User's Guide:

TAKEheart Training Materials

Purpose of this User's Guide

This guide**:**

- ➢ Provides an **overview of the content** included in the four sets of TAKEheart Training Materials
- ➢ Provides **tips for navigating** the materials
- ➢ Can help you **anticipate how long it will take** to review and digest the materials
- ➢ Can help you **decide where to begin and how to focus your efforts**.
- ➢ Provides you with some **tips for success.**

Content Areas of Training Materials

The TAKEheart Training Curriculum is organized into the following four content areas, collectively designed to help you implement process changes to increase patient participation in your CR program:

- ➢ **Getting Started** describes the foundational steps necessary for implementing *any quality improvement effort* – with a specific focus on QI initiatives aimed at increasing patient participation in CR.
- ➢ **Implementing Automatic Referrals (AR)** describes the proven benefits of AR; provides guidance for developing, launching, and troubleshooting AR systems.
- ➢ **Enhancing Care Coordination (CC)** describes the aims and proven benefits of effective CC; provides guidance on improving CC processes for referred patients.
- ➢ **Implementing Hybrid CR to Expand Access and Capacity** provides expert-informed guidance for programs interested in expanding access to CR services by offering hybrid cardiac rehabilitation to complement existing facility-based CR services.

Types of Materials, Format, Navigation Aids

There are three types of materials provided for each of the four content areas listed above: a *Powerpoint Slide Deck (PPT)*, an *Implementation Guide* and a *Resource Guide*. Details about each of these are contained in the tables below to help you anticipate the time required to view and digest them and optimize your learning experience.

Customizable PPT Slide Deck	
Purpose	• Provides a roadmap for the actions being proposed • Provides foundational information for implementers, presented in a PPT format so the info can be shared by change leaders with other staff whose support or cooperation may be needed during implementation
Format	• **60-70 slides per slide deck divided into chapters/sections,** broadly describing the proposed actions ("**WHAT")** and explaining **"WHY"** they are being recommended • Extensive explanatory notes for each slide • Contents are drawn from two or more of the original ten training modules for which audio-visual recordings are also available • Some overlap between the content of the **Slides** and the content in the **Implementation Guide**. Maximum value comes from reviewing both
Navigation Aids and Other Tips for Use	• **ALIGNMENT** between chapter headings in the PPT slides and chapter headings in the IG • **HYPERLINKS**: Table of Contents hyperlinked to later sections in the deck • Designed so content can be broken down into a series of shorter training/informational sessions • **"Learn More" slides** at the end of each section/chapter list related materials in the IG and Resource Guide as well as links to recordings of relevant original trainings

Implementation Guide (IG)	
Purpose	• **Addresses questions of "HOW"** by providing actionable guidance for staff implementing the recommended actions
Format	• **20-30 pages of actionable, step-by-step guidance** • Content based on published research and the practical tips of peers • Some overlap between the content of the **Implementation Guide** and the content in the **Slides**. Maximum value comes from reviewing both.
Navigation Aids and Other Tips for Use	• **ALIGNMENT** between Chapter headings in the IG and Chapter headings in the PPT slides • **HYPERLINKS**: Table of Contents hyperlinked to later sections in the Guide

Resources Guide	
Purpose and Contents	• Provide supplementary materials described or referenced in the IG. • Materials include links to articles referenced in the IG and to templates, videos and other tools and resources to assist with implementing recommended steps or activities

Where to Begin?

➢ **We strongly recommend you start with the *Getting Started* curriculum** if you are new to quality improvement (QI) or have not recently led or participated in a project to support process improvement.

➢ Even if you are experienced with QI, you may find the tools and resources in the *Getting Started* materials helpful. You may also find it helpful to read the discussion of how to apply QI processes to the specific goal of increasing participation in CR.

Where to Focus?

➢ **AR and CC Focus**: If the leadership of your hospital or health system is strongly committed to improving patient participation in CR, and you have adequate staff to engage in a months-long improvement effort, you might want to work through at least the first three sets of training materials: *Getting Started, Automated Referral, and Care Coordination*.

- This approach will be the most extensive and will require a significant investment of time and resources.
- While this approach requires much effort, those that succeed are expected to achieve optimal CR participation among all eligible patients.

➢ **An AR focus:** If, after reviewing your data, you find your program has processes in place to ensure CR enrollment of all referred patients, but not all eligible patients are being referred or referrals are being inequitably made across different patient groups, you may choose to focus on resources in the *Automated Referral* section of the curriculum.

- You can use this focus to support an initial AR implementation or to find solutions to problems with your existing automatic referral system.

➢ **A CC focus:** If your program either has a well-functioning automatic referral system in place or if implementing automatic referral is not feasible for your hospital or health system at this time, you may focus on resources in the *Care Coordination* section.

- CC can always be improved, including in programs that are small or whose referrals all come from unaffiliated hospitals.

➢ **Hybrid CR Focus:** If your program is interested in expanding CR capacity by offering another proven option to facility-based CR, you may focus on the *Hybrid CR Implementation Guide* and accompanying resources in the *Expand CR Capacity* section. Some resources in the CC section may also be useful. Hybrid CR requires careful planning and leadership support but offers the potential to expand your capacity and increase access to CR for more patients from underrepresented groups.

➢ **Specific challenge focus:** You may be facing a specific problem for which you are seeking help. The curriculum covers ways to address a variety of challenges, including supporting underrepresented populations, engaging with physicians, and ensuring effective CC despite staff turnover. If you are seeking solutions to these or other challenges, you may want to review the **Getting Started** Materials and then skim through the other topics to locate insights related to your challenges and then work to address them.

Use the TAKEheart Consolidated Curricula in Conjunction with Other Resources!

➢ TAKEheart was developed to complement the guidance provided in the <u>Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP)</u> for implementing AR+CC. **TAKEheart considers the CRCP to be an essential, foundational resource for anyone wishing to increase CR use**.

➢ The four sets of consolidated curricula are streamlined, restructured syntheses of information presented during ten live (virtual) trainings presented to over 100 hospitals in 2021 and 2022. Audio-visual recordings of these ten expert and peer-led training sessions are available for download on the TAKEheart site and links to specific recordings are referenced and hyperlinked where relevant throughout the consolidated training materials.

Tips for Success

➢ **Expect implementation to be challenging, gradual, and to require a team.**
  - Some improvements can be made quickly and by just the staff in your CR program while others may take months or even years to implement (e.g., implementing automatic referral across an entire health system).

➢ **Set reasonable expectations for yourself and your team.**
  - The TAKEheart training materials were developed for use by 100 hospitals that worked together with their pre-formed teams <u>for over 10 months</u> – and few, if any, had met all their goals within that time frame.
  - Remember that, regardless of goals, patience and persistence will be necessary to achieve your aim(s).

➢ **View all the contents of the training materials as recommendations you can choose from and adapt to maximize their success in your program.**
  - View the contents as ingredients for a recipe that you will tailor to the needs and capacities of your team, organization, and community.