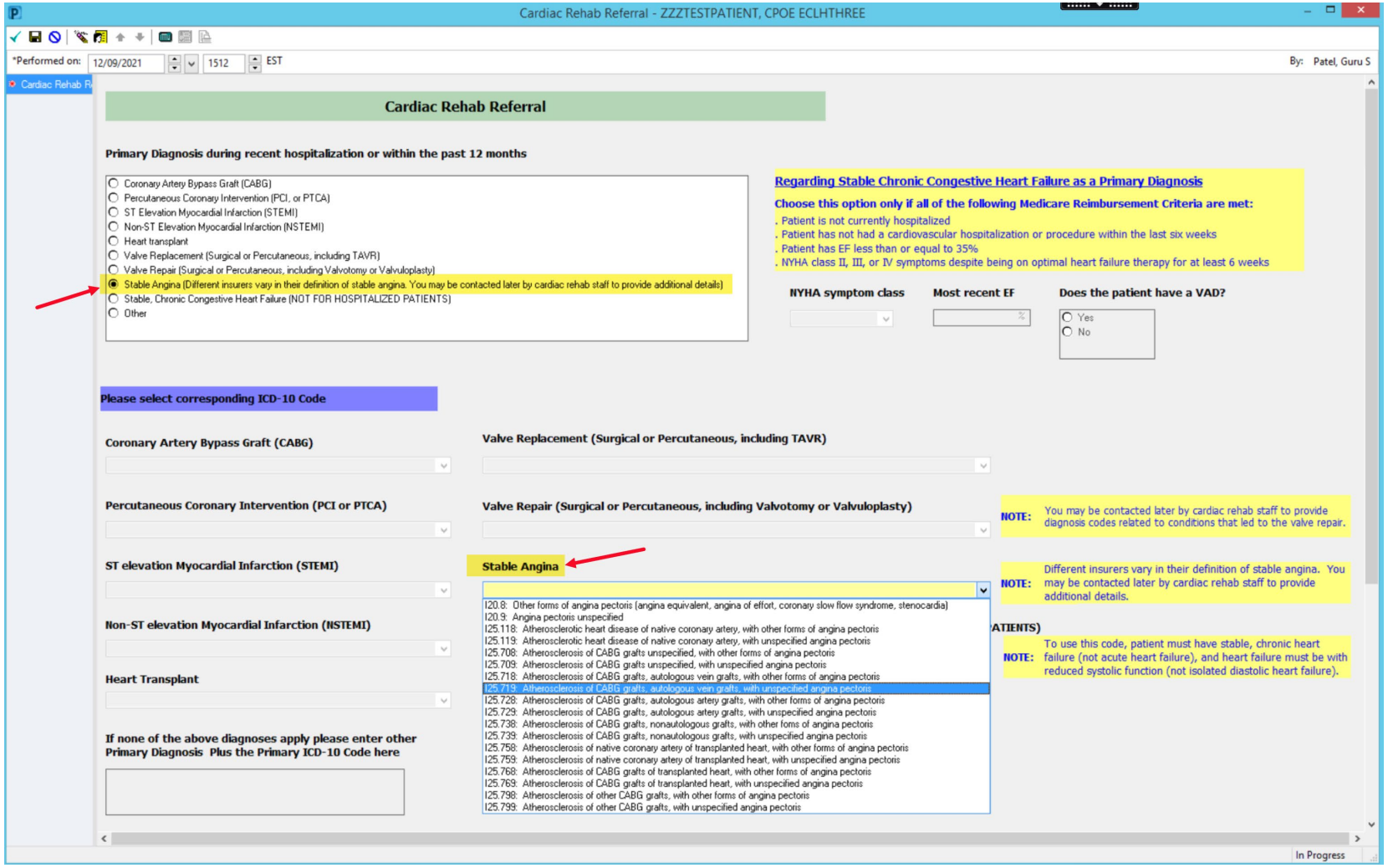


Cardiac Rehab Referral Order Process

Once a provider selects the referral order, they have an option to complete the rehab form

