



**Sinai-Grace Hospital**  
Detroit Medical Center/Wayne State University

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6071 W. Outer Drive  
Detroit, MI 48235

# Fax

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**Sinai-Grace Hospital**

Detroit Medical Center / Wayne State University

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Sinai-Grace Hospital – Cardiac and Vascular Services

Subject: Phase I Cardiac Rehabilitation Selection  
and Exclusion Criteria

Page: 1 of 2

Policy No:

Approved/Effective Date:

Review Date:

Supersedes:

This policy may be revised or revoked at any time by the Corporation without prior notice to employees.

**Objective:** To establish guidelines for the selection and exclusion of participants into the Phase I Cardiac Rehabilitation program.

**Scope:** Employees of Cardiac and Vascular Services Northwest Region

**Standard:** Phase I Cardiac Rehabilitation requires a physician referral with a written order.

- Policy:**
1. Patients accepted into the Phase I Cardiac Rehabilitation program must have one of these conditions as reason for hospitalization:
    - a. Myocardial infarction
    - b. Coronary artery bypass graft (CABG) surgery
    - c. Valve repair/replacement surgery
    - d. Repair of a septal defect
    - e. Congestive Heart Failure
    - f. Stable or Unstable Angina
    - g. PTCA/Stent
  2. The following patients will not be accepted into the Phase I Cardiac Rehabilitation program:
    - a. Recent or complicated CVA
    - b. Recent or complicated amputation
    - c. Prolonged bed rest requiring a more intensive strengthening program
    - d. Not ADL independent prior to hospitalization
    - e. Those receiving home Physical Therapy prior to admission
  3. A referral to Physical Therapy and/or Occupational Therapy, will be initiated if either of the following apply:
    - a. Patient requires more than minimum physical assistance with bed mobility, transfers, and ambulation.
    - b. Patient is not meeting mobility goals on the Cardiac Rehabilitation pathway.

**Definitions:** None

**Administrative Responsibility:** Medical Directors, Director of Critical Care and Cardiovascular Services, Supervisory Personnel.

THERE MAY BE NO EXCEPTION TO THIS POLICY WHERE SUCH EXCEPTION IS A VIOLATION OF LAW.

**Approval Signature:**

\_\_\_\_\_  
Dianne Wehby R.N., M.S. N., Director, Critical Care and Cardiovascular Services, Northwest Region

**Approval Signature:**

\_\_\_\_\_  
Antonio Carrillo, M.D., Chief, Cardiac and Vascular Services, Northwest Region

**Approval Signature:**

\_\_\_\_\_  
Eduardo Garcia, M.D., Medical Director, Cardiac Rehabilitation Program, Northwest Region

**DMC Cardiac Rehabilitation Referral Form**  
**SGH Heart & Health Enrichment Center**

*Patient Name* \_\_\_\_\_ *Phone #* \_\_\_\_\_ *DOB* \_\_\_\_\_ *Sex* \_\_\_\_\_  
*Address* \_\_\_\_\_ *MRN* \_\_\_\_\_  
*Physician Name* \_\_\_\_\_ *Office Phone #* \_\_\_\_\_  
*Insurance* \_\_\_\_\_

<i>Please check all that apply:</i>		
<u>Coronary Atherosclerosis of:</u>	<input type="checkbox"/> S/P MI Date _____	<u>Diabetes</u>
<input type="checkbox"/> Native Coronary Artery (414.01)	Site _____	<input type="checkbox"/> Insulin Dep (Type I)(250.01)
<input type="checkbox"/> Bypass Graft (414.02)	(410 or 412)	<input type="checkbox"/> Non-Ins Dep (TypeII)(250.00)
<input type="checkbox"/> S/P CABG Date _____	<input type="checkbox"/> S/P PTCA Date _____	<input type="checkbox"/> Family History of CAD
(V45.81)	(V45.82)	(V17.3)
<input type="checkbox"/> Hypertension (401.9)	<input type="checkbox"/> Obesity(278.00)	<input type="checkbox"/> Hypercholesterolemia(272.0)
<input type="checkbox"/> Cardiomyopathy (425.4)	<input type="checkbox"/> Angina Pectoris (413.9)	<input type="checkbox"/> Congestive Heart Failure (428.0)
<input type="checkbox"/> Arrhythmia _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Abnormal stress test Date _____	<input type="checkbox"/> No new stress test required prior to starting program.	

