Keep Them Coming Back: Eight Principles to Bolster Phase II Program Adherence

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Objectives

• Identify select issues known to negatively affect program adherence
• Analyze present program dynamics relative to possible improvement
• Employ eight principles to help correct unwanted program adherence issues
• Confidently address and resolve circumstances that may threaten program effectiveness
Approach

• This program is not a review of the many fine studies addressing various Phase II program adherence issues;

• Instead, this program is a look between the lines at the subtle mechanisms affecting Phase II patient perceptions which, in turn, impact program adherence.
Program Directors Work in a Box
Global Dynamics Affecting Phase II Programs

- Lack physician referral
- Competition from other area hospitals
- Inadequacy of facilities
- Perception that Phase II programs always lose money due to poor reimbursement
Bottom Line

- It is difficult to keep negative program features from patients...
- Our patients may have weak hearts and lungs, but they never seem to have any difficulty hearing, seeing, or sensing program weaknesses...
- These weaknesses can then become fodder for dissatisfaction...
- This dissatisfaction can then be shared with other class members - and sometimes with the community at large.
Staff Attitudes

• “It’s only a job”

• “All that glitters is not gold”

• “Marking your territory”

• “Seniority has its privileges”
Lack of Leadership

• “Here today, gone tomorrow”

• “Staffing shell game”

• “Trouble at the gates”
Program Location and Equipment Availability

• “I have to walk so far from the parking lot to the Phase II gym, I need a snack before I get there.”

• “NuStep Blues”

• “Bug-city”
MRSA Reference

Failure to Recognize Achievement

• “Is it really worth the effort?”

• “I gave it my best shot”

• “Everyone does something well”
Clarification of Terms

Are we talking about 
Compliance 
or about 
Adherence?
Compliance

“The degree to which patients follow the instructions of their physicians and providers” (Hulka, 1976)

“Implies forced coercion”
(Dishman, 1988)
Adherence

“Synonymous with stickiness”

“Implies a self-motivated willingness to participate”

(Dishman, 1988)
We have a problem...

- Only 4% of individuals with active CHD participate in cardiac rehabilitation programs (Pashkow and Defoe, 1992)
- Only 10-20% of medically eligible patients enroll in Phase II/III programs (Ribisl, 1992)
- Approximately 15% will drop from program participation within 8 weeks (DeBusk et al., 1985)
- Approximately 30-40% will drop from program participation in 12 months (DeBusk et al., 1985)
- Approximately 40% of actual dropouts are preventable or avoidable (Oldridge, 1992)
Most patients want to please you!

Studies have shown that when expectations are clearly presented, 85% of patients will conform to those expectations (Hulka, 1979)
Patient characteristics associated with program dropout

- Smoking
- Obesity
- Physical Activity
- Low Self-Motivation
- Lack of Interest
- Lack of Spousal Support
- Symptoms
- Medical Instability
- Job-Related Factors
Standard answers to the dropout problem...

- Smoking
- Obesity
- Physical Inactivity
- Low Self-Motivation
- Lack of Interest
- Lack of Spousal Support
- Symptoms
- Medical Instability
- Job-Related Factors

- Cessation – stop!
- Nutrition Counseling
- Behavior Modification
- Counseling Support
- Education/Events
- Counseling/Education
- Refer to MD
- Return to MD
- Job Change/Intercession

(Oldridge, 1992; Paskow and Defoe, 1992)
Eight strategies to positively affect adherence

1. Staff Selection
2. Facility Location
3. Equipment Layout
4. Staff Placement
5. Clothing
6. Graduation
7. Awards Banquet
8. Loose Ends
Staff Selection

• Don’t hire
  Those having difficulty being vulnerable and sensitive to others
  Those wanting to transfer to your department “just for a change”
  Poor listeners

• Do hire
  Those who love to joke, carry-on and who have a genuine good time
  Those with a sincere interest in the rehabilitation process
  Good listeners
Facility Location

• **Don’t Locate**
  - Distant from convenient parking
  - On an upper floor
  - In a depressing environment

• **Do Locate**
  - Close to convenient parking
  - On the first floor if possible
  - In an encouraging environment
Equipment Layout

• Don’t

Place modalities in a straight line

Select equipment without workload indicators

Yell workload settings or ECG status from the monitor desk

• Do

Place modalities in a circle

Select equipment with workload settings

Place workload settings on a reader board or computer screen
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**Staff Placement**

- **Don’t**
  - Congregate around the monitor
  - Forget “talk and touch”
  - Do everything for the participant

- **Do**
  - Except for the monitor tech, position all personnel in exercise area
  - Talk to and touch each participant each class session
  - Expect certain tasks to be performed by the participant
Hugging is good medicine...

It transfers energy and gives the person being hugged an emotional lift. You need four hugs a day for survival, eight for maintenance, and twelve for growth. Scientists say hugging is a form of communication because it can say things you don’t have words for. And the nicest thing about a hug is that you usually can’t give one without getting one.
SAME EYE LEVEL
Clothing

• Don’t
  “Sell” patients a shirt
  Give patients a poor-quality shirt without their name affixed
  Stick to one shirt color

• Do
  “Give” patients a shirt
  Give patients a shirt they will want to wear
  Change shirt colors as program phase changes
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Graduation

• **Don’t**
  - Forget to recognize individual achievement
  - Let the patient “slip away” after the last class
  - Throw graduation pictures in a drawer

• **Do**
  - Recognize individual achievement
  - Take a graduation picture – gown and all
  - Post graduation pictures on the “Wall of Fame”
Annual Awards Banquet

**Don’t**
- Consider class time as the only opportunity you have for rehabilitation
- Overlook the power of an Annual Awards Banquet
- Present wimpy awards

**Do**
- Look for any excuse to get together
- Schedule an Annual Awards Banquet and have all staff involved
- Present both gag and high-quality awards
Video Here
Loose Ends

**Don’t**

- Let your patient get lost in the shuffle
- Lose sight of the spouse or significant other
- Expect too much the first day

**Do**

- Establish a buddy system
- Involve the spouse or significant other whenever possible
- Schedule an orientation session before first class
Latin – “to restore to a former rank”