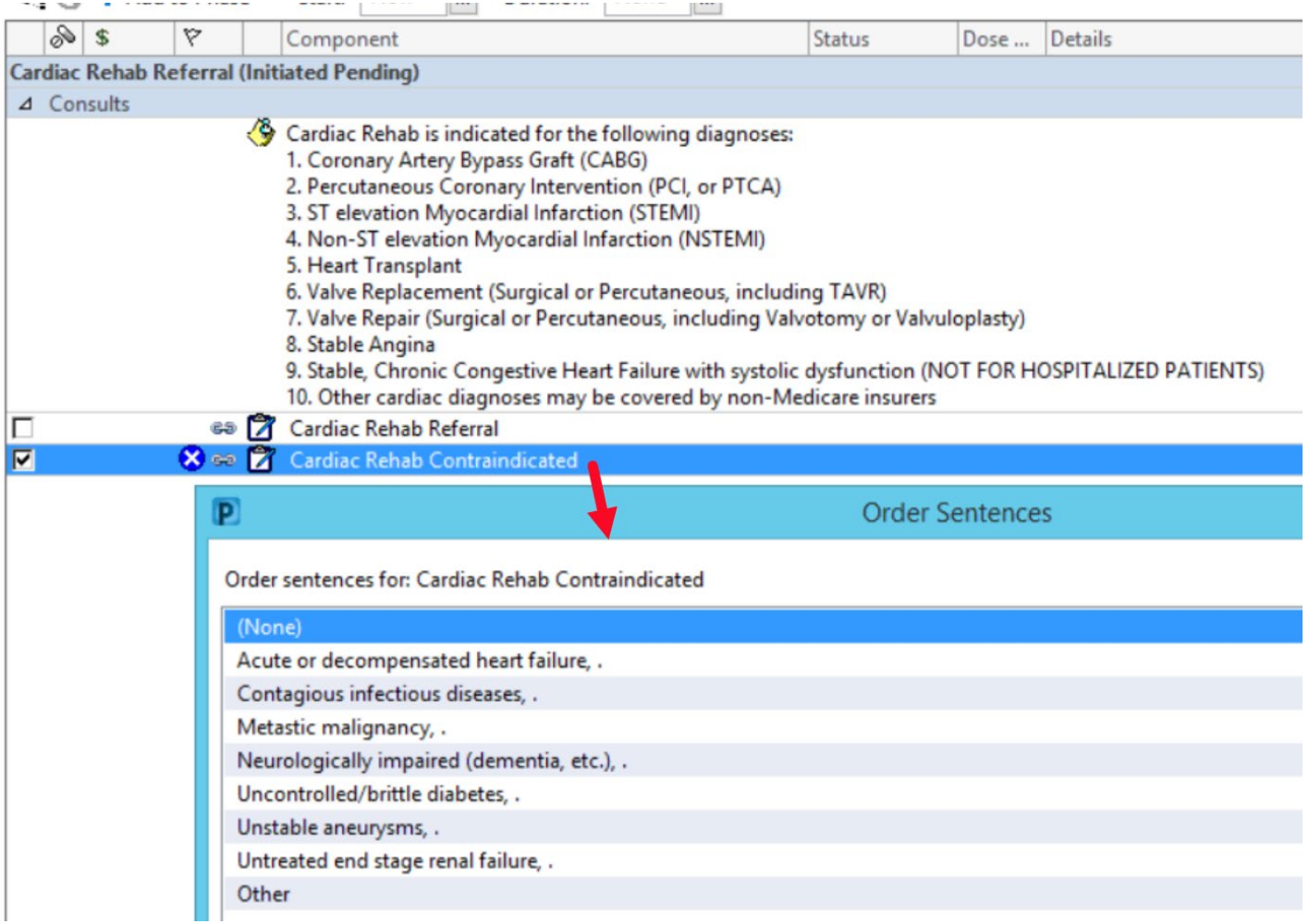
Cardiac Rehab Referral Form For Provider