I consent to have my patient participate in the Cardiac Rehabilitation program at the Detroit Medical Center. I agree to have my patient counseled in all subject areas related to cardiac rehabilitation. I will continue the regular medical care of my patient throughout his/her participation in the program.

*Referring Physician Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Please circle appropriate Phase(s):* Phase II (Monitored) Phase III (Maintenance)

Weight Management Phases II & III Phase IV (Health & Wellness)

**PLEASE ENCLOSE COPIES OF PATIENTS MOST RECENT LIPID PROFILE AND STRESS TEST RESULTS if available.**

*Please mail or fax this form to:*

**Sinai – Grace Hospital**  
 Lahser Campus  
 27177 Lahser Rd. Suite 200  
 Southfield, MI 48034  
 (248) 352-3736 (866-SGH-6066)  
 FAX: (248) 352-1469

**Huron Valley- Sinai Hospital**  
 Cardiac Rehabilitation  
 1601 East Commerce Rd.  
 Commerce Twp, MI 48382  
 (248) 360 - 3606  
 FAX: (248) 360 - 5002

# CARDIAC REHABILITATION - AN OVERVIEW

## WHAT WE PROVIDE IN ALL PHASES OF CARDIAC REHAB:

- Individual exercise prescription
- Risk factor identification and modification
- Early recognition of complications
- Education and counseling
- Mobilization
- Psychological support and management
- Patient medical updates

## CARDIAC REHAB STAFF:

- All staff are ACLS certified
- Registered Nurses with Critical Care Experience (outpatient rehab)
- Exercise Physiologists
- Multidisciplinary Ancillary Staff  
Pharmacist, Dietitian, Physical Therapist, Medical Director-MD

## CARDIAC REHAB PHASES:

### *Inpatient Cardiac Rehab*

#### Phase I (P1)

- Education  
Risk Factor Identification  
Psycho-Social Needs Identification  
Anatomy & Physiology  
Angina recognition and management  
NTG Administration
- Mobilization

### *Outpatient Cardiac Rehab*

DMC Outpatient Cardiac Rehab Location: Southfield - Eleven Mile and Lahser  
Equipped with state of the art Quinton telemetry monitoring system and 15 Cardiovascular machines.

#### Phase II (P2)

- Continuous Monitored Exercise Sessions (ECG, BP, blood sugars, weight)
- Risk Stratification - Risk Level  
Low 12 visits, intermediate 24 visits, high 36 visits, or patient pays

#### Phase III (P3)

- Intermittently Monitored Exercise Sessions
- Designed for Patients with no coverage for Cardiac Rehab
- Patient Pay - \$8.00/session
- Risk stratification
- MD Approval

Phase IV (P4)

- Wellness Program
- Patient Pay - \$6.00/session
- Patients Graduated from P2 or P3
- Non Monitored (ECG)
- Extended Exercise Time
- Resistance Training

WHY IS CARDIAC REHAB IMPORTANT?????

- Helps to slow the progressive nature of heart disease
- Provides support for lifestyle changes
- Builds confidence
- Speeds up recovery time and return to Activities of Daily Living (ADL's)
- Helps facilitate a positive attitude
- Provides peer support (outpatient cardiac rehab)

YOUR INPATIENT CARDIAC REHAB STAFF:

CHRISTYNE ESHKANIAN

AMANDA RHOADES

ANDREA SCHAFER

PHASE I PAGER NUMBER 71010

OFFICE NUMBER 966-8980