



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation



## Understanding Your Workflow Processes to Prepare for Systems Change

### Module 3

Steven Keteyian, PhD  
McKenzie Peckman, MS,ACSM-CEP



# Today's Training Session

Training sessions guided by the Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP), located in the Resource Center [TAKEheart Website](#)



## CRCP Resources:

Page 6, Table 1: Systems Change

Page 14, Improvement process resources

## **Training Curriculum: What to do and Why**

Third of 10 modules

## **Implementation Guide (IG): Focus on the How**

Supplemental documents which outline the content, and provide specific actions, steps and resources designed to assist with integrating the training material

## **Partner Hospital Peer Action Groups (PH PAGs): Discussion of HOW**

Meet with coaches to discuss module content, share ideas and offer support to other hospitals in the group

# Chat Function

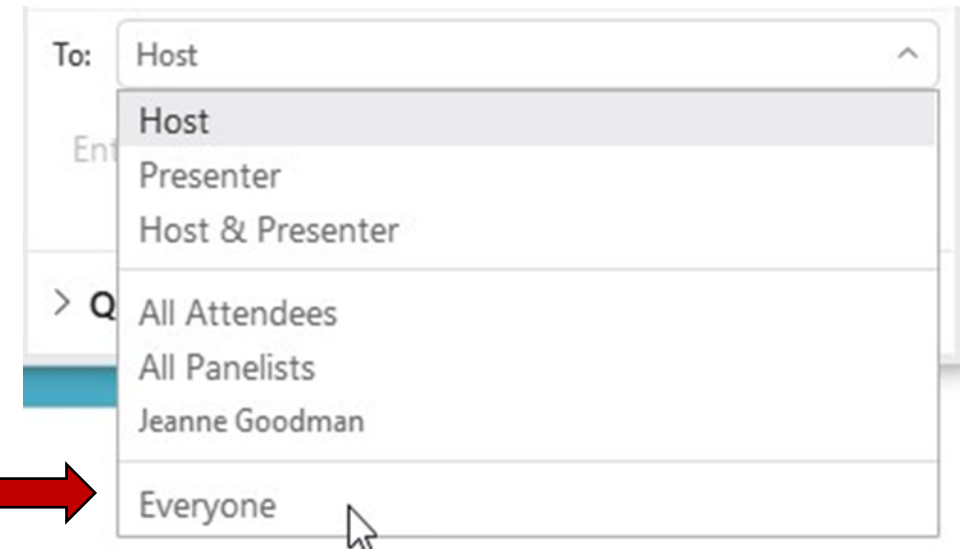
## HOW TO ASK QUESTIONS

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 telling us one thing you hope to learn in today's training.



# Success in TAKEheart Requires

- ❖ **Believing that automatic referral and care coordination** can benefit your patients and program and forming a team to implement them **Modules 1 & 2**
- ❖ **Understanding how your patient referral and care coordination processes** currently work and the challenges your changes will need to solve **Module 3**
- ❖ **Understanding your baseline data** to know where you are starting and **identifying measures** to track progress **Module 4**
- ❖ **Making changes** to implement automatic referral (**Modules 5 & 7**) and improve care coordination (**Modules 6, 8 & 9**) to achieve TAKEheart's goals in your onsite program and possibly with a virtual or hybrid model (**Module 10**)



American Board of Quality Assurance  
and Utilization Review Physicians

Promoting Health Care Quality and Patient Safety Through Certification and Education



# American Hospital Association (AHA)/Health Research and Education Trust (HRET): TAKEheart AHRQ's Initiative to Increase Use of Cardiac Rehabilitation Module 3: Understanding Your Work Processes to Prepare for Systems Change Live Online Activity January 12, 2022

The planners, faculty, and others in control of the content (either individually or as a group) have no relevant financial relationships with ineligible companies to disclose.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and American Hospital Association (AHA) / Agency for Healthcare Research and Quality (AHRQ). ABQAURP is accredited by the ACCME to provide continuing medical education for physicians.

The American Board of Quality Assurance and Utilization Review Physicians, Inc. designates this live activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABQAURP is an approved provider of continuing education for nurses. This activity is designated for 1.0 contact hours through the Florida Board of Nursing, Provider # 50-94.

# Learning Goals



Upon completion of this module, attendees will be able to:

- 1 **Understand the importance** of mapping key processes and identifying process failures before implementing automatic referral or enhancing care coordination.
- 2 **Map current workflow processes** for CR referral, enrollment, participation, and completion, including data collection.
- 3 **Identify implementation gaps and process failures** that must be addressed to support automatic referral with effective care coordination

# Today's Presenters



**Steven Keteyian, PhD**  
Director  
Preventive Cardiology Unit  
Henry Ford Hospital, MI



**McKenzie Peckman, MS, ACSM-CEP**  
Cardiopulmonary Rehab Team Lead  
Clinical Exercise Physiologist  
Aspirus Wausau Hospital, WI

