

# **Program Certification: Preparing for 2016 Submission**

***Preparing for Excellence in  
Program Certification***

# DISCLOSURES

***This presentation is a collaborative effort of the AACVPR Certification Leadership Team.***

***I have no other disclosures other than a passion for program excellence and a strong belief in the AACVPR certification process.***

# Why Certify ?

- Alignment with current guidelines for appropriate and effective care.
- Physicians can rely on your program as an extension of their care to the patient.
- Demonstration of excellence for CMS, state department of health or TJC surveyors.

# Why Certify ?

- Insurance companies recognize that performance measures in patient care are part of the essential standards required for AACVPR certification.
- Many healthcare consumers would choose a certified over an uncertified program.
- Patients and family members confidence in your program.

**The AACVPR Cardiac and Pulmonary Rehabilitation Program Certification process** is the only peer-reviewed accreditation process designed to review programs based on their alignment with the latest **evidence-based medicine, expert opinion, current regulations** and measurement of **individualized patient outcomes**, and to recommend certification based on that review.

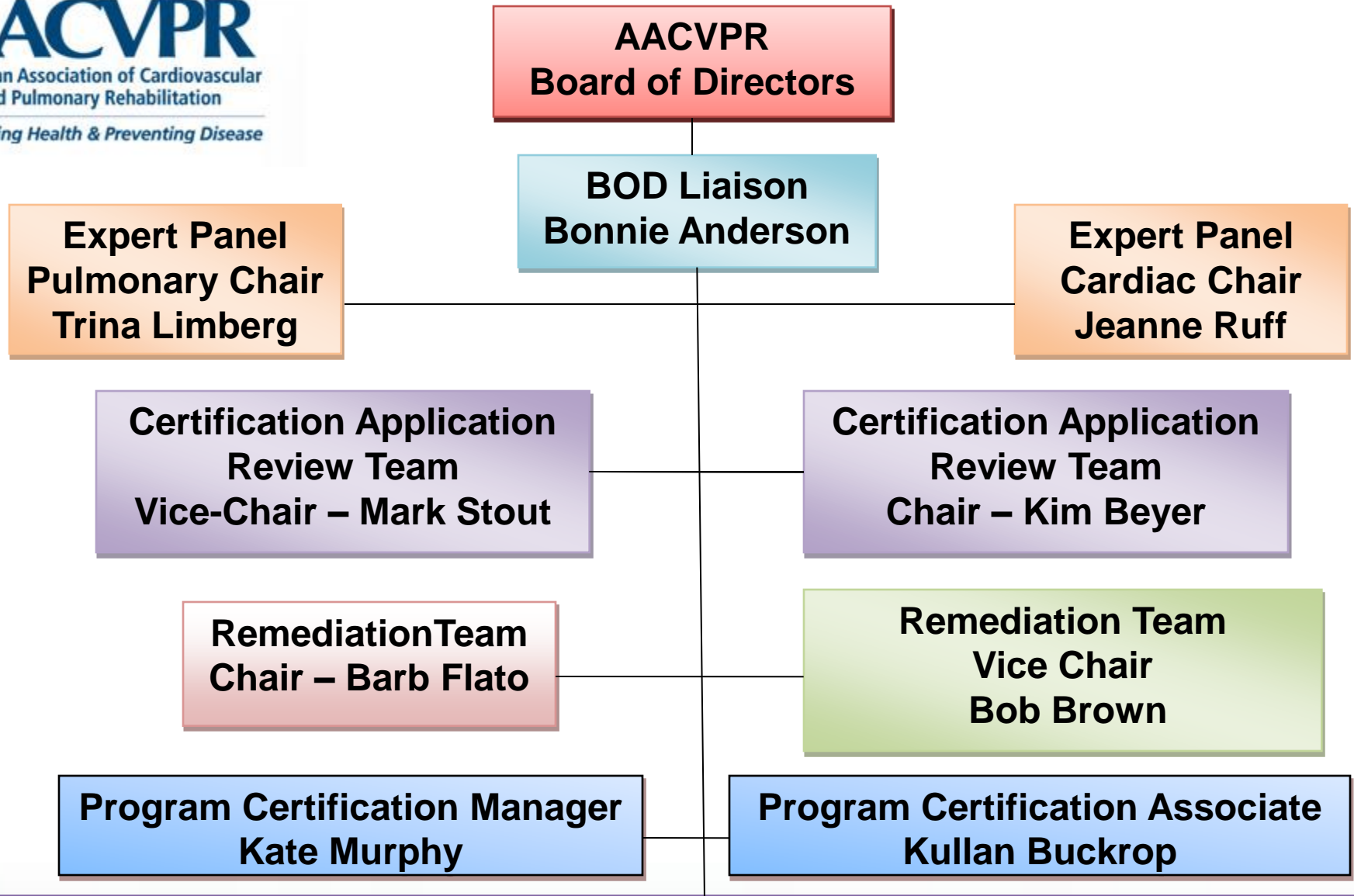
*Does your program HAVE to be certified?*