Provider fills out the form to create referral order



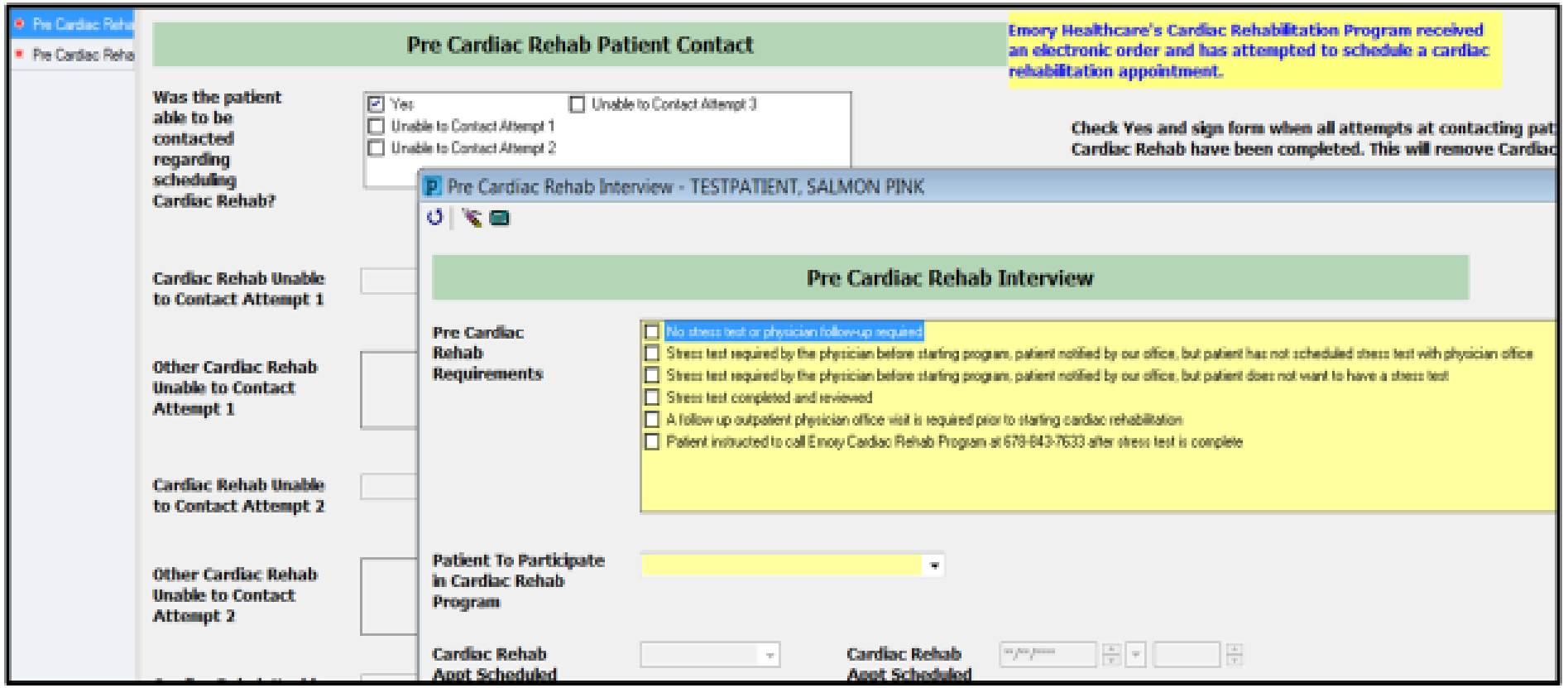
Cardiac Rehab Contraindications

For patients where rehab is contraindicated, provider must select one of the choices

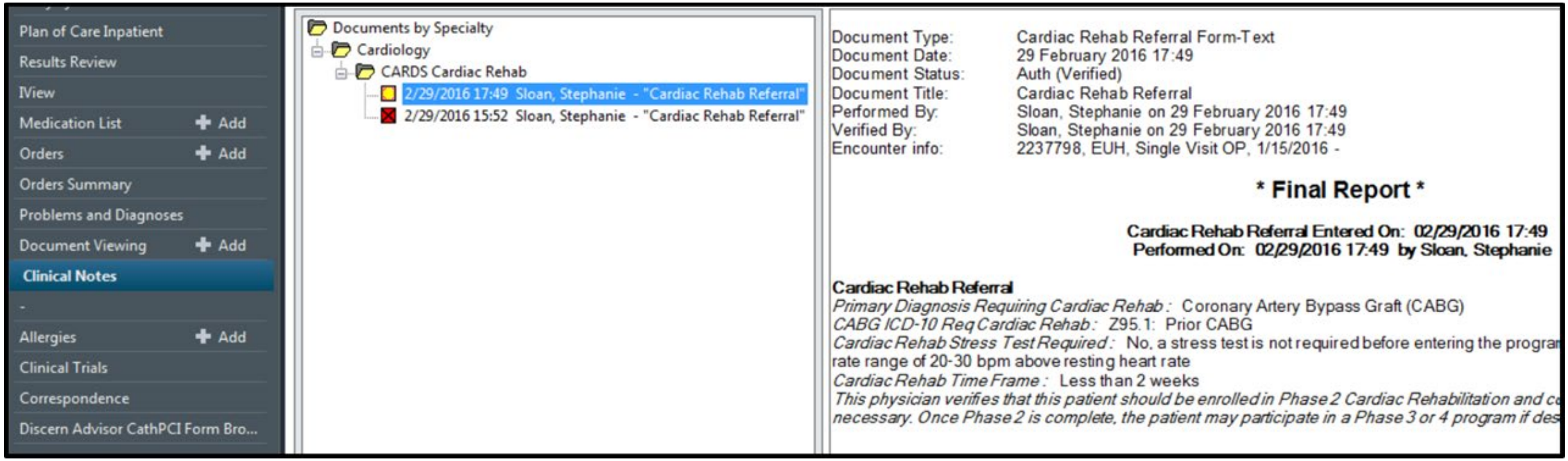


Completed Communication Power Form

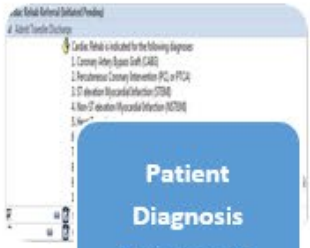
Cardiac Rehabilitation: Communication Power Form