# Workflow Process Maps Reveal How Things Really Work

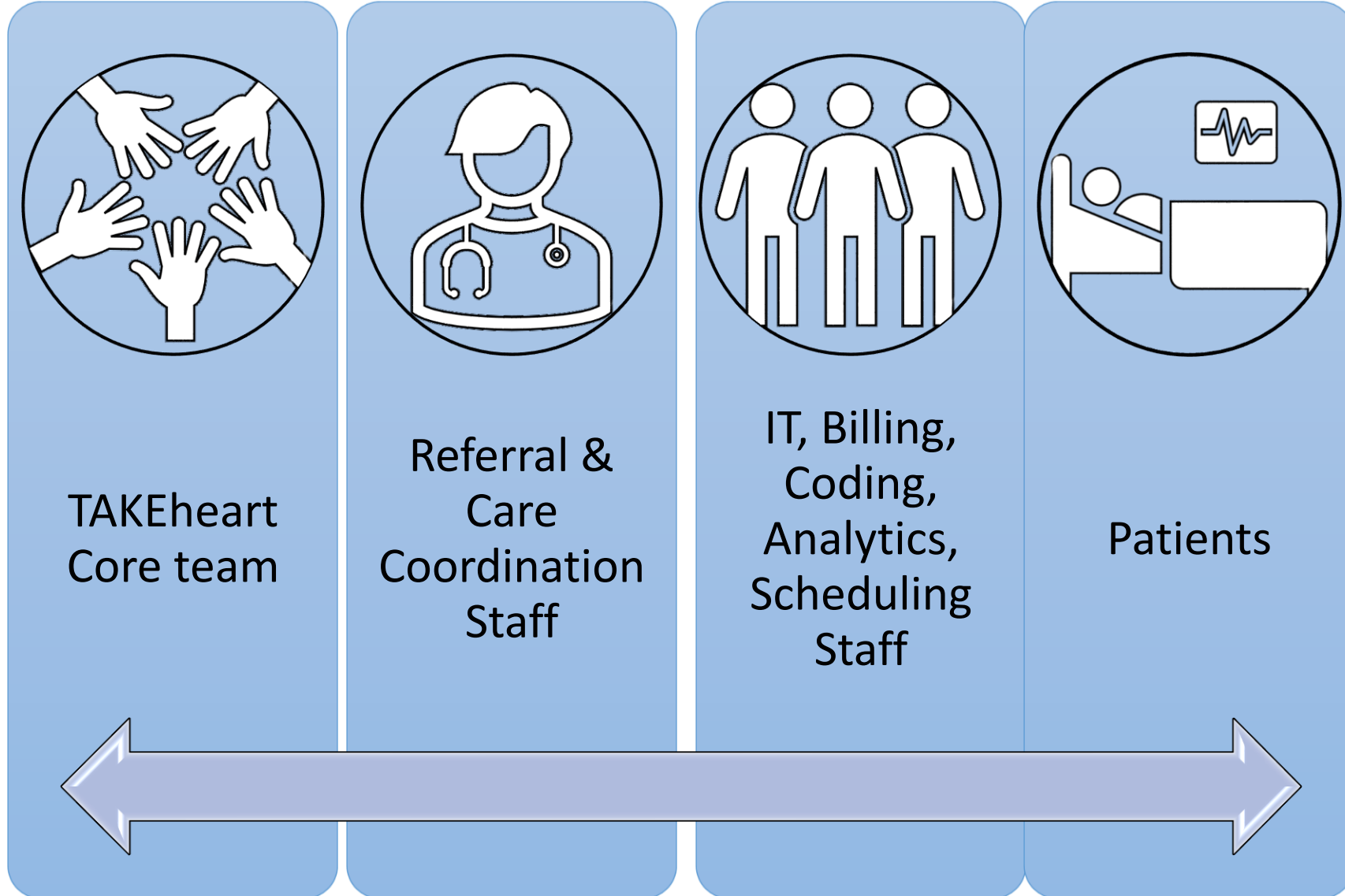
## DEFINING MAPPING

- ❖ **Tool** to understand and visualize the steps taken to refer and enroll patients in cardiac rehabilitation (CR) and help them complete it
- ❖ **Picture** of the patient journey from the time of referral to completion.
- ❖ **Demonstrates** gaps and opportunities for improvement and shows what data is collected and how and where it is stored.





# Who Should You Involve in Understanding Key Processes?

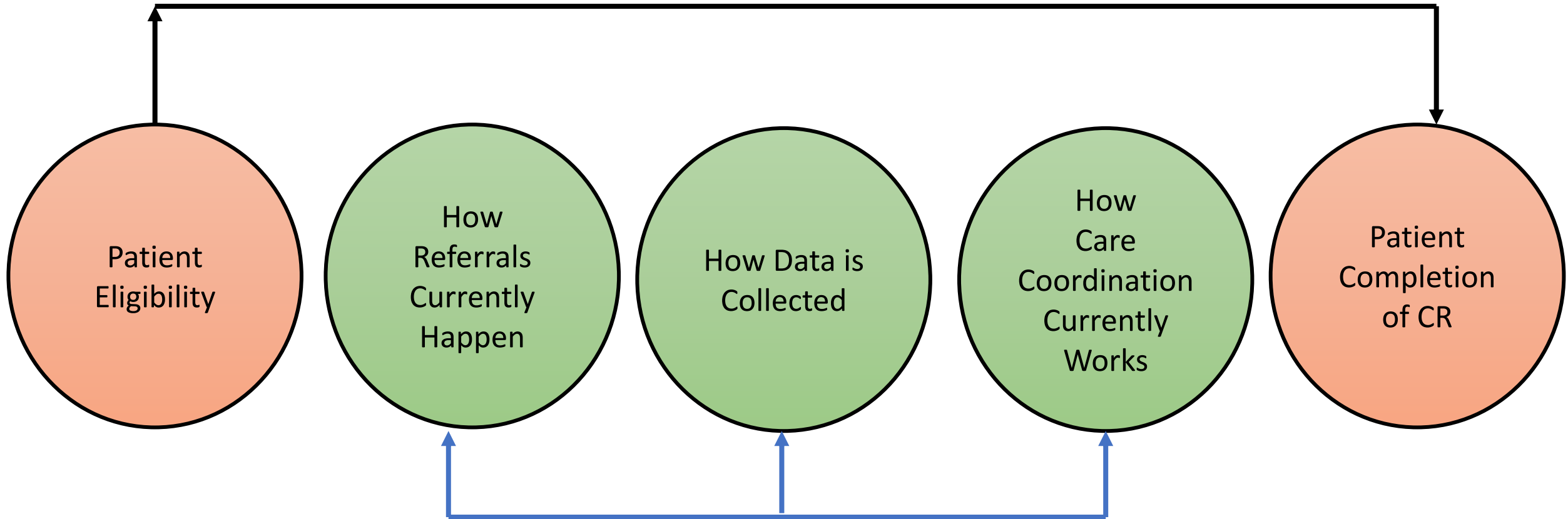


# Capture Patient Perceptions of Key Processes

Ask	patients to map their journey to cardiac rehabilitation
Include	patients who completed and those that did not
Illuminate	patient needs and concerns, helping to identify opportunities and needed activities for effective care coordination