**NO**

*But if you want to be AACVPR Certified...*

**A program must comply with current standards  
and guidelines as approved by the AACVPR  
Board of Directors**

The application review team's role is to measure  
your program according to these standards



**Ultimate goal of at least one highly trained and qualified reviewer from each state. Currently there are 41 reviewers representing 26 states!**

# Application Review Team

- Review each page of each application to assess based on the required elements for each
- Document deficiencies based on the requirements
- Recommend applications for approval, remediation, and denial as appropriate
- Work collaboratively with the Expert Panels, Registry, Professional Certification Committee, Quality of Care Committee, the DEMS (Data Elements and Measures Standardization) workgroup and others as appropriate to assure consistency and integration of information



## **Minimum qualifications for serving on the Program Certification Committee**

- Work in a currently certified program
- Be actively involved in the certification process (primary or secondary contact)
- Be AACVPR member in good standing over at least the previous 3 years
- Express interest in the certification committee by filling out a Committee Service application
- Commit and have the ability to volunteer to serve a minimum of 5-10 hours per week during the review cycle based on anticipated number of applications for that year

# Application Review Process

All applications thoroughly reviewed by a trained members of the Application Review Team.



## Inter-Rater Reliability Testing

**5-10%** of ALL applications are automatically reassigned to another member of the review team for a second independent review.



IRR is utilized in the program certification process in order to assess the consistent evaluations of the same application. This strengthens the certification process and helps assure reliability of the review.

# Application Review Process

- Applications recommended for denial during initial review are automatically reviewed **by at least two members** of the Certification Leadership Team
- Denied applications are **automatically reviewed by the BOD Liaison**
- Notifications are sent by **August 31st**



# Possible Submission Outcomes

- **Full Approval**

Application meets all required elements

- **Eligible for Remediation**

Application meets most required elements

- **Denial**

Application does not meet multiple required elements after a thorough Program Certification Leadership Team review

# Program Certification Maintenance Requirements

- Programs must adhere to all certification maintenance requirements throughout the three-year certification period, including:
  - ✓ Maintain at least one AACVPR member during the three year period to receive certification updates.
  - ✓ Maintain current contact information for the Primary and Secondary Certification Contacts
  - ✓ Review each year's application to determine any gaps in your practices and update your processes as necessary.

# Audit Process

- The AACVPR Program Certification committee conducts annual audits, which may include site inspection and/or document review.
- **2014 Audit Results:** 30% of audited programs were not maintaining current certification standards
- Keeping up with annual standards will be key to transitioning your program to a more outcomes-based certification application in future cycles

# Stay Up to Date!

Because you are certified, it does not mean that the information that you submitted last time will be automatically accepted for the next recertification. The requirements change from year-to-year as evidenced-based research and guidelines change

# **Timeline for 2016 Cycle**

***Data Collection Period: January 1 - December 31, 2015***

***December 4, 2015: Application opens***

***February 28, 2016: Completed applications and payments due***

***March - May 2016: Program Certification Committee Review of  
certification and recertification applications***

***June - Aug 2016: IRR process***

*Co-Chair Oversight Review*

*BOD Liaison Review*

*AACVPR prepares notifications and certificates*

***August 31, 2016: AACVPR notifies all programs of application decision***

***Sept - Oct 2016: Remediation process occurs mid-Sept through Oct***

***Oct - Nov 2016: Remediation decisions are finalized***

***December 31, 2016: Notification of remediation decisions***



## Be Prepared **BEFORE** You Apply

- Program Certification is for Early Outpatient Cardiac or Pulmonary Rehabilitation
- Review the application content and requirements carefully
- Certification and Recertification applications are now identical. Cardiac and Pulmonary Rehab applications **are different.**

## Be Prepared **BEFORE** You Apply

- Your program must be in operation for one year prior to applying.
- In order to participate in the AACVPR Program Certification process, you must have a current AACVPR member within your program.

