



SHARK TANK ROUND TABLE SUMMARY

CLINICAL TOPICS :

1. WHEN/HOW TO ADD HIIT EXERCISE TRAINING TO REHAB IDEAS:

- After 12 sessions of rehab patient, a low risk patient may begin HIIT at home. They must be able to do 5 METS (Nustep pre and post test measure for functional capacity- No equipment needed, may use jumping jacks, Burpees, any house item as a weight-30sec on/1 min off.
- Should be doing Resistance and Cardio at the same time-burns more fat in less time, and increases metabolism.
- **Patient Education will include:** Number of sessions per week, bouts - intensity, duration, and appropriate recovery (passive or active). Education should include teach back. Provide patient with information on an educational flyer.
- Results- improved quality of life, increase free time, and a 1 MET increase = 8-17% decrease in all-cause mortality

2. WEIGHT LOSS IMPROVEMENT STRATEGY IDEAS:

- Come up with a phone App that would help the patient reduce risk factors through increased confidence and self-esteem.
- Perform baseline measurements including BMI, hip/waist measurements, body fat measurement.
- App should include tracking of patient activity in and out of the gym, register sedentary activity and alarm to encourage patient to get moving more.
- App should provide assistance with measurements of ins as well as outs, including label reading/scanning.
- Provide incentives for weight loss such as rebates for gym memberships.

3. CREATIVE STRATEGIES FOR PATIENT ED:

- Initiate program such as Education Topic of the Week. Topic would be reviewed in a group education session as well as be discussed and shown on the TV in the gym throughout the week.

- Creative scheduling strategies for group classes to increase attendance, ie. first scheduled class of day stays after exercise and the second class of the day would come in early then exercise, thus one class covers two sessions.
- Evidence suggests better learning occurs in a group setting and is reinforced with repetition.
- Develop methods to meet individual learning needs as well that would be provided in a 1:1 manner.

4. HOW TO IMPROVE AND ACCOMPLISH LONG-TERM EXERCISE COMPLIANCE:

- Develop app or website that provide options for online or in person community support
- Encourage a buddy system upon graduation from rehab, increases likelihood of continued exercise and gym attendance
- Encourage fitness tracking-begin while the patient is in rehab and record numbers, this helps patient to establish the habit and use of tracking methods. Encourage apps that provide positive reinforcement of patient accomplishments.
- Encourage patients to utilize online communications for support such as messaging or email with other rehab contacts
- Provide reward systems such as coupons to local businesses/grocery stores/gyms.

5. HYBRID AND HOME-BASED REHAB PROGRAMS:

- After 5 visits patient will begin a home program, utilize an established home diary for recording HR and BP.
- Patient would report to rehab once a week to provide tracking information and receive education as needed
- Patient should have an entry and exit stress test for tracking of successful home program
- A Peleton program with a Cardiac Rehab workout on the screen- the information would go to a dashboard and be communicated to the rehab staff. Could also receive education and this would be recorded in hospital chart.
- Establish a home program for patients without equipment utilizing stairwells or available walking trails.

OPERATIONAL TOPICS:

1. HOW TO FACILITATE EARLY PATIENT ENROLLMENT (LESS THAN 3 WEEKS):

- Establish automated referrals from interventional cardiologist
- Schedule qualifying patients for initial evaluations before they are discharged from the hospital

- Streamline shared drive to schedule phase II appointments before discharged from phase I.
- Utilize a flyer with the patient's printed out appointment.
- Utilize group orientation and call patients ahead of time to gather personal information and health history.
- Call or text patients with a reminder of their upcoming intake appointment

2. HOW TO BEST USE MULTI-DISCIPLINE TALENTS AND TRAINING IN DAILY REHAB CARE:

- Tailor your patient needs to group or individual or possibly home based if established
- Establish a group approach/team approach to meet the patient needs including- chaplain, exercise physiologist, RN, dietician, RT, OT, PT, Social Worker, Pharmacist, Psychologist, Community health-smoking cessation

3. WHAT/HOW TO STREAMLINE REHAB COMMUNICATIONS TO PHYSICIANS:

- Software that allows monitoring systems to more effectively communicate with the EMR system allowing physicians to directly view information from the monitoring system
- Portals to communicate with outside systems and/or facilities
- System that allows response messages
- Mailbox with flag for entire department with notification that a response has been received

4. HOW TO IMPROVE EFFICENCY OF EMR DOCUMENTATION IN REHAB:

- Development of the perfect EMR documentation system would improve the efficiency of time spent by staff doing paper/computer work and provide more time for 1:1 interaction with patients
- Automatic downloads of medical records preadmission
- Automatic syncing of exercise equipment to telemetry monitoring
- Automatic exercise equipment workload adjustments based on HR's and exercise prescription from the monitors to the equipment.
- Automated reminders for Exercise Progression Protocol and trends of vital signs.
- Automated ITP 30 day updates and request for physician signatures.
- Red flag communications for patient events to program director.
- Insurance information flags, need for preauthorization.

5. HOW TO INCREASE REHAB ATTENDANCE AND REDUCE NO SHOWS:

- Establish upfront commitment from patient on admission and be sure all staff are using the same message
- Confront and educate the physicians telling patients to just try a few sessions
- Communication letters to patient and physician discharging the patient for nonattendance
- Call the patient the first time they miss so they know you are monitoring their attendance
- Explain to the patient they will lose their time slot should they miss three or more appointments in a row
- Implement an attendance reward system, after one month or 12 visits- they get to pick music type to listen to in the gym, after 24 visits- a bigger reward and at discharge another reward such as a t-shirt...
- Flexible hours for working patients
- Special designated day as Music Day and people get to write down their favorite songs to be played while exercising.