# What Processes Should You Map?

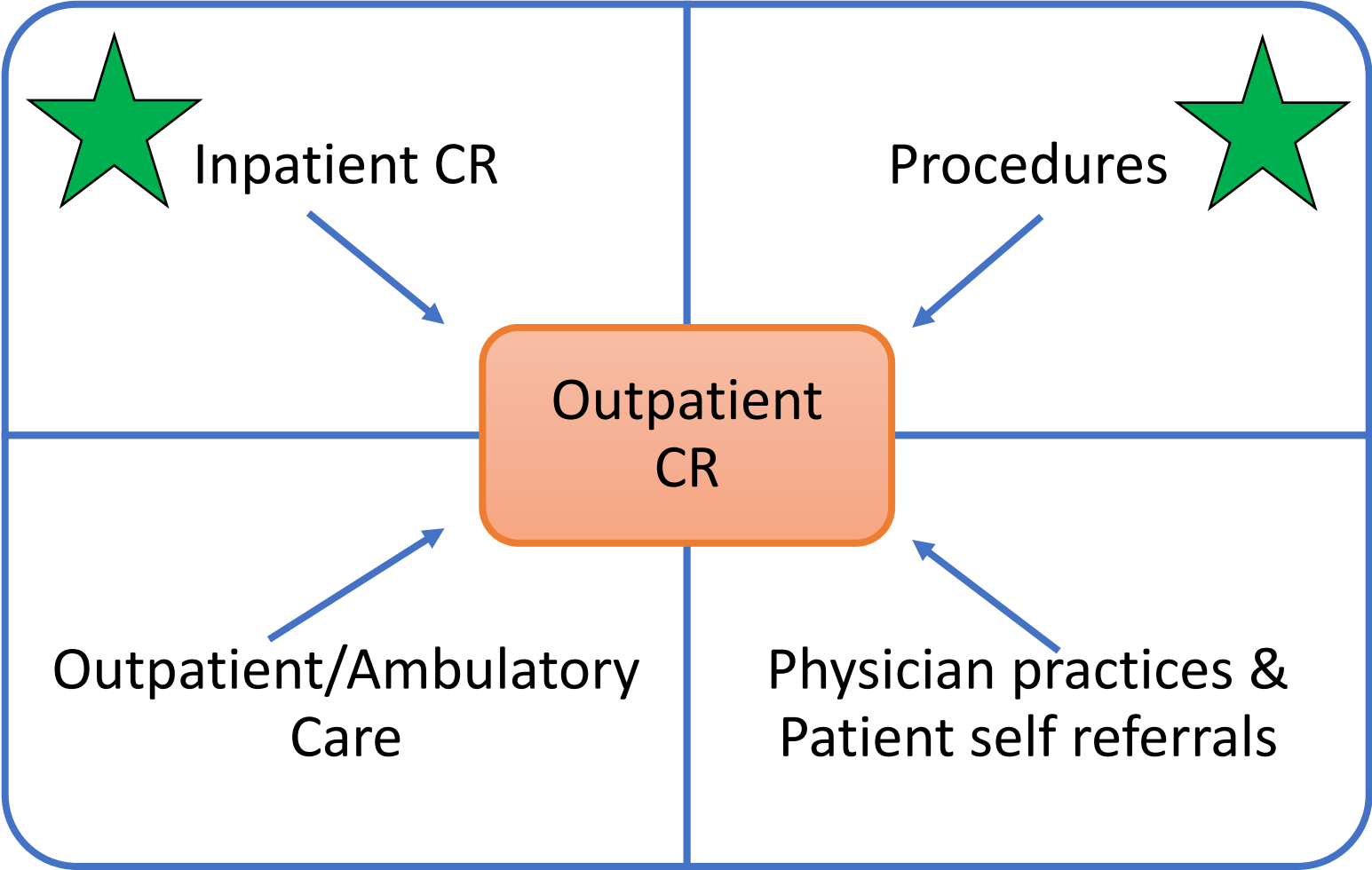
## The CR Workflow Process



TAKHeart Foundational Processes

# Where Should You Focus: Inpatient CR & Procedures

## PATHS TO CR

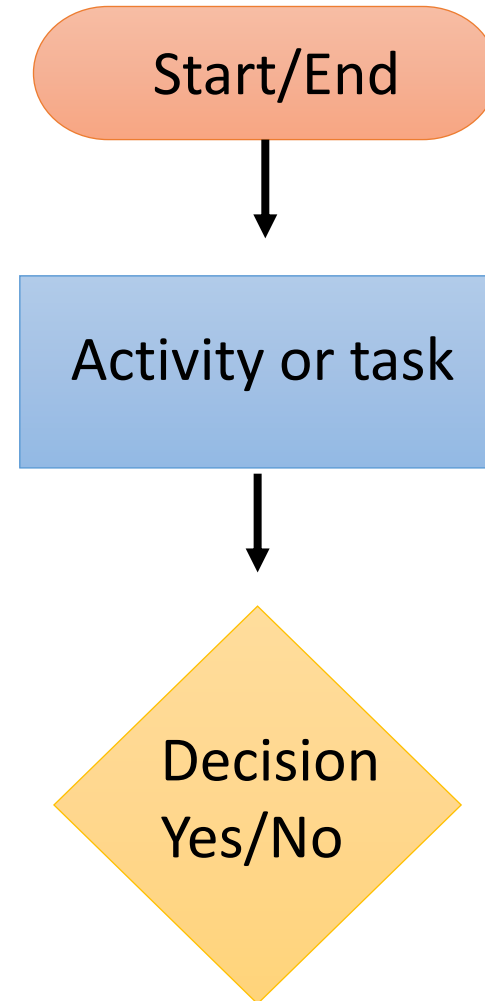




# Flowchart

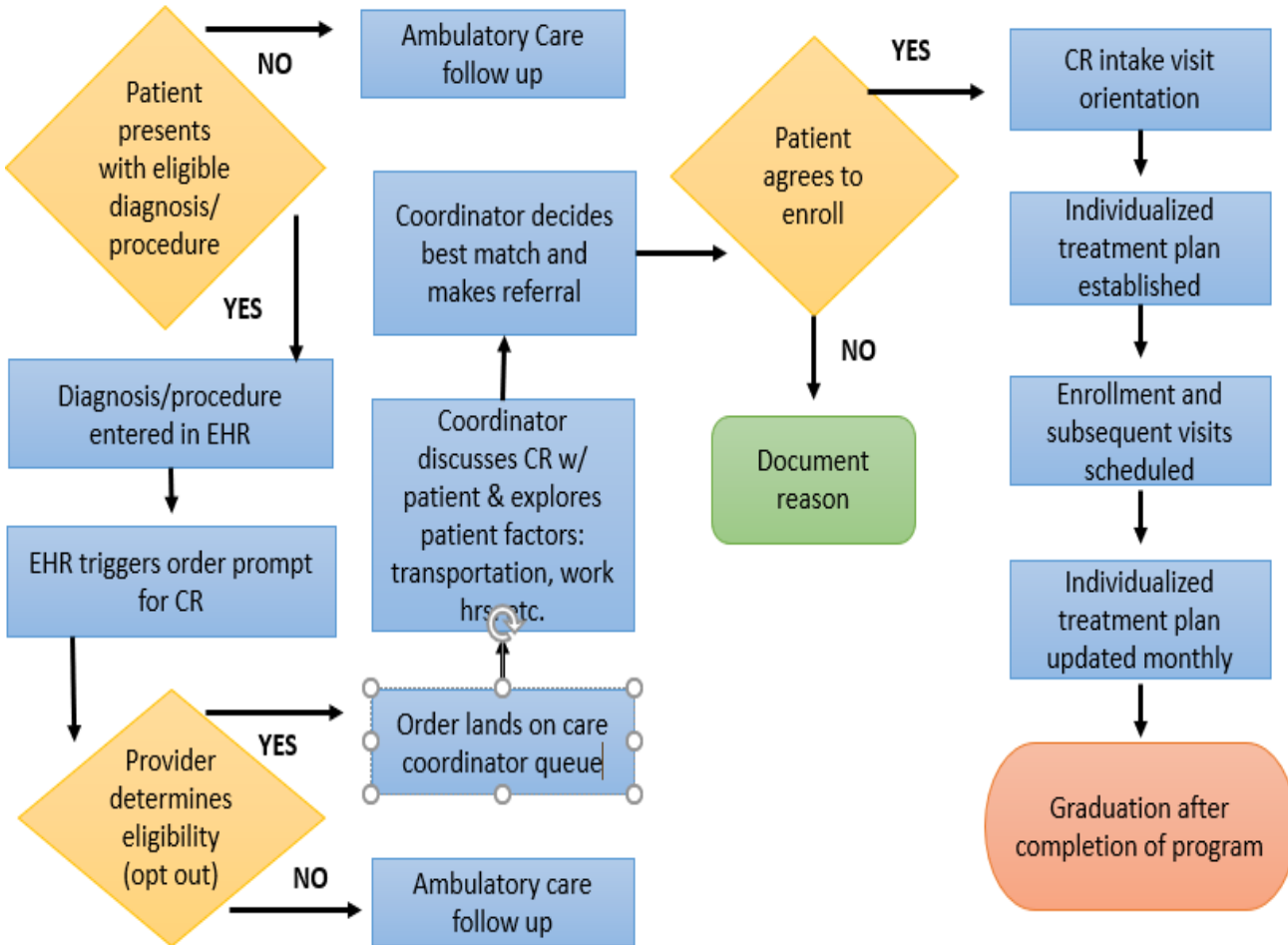
## ELEMENTS

- ❖ A flowchart is the picture created by mapping the CR workflow processes.
- ❖ Symbols represent different parts of the process