## The Time for a Self Assessment is Now

- Print a copy of the application off the AACVPR website
- Gap Analysis
- One page at a time

# Procrastination



# Application Resource Page

## General

- AACVPR Program Certification Policies & Procedures
- Sample Outcomes Calculations
- Outcome Assessment Tools
- Highlighted 2015 App Changes
- ITP Checklists 2015
- 2015 Program Certification Overview - Denver Annual Meeting Session

## Pulmonary

- Guidelines for Pulmonary Rehabilitation Programs, 4th Edition
- Pulmonary Rehab Certification Changes 2015
- Additional Resource List
- Additional Resource - Pulmonary Systematic Reviews
- SAMPLE - PR Orientation Competencies
- SAMPLE - PR Clinical Competencies Check Off
- Pulmonary Quality Improvement Summary
- **\*NEW\* - Final 2015 Pulmonary Program Certification Application**

## Cardiac

- Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, 5th Edition
- Cardiac Resource Manual
- AACVPR Expert Panel Literature Review
- Cardiac Quality Improvement Summary
- **\*NEW\* - Final 2015 Cardiac Program Certification Application**


# Tips for Success

- Fill in the program roster with all staff prior to starting the application. *Be sure that you have a primary and secondary contact person or you will not be able to go further on the application.*
- All documentation will be requested with the initial application. No additional or newly created documentation will be allowed after the application is submitted. Don't expect a reviewer to contact you during the review cycle to say "Could you please send me..." or "I see three of the five elements, could you send me the rest?"
- There is no reviewer-applicant communication during the review cycle.

# UPLOADING DOCUMENTS

## WHAT YOU NEED TO UPLOAD

Upload your COMPLETED Pulmonary Individual Treatment Plan that is HIPAA compliant:

test.docx (12/2/2014) 

Upload more files if needed.

**Upload Files**

**Click on the “Upload Files” tab to upload the requested documents. To ensure accuracy of the upload, click on the document uploaded.**

***NOTE: Uploading the wrong documents will lead to a denial of the page.***

# Tips for Success

- All submitted documentation must be **HIPAA compliant** with all patient identifiable information blacked out or removed, including patient name, date of birth, medical record number, admission number, address, phone number, spouse's name, etc.
- All submitted patient documentation must be for an actual patient who completed the program. **Blank sample forms will not be accepted.**
- Only submit what is asked for. More is not better.

# Tips for Success

- Submitted documentation should be neat and legible, with correct spelling and grammar.
- There are text boxes for required narratives. Keep it brief and concise. There is a maximum number of characters allowed.
- All applications must be received by the application submission deadline. No extensions will be granted.
- All applications must be submitted online via AACVPR.



# Tips for Success

- If you have questions while completing the application:
  - Go to the **Certification FAQ page** of our website. The FAQ provides general information and a page-by-page detailed Q&A addressing most common questions.
  - If the answer to your clinical question is not in the FAQ, email your question to [certification@aacvpr.org](mailto:certification@aacvpr.org) to be forwarded to a volunteer clinical expert.
  - If you have technical or other non-clinical questions, Certification Specialists are available Mon-Fri during business hours to assist applicants via email at [certification@aacvpr.org](mailto:certification@aacvpr.org) or by phone at 312-321-5146.

# Tips for Success

- Printable versions of the 2016 application are currently available on the AACVPR website. The 2017 draft version will be posted in early 2016.
- Take advantage of all the available RESOURCES.
- Application fees are set annually by the AACVPR Board of Directors and must be paid in full by the final application submission deadline. The application will not be reviewed without payment.

# Tips for Success

- **READ** the entire application before you begin the process.
- Be prepared **BEFORE** you apply. Start early. Enlist multiple people to review for appropriate content and to ensure what you submit is clear and concise to someone not familiar with your program.
- Remember that this is a **CERTIFICATION** process not a **MENTORING** process. Ask questions before submitting your application.

