Measure # 53: Cardiac Rehabilitation Patient Referral from an Inpatient Setting

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APPENDIX B. AACVPR/ACCF/AHA 2010 UPDATE: PERFORMANCE MEASURES ON CARDIAC REHABILITATION FOR REFERRAL TO CARDIAC REHABILITATION/SECONDARY PREVENTION SERVICES

Performance Measure A-1	
A-1. Cardiac Rehabilitation Patient Referral From an Inpatient Setting	
All patients hospitalized with a primary diagnosis of an acute myocardial infarction (MI) or chronic stable angina (CSA), or who during hospitalization have undergone coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation are to be referred to an early outpatient cardiac rehabilitation/secondary prevention (CR) program.	
Numerator	Number of eligible patients with a qualifying event/diagnosis who have been referred to an outpatient CR program prior to hospital discharge or have a documented medical or patient-centered reason why such a referral was not made. (Note: The program may include a traditional CR program based on face-to-face interactions and training sessions or may include other options such as home-based approaches. If alternative CR approaches are used, they should be designed to meet appropriate safety standards.) A referral is defined as an official communication between the healthcare provider and the patient to recommend and carry out a referral order to an early outpatient CR program. This includes the provision of all necessary information to the patient that will allow the patient to enroll in an early outpatient CR program. This also includes a written or electronic communication between the healthcare provider or healthcare system and the cardiac rehabilitation program that includes the patient's enrollment information for the program. A hospital discharge summary or office note may potentially be formatted to include the necessary patient information to communicate to the CR program (e.g., the patient's cardiovascular history, testing, and treatments). All communications must maintain appropriate confidentiality as outlined by the 1996 Health Insurance Portability and Accountability Act (HIPAA). *Exclusion criteria:* • Patient factors (e.g., patient to be discharged to a nursing care facility for long-term care). • Medical factors (e.g., patient deemed by provider to have a medically unstable, life-threatening condition). • Health care system factors (e.g., no cardiac rehabilitation program available within 60 minutes of travel time from the patient's home).
Denominator	Number of hospitalized patients in the reporting period hospitalized with a qualifying event/diagnosis who do not meet any of the exclusion criteria mentioned in the Numerator section. (Note: Patients with a qualifying event who are to be discharged for a short-term stay in an inpatient medical rehabilitation facility are still expected to be referred to an outpatient cardiac rehabilitation program by the in-patient team during the index hospitalization. This referral should be reinforced by the care team at the medical rehabilitation facility.)
Period of Assessment	Inpatient hospitalization.
Method of Reporting	Proportion of healthcare system's patients with a qualifying event/diagnosis who had documentation of their referral to an outpatient CR program.
Sources of Data	Administrative data and/or medical records.

Rationale

A key component to outpatient CR program utilization is the appropriate and timely referral of patients. Generally, the most important time for this referral to take place is while the patient is hospitalized for a qualifying event/diagnosis (MI, CSA, CABG, PCI, cardiac valve surgery, or cardiac transplantation).
This performance measure has been developed to help healthcare systems implement effective steps in their systems of care that will optimize the appropriate referral of a patient to an outpatient CR program.
This measure is designed to serve as a stand-alone measure or, preferably, to be included within other performance measurement sets that involve disease states or other conditions for which CR services have been found to be appropriate and beneficial (e.g., following MI, CABG surgery). This performance measure is provided in a format that is meant to allow easy and flexible inclusion into such performance measurement sets.
Effective referral of appropriate inpatients to an outpatient CR program is the responsibility of the healthcare team within a healthcare system that is primarily responsible for providing cardiovascular care to the patient during the hospitalization.

Corresponding Guidelines and Clinical Recommendations

ACC/AHA 2004 Guideline Update for Coronary Artery Bypass Graft Surgery (12).
Class I
Cardiac rehabilitation should be offered to all eligible patients after CABG (*Level of Evidence: B*).

ACC/AHA 2007 Update of the Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (13).
Class I
Advising medically supervised programs (cardiac rehabilitation) for high-risk patients (e.g., recent acute coronary syndrome or revascularization, heart failure) is recommended (*Level of Evidence: B*).

ACC/AHA 2007 Guidelines for the Management of Patients With Unstable Angina and Non–ST-Segment Elevation Myocardial Infarction (14).
Class I
Cardiac rehabilitation/secondary prevention programs are recommended for patients with unstable angina/non–ST-segment elevation MI, particularly those with multiple modifiable risk factors and/or those moderate- to high-risk patients in whom supervised exercise training is particularly warranted (*Level of Evidence: B*).
Cardiac rehabilitation/secondary prevention programs, when available, are recommended for patients with unstable angina/non–ST-segment elevation MI, particularly those with multiple modifiable risk factors and those moderate- to high-risk patients in whom supervised or monitored exercise training is warranted (*Level of Evidence: B*).

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ACC/AHA 2007 Chronic Angina Focused Update of the Guidelines for the Management of Patients With Chronic Stable Angina (15).
Class I
Medically supervised programs (cardiac rehabilitation) are recommended for at-risk patients (e.g., recent acute coronary syndrome or revascularization, heart failure) (*Level of Evidence: B*).

ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult (16).
Class I
Exercise training is beneficial as an adjunctive approach to improve clinical status in ambulatory patients with current or prior symptoms of heart failure and reduced left ventricular ejection fraction (LVEF) (*Level of Evidence: B*).

AHA Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women: 2007 Update (17).
Class I
A comprehensive risk-reduction regimen, such as cardiovascular or stroke rehabilitation or a physician-guided home- or community-based exercise training program, should be recommended to women with a recent acute coronary syndrome or coronary intervention, new-onset or chronic angina, recent cerebrovascular event, peripheral arterial disease (*Level of Evidence: A*), or current/prior symptoms of heart failure and an LVEF $<$40% (*Level of Evidence: B*).

ACC/AHA/SCAI 2007 Focused Update of the Guidelines for Percutaneous Coronary Intervention (18).
Class I
Advising medically supervised programs (cardiac rehabilitation) for high-risk patients (e.g., recent acute coronary syndrome or revascularization, heart failure) is recommended (*Level of Evidence: B*).

Challenges to Implementation

Identification of all eligible patients in an inpatient setting will require that a timely, accurate, and effective system be in place. Communication of referral information by the inpatient hospital service team to the outpatient CR program represents a potential challenge to the implementation of this performance measure. However, this task is generally performed by an inpatient cardiovascular care team member, such as an inpatient CR team member or a hospital discharge planning team member.

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