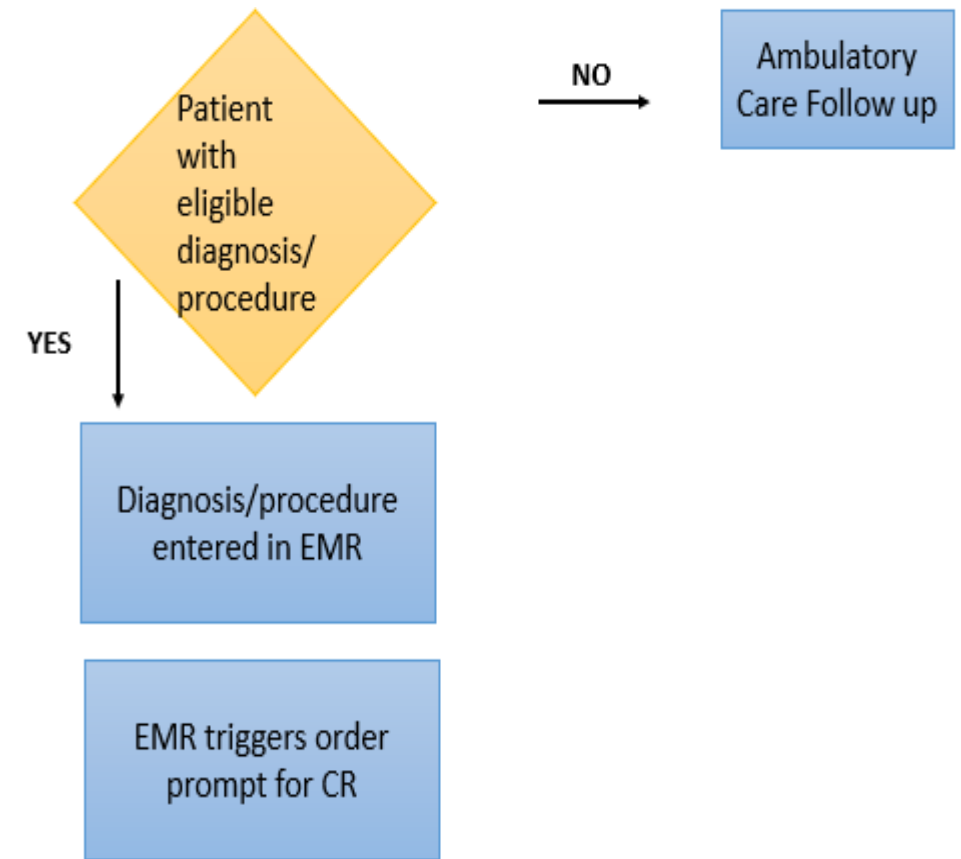


# Breaking The Whole Into Parts

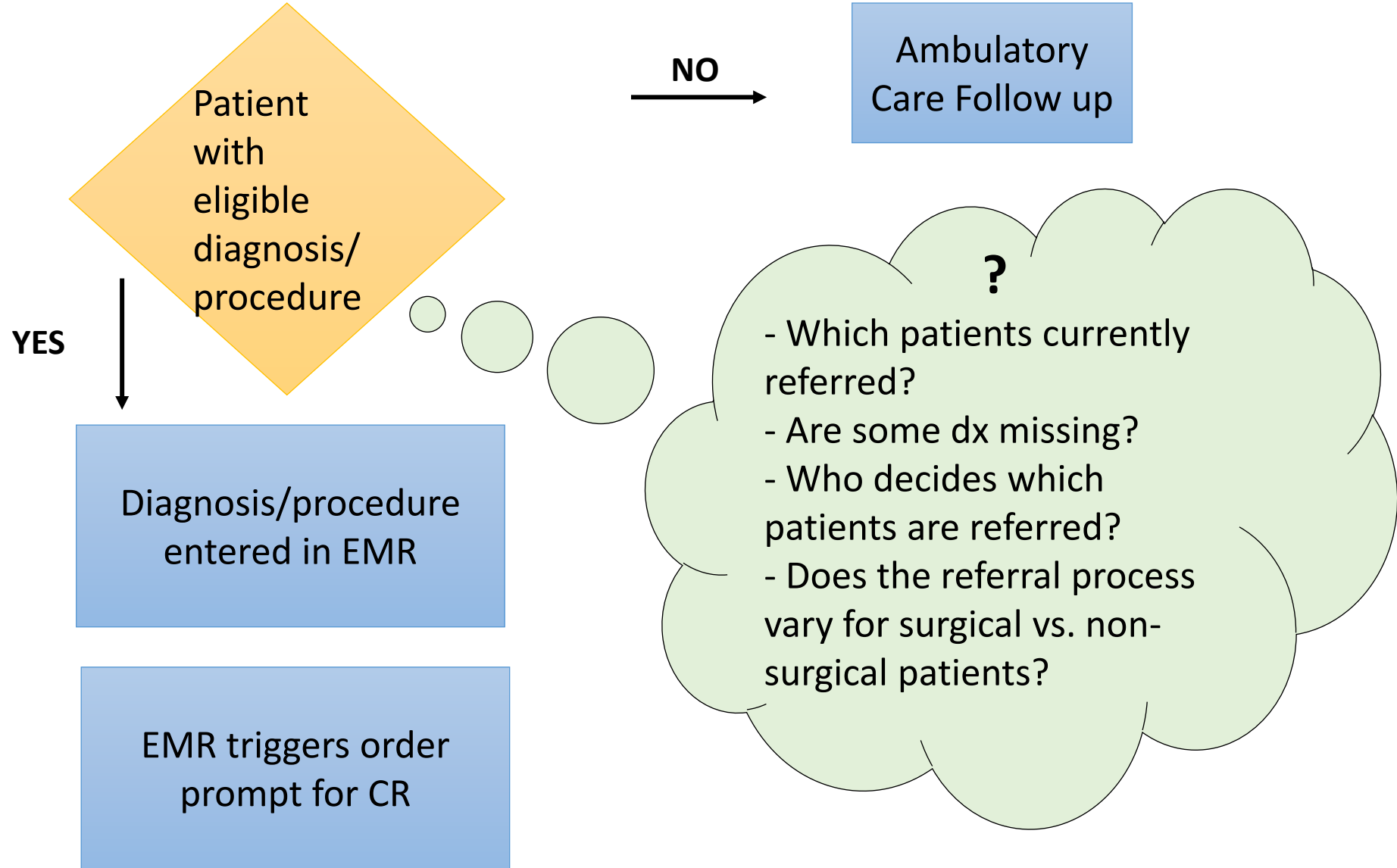
## WHOLE PROCESS



## PARTS OF PROCESS

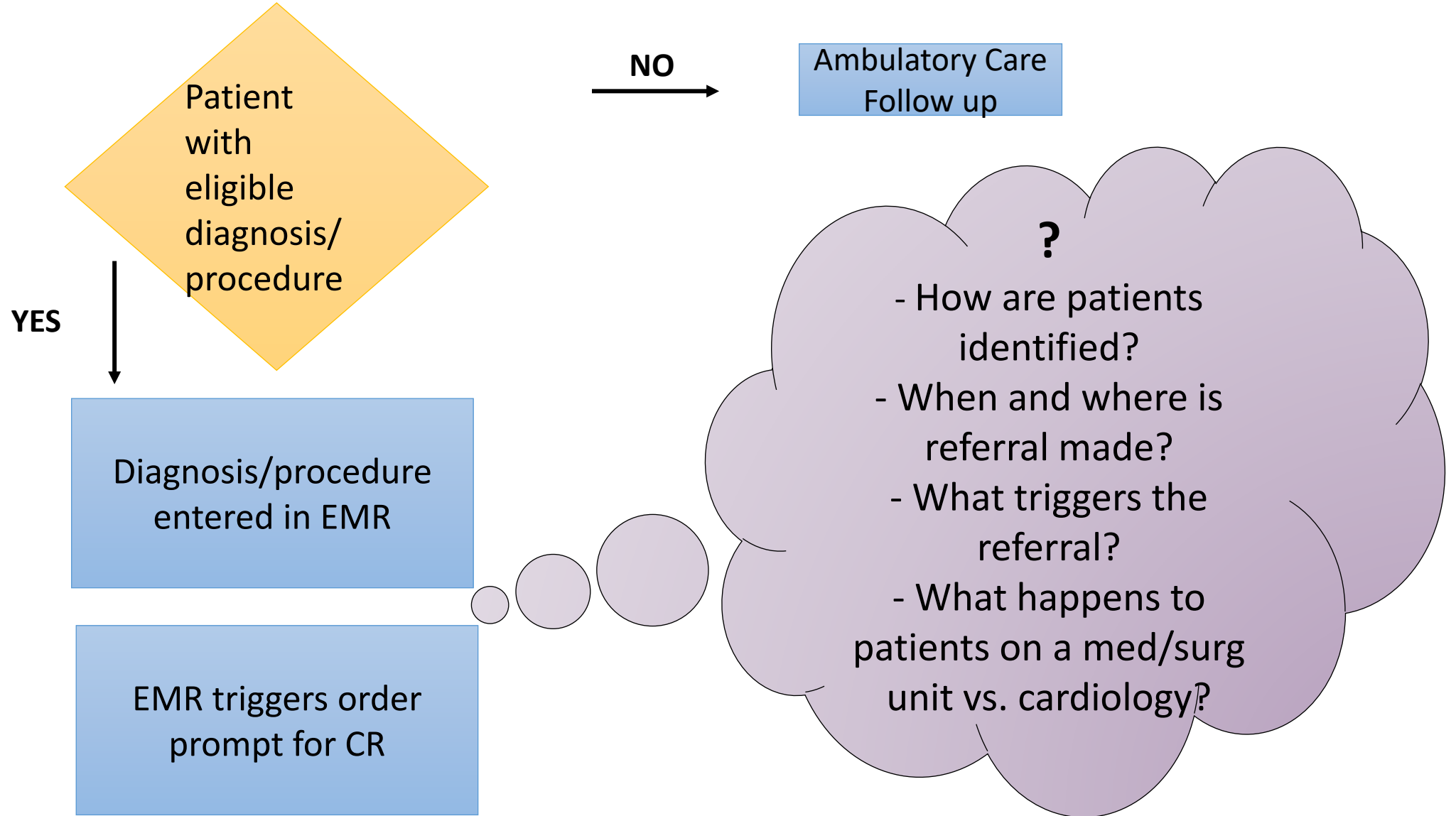