# The Application

## Application 4897 (2015 Cardiovascular Certification)

✓ Program Profile Review / Edit

✓ Page 1: Program Staff and Competencies

✓ Page 2: Individualized Treatment Plan

✓ Page 3: Medical Emergencies

✓ Page 4: Emergency Preparedness

✓ Page 5: Exercise Prescription

✓ Page 6: Clinical Outcome Assessment

✓ Page 7: Behavioral Outcome Assessment

✓ Page 8: Health Outcome Assessment

✓ Page 9: Service Outcomes Assessment

✓ Page 10: Quality Improvement

### Program Profile Review / Edit

#### Confirm Profile Information

☒ Please check this box to confirm all your profile information is correct.

Edit Program Profile

Facility Name: Kate's Test Facility

Address 1: Test

Address 2:

City: Test

State: MN

Zip: 444444

Country: USA

Program Name: Test Cardiac Program

When Did Your Program Begin: 5/2/2011

# Program Profile

- Complete the demographic information on the Program Profile page
- Fill in the program roster with all staff prior to starting the application. Be sure that you have a primary and secondary contact person or you will not be able to go further on the application.
- Remember to identify sister programs

# Staff Competency

For the purposes of AACVPR Program Certification programs must provide evidence of a **minimum of four different** assessed competencies specific to the Core Competencies (for either CR or PR) for **each staff member.**

## Ways to assess competency

## Check off stations

## Test/quizzes

## Return demonstration

### Article review with post test

### *ITP Completion on a patient*

***\*\*BLS/ACLS counts as 1 IF it was completed during the data collection period\*\****



# Staff Competency

**Staff competencies must reflect the published Core Competencies.** As you plan your annual training schedule, be sure that you are able to clearly identify which of the Core Competencies your staff training activities reflect. They should be specific to the staff role ...RN/Dietician/EP/PT/RT

**Core Competencies = Knowledge and Skill**



## Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals:

### 2010 Update

#### POSITION STATEMENT OF THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

**Larry F. Hamm, PhD, FAACVPR, Chair; Bonnie K. Sanderson, PhD, RN, FAACVPR; Philip A. Ades, MD, FAACVPR; Kathy Berra, MSN, ANP, FAACVPR; Leonard A. Kaminsky, PhD; Jeffrey L. Roitman, EdD; Mark A. Williams, PhD, FAACVPR**

*Hamm et al. Journal of Cardiopulmonary Rehabilitation and Prevention 2011; 31:2-10.*



# Core Competencies - Cardiac

- Patient assessment
- Nutritional counseling
- Weight management
- Blood pressure management
- Lipid management
- Diabetes management
- Tobacco cessation
- Psychosocial management
- Physical activity counseling
- Exercise training evaluation



# **Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals**

## **POSITION STATEMENT OF THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION**

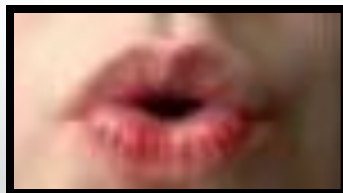




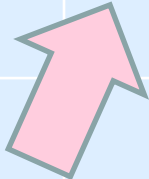
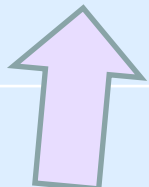


**Eileen Collins, PhD, RN, Gerene Bauldoff, PhD,  
RN , Brian Carlin, MD, Rebecca Crouch, PT,  
DPT, Charles F. Emery, PhD, Chris Garvey,  
FNP, MSN, MPA, Lana Hilling, RCP, Trina  
Limberg, BS, RRT, Richard ZuWallack, MD,  
Linda Nici, MD**

*Journal of Cardiopulmonary Rehabilitation and Prevention*  
2014; 34: 291-302

# Core Competencies - Pulmonary

- *Patient Assessment and Management*
- *Dyspnea Assessment and Management*
- *Oxygen Assessment and Management*
- *Collaborative Self Management*
- *Adherence*
- *Medications/Therapeutics*
- *Diseases Not Related to COPD*
- *Exercise Testing*
- *Exercise Training*
- *Psychosocial Management*
- *Tobacco Cessation*
- *Emergency Responses for Patients and Program Personnel*
- *Universal Standard Precautions*



Goal #1 Nutrition Counseling	Knowledge	Skill: Ability to perform	Education & Training Aids Available	Method of Assessment	Remediation Options
					
