

ABSTRACT

THESIS: The Utilization and Patient Demographics of Patients Attending an Early Outpatient Cardiac Rehabilitation Program

STUDENT: Laurel A. Thur

DEGREE: Master of Science

COLLEGE: Applied Sciences and Technology

DATE: July 2011

PAGES: 88

Purpose: Cardiac rehabilitation (CR) programs have been shown to promote numerous health benefits among patients with cardiovascular disease (CVD), but little is known about the characteristics of CR programs. **Methods:** A survey was developed and utilized to collect data on Early Outpatient Cardiac Rehabilitation programs (EOCR) in the USA. An email with a link to the survey was sent by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) to their members. Program directors/administrators were recruited to provide information about their program in operation during 2009 in the United States. The CR survey contained 13 questions, some with multiple answers, regarding the utilization and patient demographics of an Early Outpatient Cardiac Rehabilitation (Phase II) program. **Results:** Responses were received from 138 programs in 44 states. Of the responses, 19,689 patients completed at least one EOCR exercise session. Of the responses, 68% of patients were men and 32% of patients were women. Patients enrolled in EOCR programs had a primary diagnosis of CABG 4,803 (30%); AVR/MVR 1,401(9%); MI 3,583 (22%); PCI/Stent 4,961 (31%); stable

angina 965 (6%); heart/lung transplant 53 (0.33%); other 385 (2%). 8.4% complete 0-6 sessions of EOCR; 12% complete 7-12 sessions; 22% complete 13-18 sessions; and 58% complete 19-36 sessions. 35% of patients enrolled in EOCR programs are discharged early. 84% of programs offer an outpatient maintenance CR program. 96% of EOCR programs offer education classes; 89% offer resistance equipment; 72% are AACVPR certified; 62% also offer pulmonary rehabilitation; 23% utilize outcome measurements; 62% are in rural locations; and the average patient-to-staff ratio is 4.2:1. **Conclusions:** CR programs are used by a minority of eligible patients. There is marked variation in the structure and content of EOCR programs. Alternative strategies to improve standardization and outcomes should be implemented. **Key Words:** CARDIAC REHABILITATION, SECONDARY PREVENTION, OUTCOMES