# Current Workflow Processes: Referrals

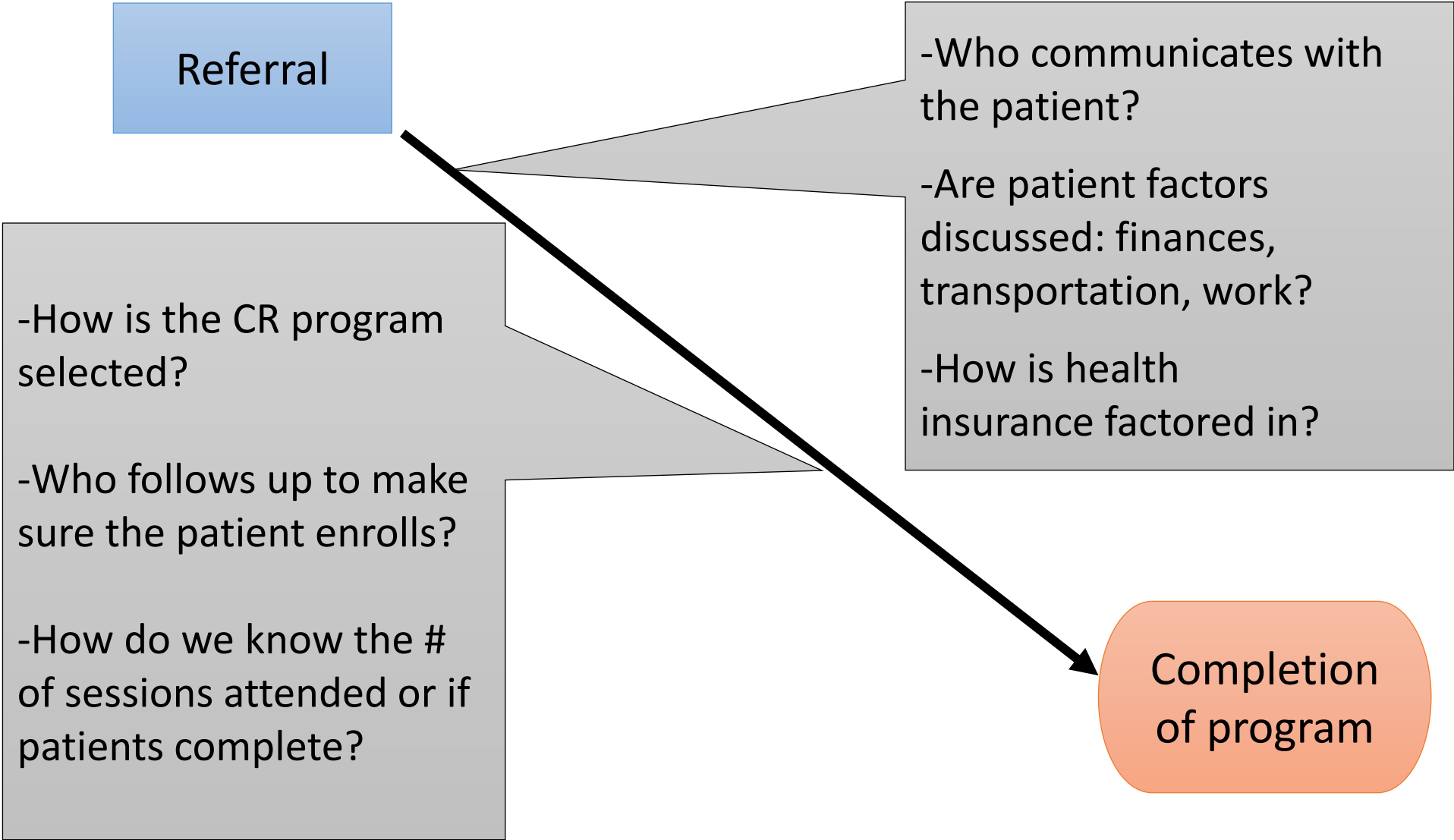




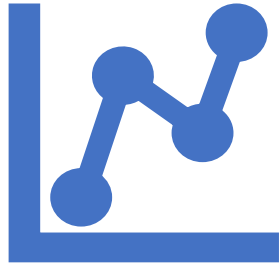
# Current Workflow Processes: Referrals (cont.)



