

Abstract

Early Implementation of Cardiac Rehabilitation for the Heart Failure Population

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Purpose: To gain experience with the heart failure population in the cardiac rehabilitation setting and to improve patient outcomes through their participation.

Background:

In the spring of 2014 the Centers for Medicare and Medicaid Services (CMS) began providing coverage for outpatient cardiac rehabilitation for patients with heart failure. Prior to this, our cardiac rehabilitation department received referrals for this population but, in most cases, was unable to provide services due to lack of insurance coverage. Due to this discrepancy, our team applied for and received a grant from the Legacy Health Foundation. This grant enabled us to begin providing services to patients with heart failure in September, 2013. Subsequently, we were better prepared to provide care to this population once CMS coverage ensued in April, 2014.

Methods:

Our team leaders and physician colleague established enrollment criteria and developed monitoring parameters to be used. Development of a lecture program, including lectures specific to the needs of the heart failure population, was established. Individualized exercise prescriptions, with monitoring, and dietary consults would be provided. At the initial intake appointment and upon program completion, physical metrics, quality of life (SF-36 questionnaire) and self-care metrics (Self Care of Heart Failure Index) were assessed.

Results:

We learned to recognize and provide specialized care to address the challenges that this population presents: increased ectopy, lower blood pressures, monitoring and intervention of signs and symptoms of heart failure exacerbation and education specific to heart failure. We have re-designed our cardiac rehabilitation lecture series so that all patients, regardless of diagnoses, receive a heart failure lecture. Additionally, patients with heart failure are invited to participate in a 1:1 consult with our heart failure nurse specialist. All of our final metrics demonstrated improvement from the initial assessment.

Conclusion:

Through the grant funded work, our team was well prepared and encouraged by the metrics to integrate the heart failure population into our existing Phase II cardiac rehabilitation classes upon CMS coverage initiation.