Completed Documentation in Cerner Note



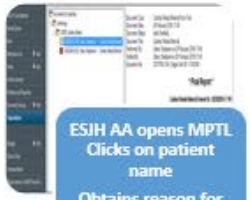
Workflow



Patient
Diagnosis
Triggers CR
EeMR Alert

CR Power Form Completed/
Signed
•APP
•Attending

Patient Name on MPTL



ESJH AA opens MPTL
Clicks on patient name
Obtains reason for referral
(Dx/surgery/etc)
Wait ~ 72 hours before call

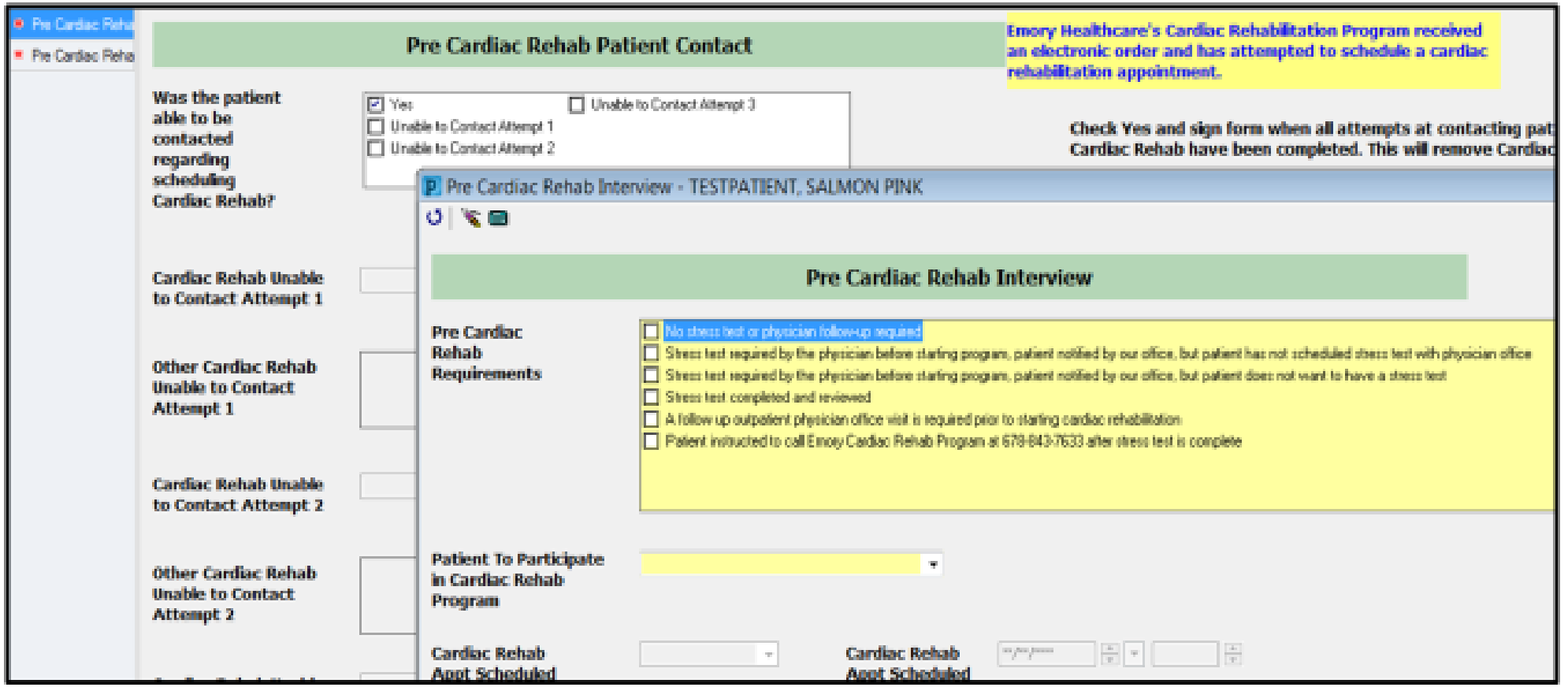
ESJH AA Contacts Patient
Explains CR has been ordered - offer at ESJH

Communication Power Form Completed for either Yes starting at ESJH or not. Uploaded to EeMR

Yes Enter CR at ESJH or EDH - Patient scheduled for an intake with exercise physiologist

Patient Starts CR at either ESJH or EDH

If patient does not want CR at ESJH or EDH – 40 Regional CRP Documentation in Communication Power Form – External CRP Contact Information Given to Patient

Communication

Cardiac Rehabilitation: Communication Power Form