# Current Workflow Processes: Care Coordination



# Current Workflow Processes: Data



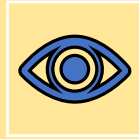
Mapping the data collection process helps the team understand what reports and program information can be generated and who has access to it

## QUESTIONS:

- ❖ Where does your data reside?
- ❖ What does it take to capture the data you need?
- ❖ Are new data capture processes needed?
- ❖ Who oversees different aspects of data collection?

# Current Workflow Mapping: Tips

## ITERATE



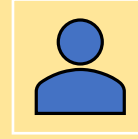
Take time to observe processes



Involve the stakeholders familiar with each step in your current process



Determine what and when data is collected on referrals and enrollment



Account for variability in practice and shift patterns

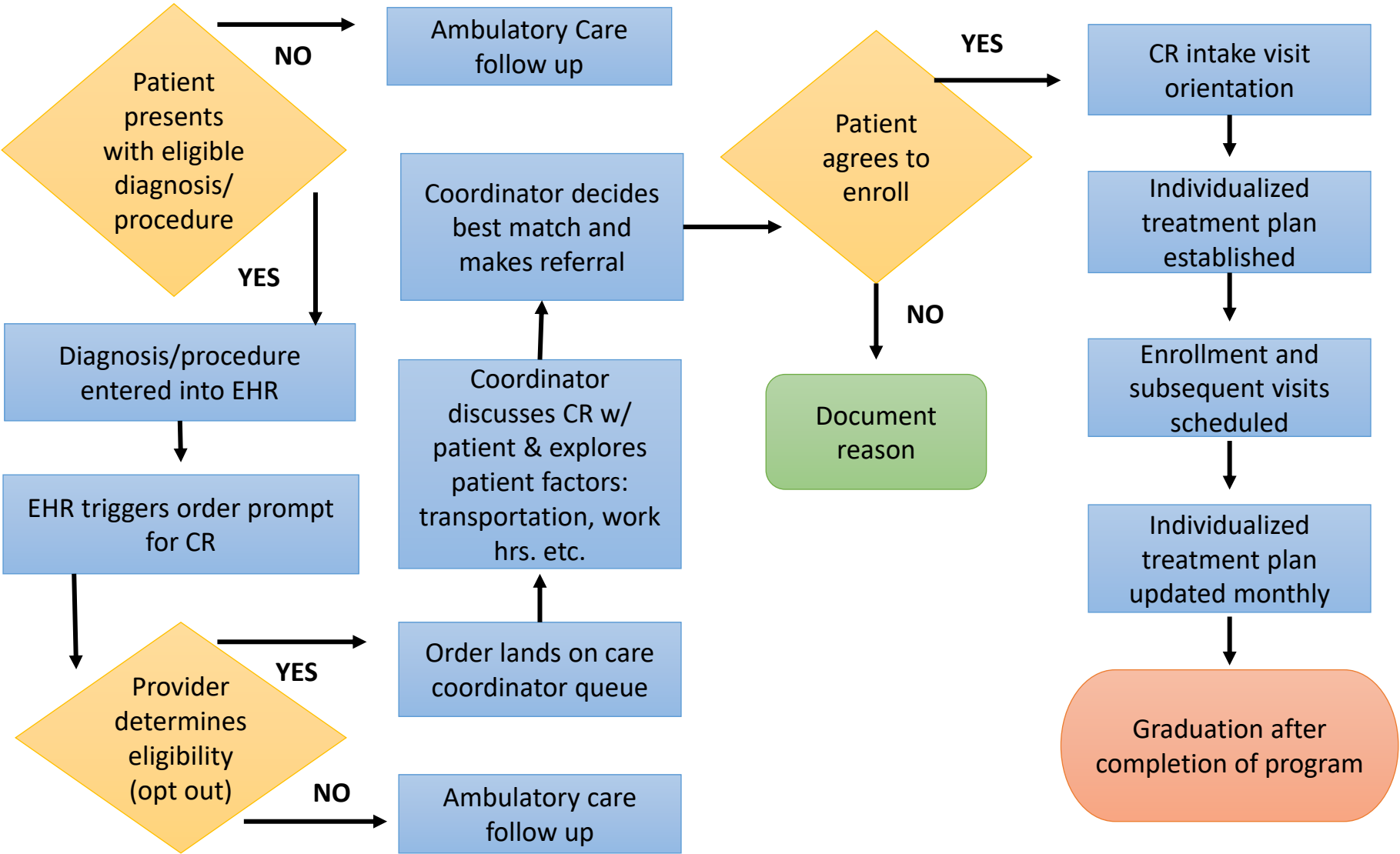


Be as detailed as possible

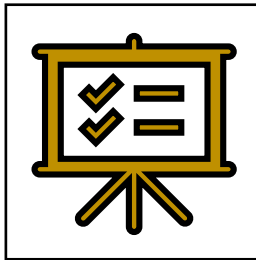


It may take multiple iterations to get the process documented

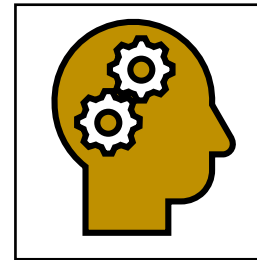
# Current Workflow Mapping: Example



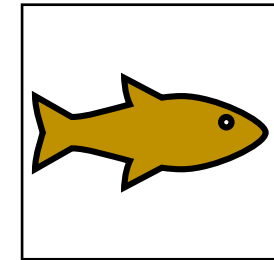
# Capturing Key Insights From Workflow Process Maps



Use process maps to identify process gaps and failures that you'll need to address as you design and implement automatic referral with effective care coordination.

