



Implementing an Intensive Cardiopulmonary Rehabilitation Program

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AACVPR | Fellowship Presentation

Why start an Intensive Cardiopulmonary Program

The problem today:

Most cardiac rehab patients complete ~**20 sessions** out of 36 sessions for traditional rehab and focus mainly on exercise alone.

Why an intensive cardiopulmonary rehab approach is beneficial:

- ♦ Get more out of cardiopulmonary rehab
- ♦ Two sessions in one day
- ♦ Faster, more complete recovery
- ♦ Builds confidence and independence
- ♦ Improves adherence
- ♦ Reduces readmissions and long-term risk

Core Statement

Aligned with Horizon Health's mission, the Intensive Cardiopulmonary Rehabilitation Program addresses gaps in post-event recovery that lead to poor outcomes and readmissions. By delivering a high-frequency, multidisciplinary care model, it improves functional recovery, reduces readmissions, and strengthens patient engagement for high-risk populations.

Why Accelerated & Intensive?

Cardiopulmonary disease affects:

- Skeletal muscle
- Metabolism
- Mood
- Cognition
- Self-efficacy

Exercise alone does not address:

- Anxiety
- Malnutrition or obesity
- Medication misunderstanding
- Lifestyle triggers
- Fear of activity

Program Design

Program Structure:

- **Frequency:** 2–3 days per week
- **Duration:** 61–91 minutes per visit
- **Completion:** ~4–6 weeks

Each Visit Includes Two Components:

- 1) Supervised Exercise Session
- 2) Structured Education Session

Value of the Model:

- Exercise + education in the same visit
- Faster, more meaningful results through concentrated, comprehensive care

Stakeholders & Buy-In

Key Stakeholders

- Cardiology & Pulmonology
- Nursing
- Dietitians & Counselors
- Case Management
- Hospital Administration

Barriers

- Staffing needs
- Space limitations
- Scheduling complexity
- Transportation barriers
- Operational setup
- Adoption Challenges

Implementation Strategy

Program Design & Support Systems

- March 1st, we started our first Intensive Rehab Program
- Automatic referrals
- 48-hour follow-up
- Pre-authorize insurance coverage
- Transportation support

Quality Improvement Expected Outcomes

Quality Improvement Goals

- ◆ Referral rates increase **40% → 75%**
- ◆ Completion on average **20 sessions with traditional → 30 sessions with Intensive**
- ◆ Greater functional gains through high frequency, structured therapy
- ◆ Fewer readmissions and complications
- Earlier return to daily life and improved quality of life
- ◆ High satisfaction and engagement

Key Lessons Learned

- Early stakeholder engagement builds trust and drives adoption
- Standardized workflows improve consistency
- Staff-supported education and clear materials increase patient engagement and adherence (e.g., curriculum)
- Dedicated space and creative tools (e.g., mobile kitchen/flexibility)
- Group sessions improve accountability, motivation, and peer support
- Success depends on shared ownership across all departments

Why I'm Passionate

- I've seen patients survive cardiac and pulmonary crises but struggle afterward.
- Recovery shouldn't be passive.
- This program restores strength, knowledge, and confidence.
- This program shifts the focus from survival → to full functional recovery that last long-term after completing the program.

Conclusion/Next Steps

What we implemented:

- Structured, progressive, hands-on rehabilitation curriculum
- Stronger patient engagement through education, coaching, and accountability

Next Steps:

- Track outcomes: program completion, functional gains, and readmission rates
- Collect patient-reported feedback through post-program surveys
- Expand services to include **staff/community wellness programming**
- Continue refining the model to make **outcomes-driven recovery the standard of care**

Questions?

Thank you to my mentor, Tommie Cline and ICAHN team.

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