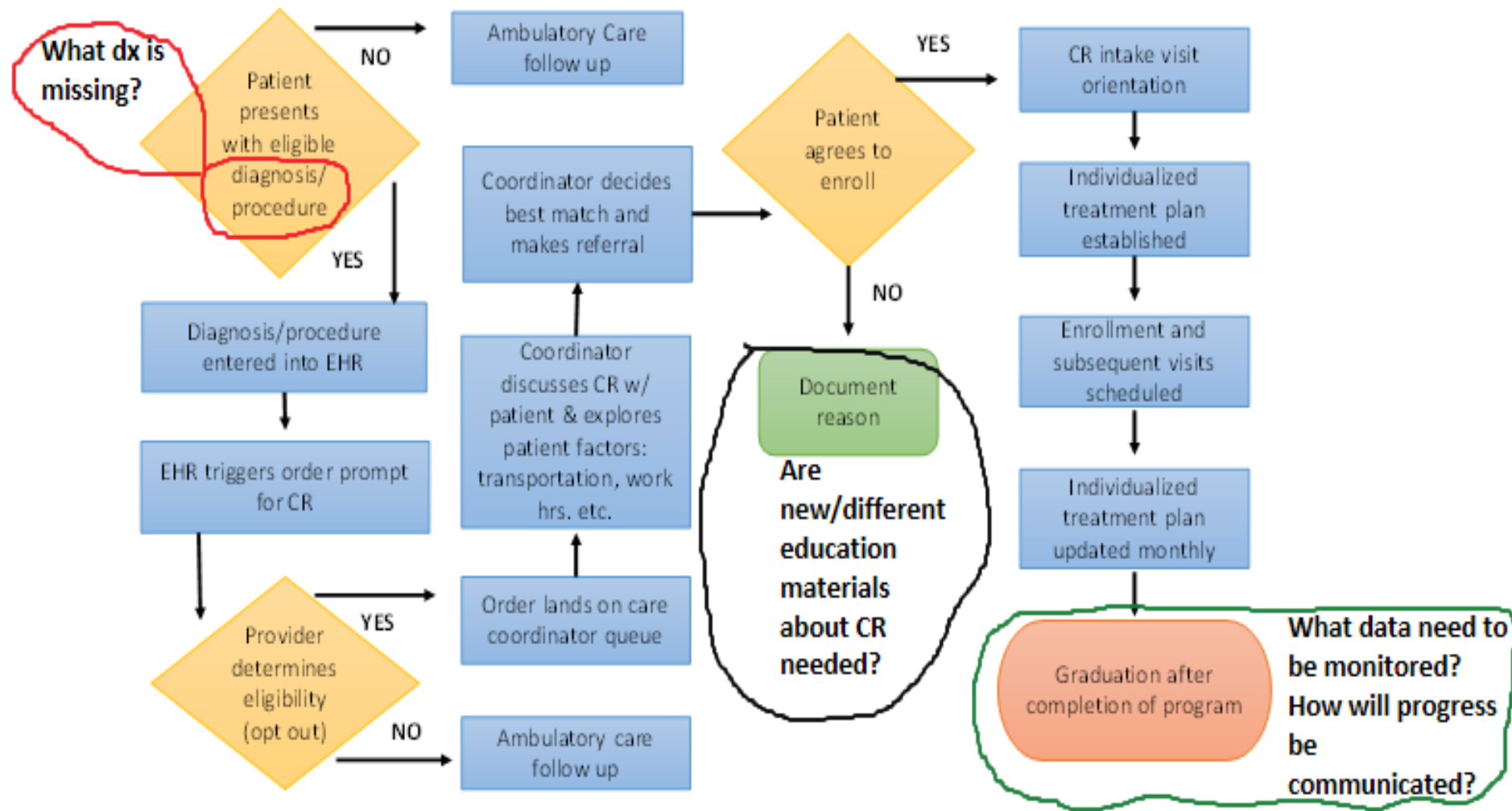


Capture staff insights about what is working and what is not.

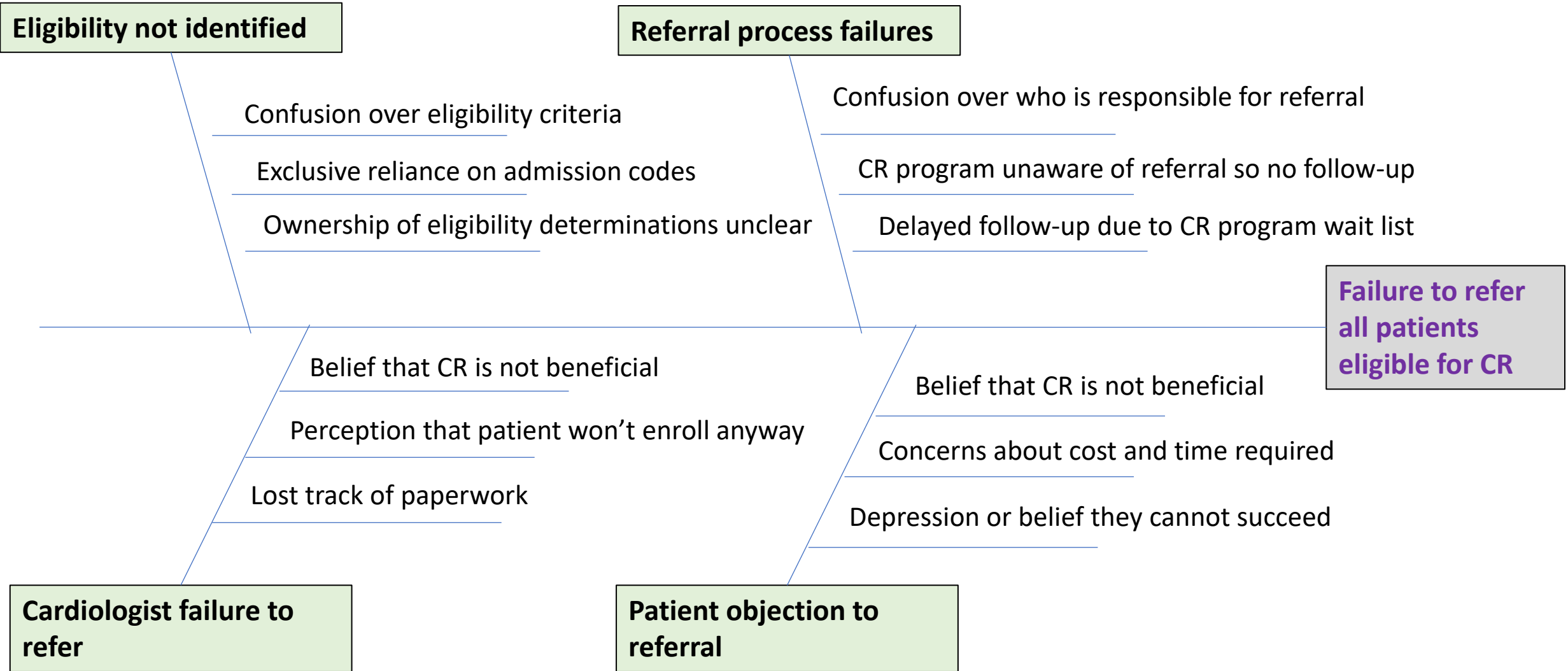


Use Fishbone diagrams to group failures into categories that your redesigned processes will need to address

# Current Workflow Map: A Tool



# Sample Fishbone Diagram

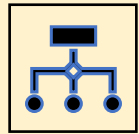




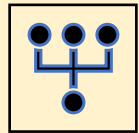
# Redesigning Workflow Processes



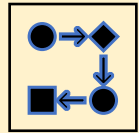
Will take place over the next few months of the project as insights are gleaned from subsequent modules.



**Module 5 & 7** will address the design and implementation of automatic referral



**Module 6, 8 & 9** will address laying the groundwork and implementing effective care coordination



Begin to think about ways to streamline activities and make workflow processes more efficient.

# Voice from the Field

## The Aspirus Wausau Hospital Cardiac Rehab Story of 2016

The Advice of a Surgeon

A Program's Call to Action



# Identify Problem & Evaluate Available Data

## Per AACVPR Registry:

Of eligible MI, PCI, and CABG patients referred, 24% are sent to Aspirus Wausau Hospital (AWH) CR, others to outreach sites.

In 2016, AWH CR had a 65% enrollment, 70% completion rate.

## Per Advisory Board:

Just over half of eligible MI, PCI, and CABG patients are referred to cardiac rehab and out of that only 19% enroll.

# Establish Workgroup with Key Stakeholders to Map Process

## Current Workflow

### Enrollment

- Staff visit and talk about CR post-procedure
- Call to be made to patient post-discharge

### Completion

- “Drop out” without follow-up
- Assuming reason for “drop-out” or discontinuing

# Redesign and Implement New Workflow

## Redesigned and Improved Workflow

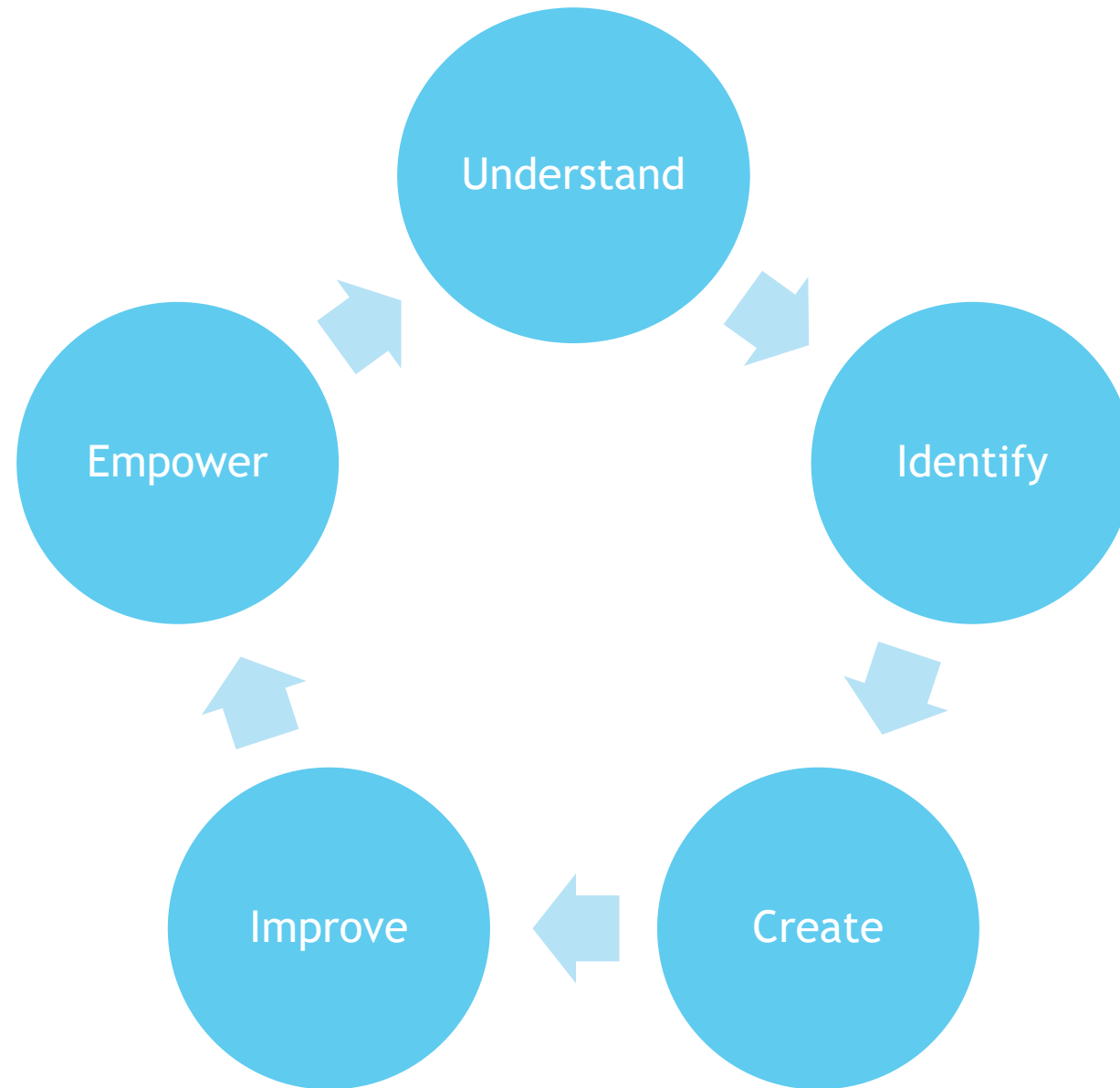
### Enrollment

- Staff visit and talk about CR post-procedure, using new verbiage
- Cardiac Rehab is an expectation, not a suggestion, by the physician
- Cardiac Rehab appointment is scheduled prior to discharge

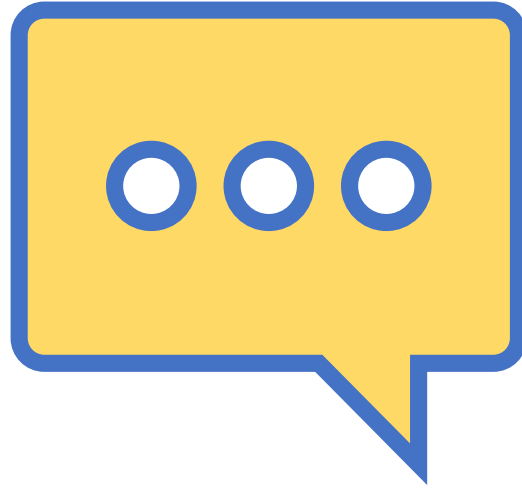
### Completion

- Follow-up plan for patient that “drops-out”
- Changing verbiage of follow-up conversation to determine reason(s) for non-return - can staff correct this reason

Demonstrate your commitment to improving patient care:



# Participant Input and Questions



**In the chat box, tell us one useful insight you will take away from today's training session.**

**We also encourage you to enter questions you'd like our panelists to respond to.**

# Action Steps



Feel free to contact coaches with questions

## Continue

Work with your team to map the CR referral, enrollment and data collection workflow processes  
Building the action plan: adding tasks, assigning responsibilities and setting targets

## Explore

Steps, actions and resources available in the Module 3 Implementation Guide

## Discuss

Progress, challenges and solutions in an upcoming peer action group



# Next Up: Module 4

## Module 4: Preparing and Understanding Your Data to Support Systems Change February 9, 2022, 2:00-3:00 pm ET

<https://abtassociates.webex.com/abtassociates/j.php?RGID=rce8280e3db5a95bc8e35ac9fda731946>



Takes a deep dive into the data to support automatic referral with effective care coordination



Please review the data planning tool in preparation.