<p><u>KNOWLEDGE:</u></p> <p>Ability to perform the following:</p> <ul style="list-style-type: none"><li>• Dietary intake assessment</li><li>• Cholesterol, sodium, fruits</li><li>• number of meals/snacks; portion sizes; frequency of eating out, alcohol consumption</li><li>• Education and counseling on specific dietary modification needed to achieve target goals</li><li>• Behavioral interventions to promote adherence and self-management skills in dietary habits</li><li>• Measure and report outcomes of nutritional management goals at the conclusion of the program</li></ul>		<p><u>SKILL:</u></p> <ul style="list-style-type: none"><li>• Advanced Nutrition and Health</li><li>• Contemporary Nutrition</li><li>• Health Coaching for</li></ul>		<ul style="list-style-type: none"><li>• Writ</li><li>• Pat</li></ul> <ol style="list-style-type: none"><li>1. One on One session with Dietician</li><li>2. Additional reading and study</li><li>3. Attend Nutrition workshop</li></ol>	
<p>obesity, heart failure, kidney disease)</p> <ul style="list-style-type: none"><li>• Effective behavior change strategies based on common theoretical models and adult learning strategies</li></ul>					

# Staff Competency Requirements

- Competencies must be assessed for all professional/clinical staff who directly report to the Cardiac or Pulmonary Rehab director or manager.
- You do not need to report competencies for the program medical director, ancillary or administrative staff, or consultants or the program director if they do no patient care.
- **A minimum of four different assessed competencies FOR EACH STAFF MEMBER specific to the published Core Competencies for Cardiac and Pulmonary Rehabilitation**

# Staff Competency

## Application 4897 (2015 Cardiovascular Certification)

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### Page 1: Program Staff and Competencies

Please click on "Edit Roster" to add all required roles to your staff roster or update existing information.

Edit Roster

Name	Role	Report To Director	Patient Care	CCRP
BUCKROP, KULLAN	Administrator	No	No	No
BUCKROP, KULLAN	Certification Secondary Contact	No	No	No
BUCKROP, KULLAN	Medical Director	No	No	No
DOE, JANE	Staff	Yes	Yes	No
FLATO, BARBARA	Staff	Yes	Yes	Yes
LYNN, ABIGAIL	Program Director	No	No	No
MEREDITH, NEIL	Certification Primary Contact	Yes	Yes	No

# Staff Competency

**Be specific on  
how the  
competency  
was addressed.**

## Emergency procedures

How was the competency addressed?

Description|

Check all staff that possess this competency



Kate Murphy

Date of Competency:

2/04/2015



Member Test

Date of Competency:

**Also, make sure that you enter the  
appropriate competency date.**



# Staff Competency

## Automatic Denial

- Submission of general emergency, safety drills and in-services in the hospital facility, such as fire drills, infection control, safety inspections or health and safety reviews.
- Submission of documentation outside the stated date range.  
(ACLS /CPR must be completed in 2015)
- Submission of competencies not specific to cardiac or pulmonary rehab.
- Failure to submit a minimum of four different core competencies for each staff member.



# Individual Treatment Plan (ITP)

**The Centers for Medicare & Medicaid Services (CMS) 42 CFR 410.49 - Cardiac rehabilitation program and intensive cardiac rehabilitation program- Conditions of coverage states:**

***“Components of a cardiac rehabilitation program and an intensive cardiac rehabilitation program.***

Cardiac rehabilitation programs and intensive cardiac rehabilitation programs must include all of the following:

- (i)** Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.
- (ii)** Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs.
- (iii)** Psychosocial assessment.
- (iv)** Outcomes assessment.
- (v)** An individualized treatment plan detailing how components are utilized for each patient. The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days. “

# Individual Treatment Plan (ITP) Requirements

- Upload **COMPLETED** Cardiac or Pulmonary ITP that is HIPAA compliant
- ITP must be a single comprehensive document. (It does not need to be one page)
- ITP must be for an actual patient that has **completed all required components**
- Assessment and reassessment scores must be on the ITP.  
**Do not submit assessment tools.**
- ITP must be completed in the data collection period
- Must include physician signatures and dates

# Cardiac

- Exercise Assessment
- Exercise Plan
  - Goals
  - Interventions
    - Exercise Prescription including Mode, Frequency, Duration, Intensity, Progression
  - Education
- Exercise Reassessment
- Exercise Discharge/Follow-Up
- Nutrition Assessment
- Nutrition Plan
  - Goals
  - Interventions
  - Education
- Nutrition Reassessment
- Nutrition Discharge/Follow-Up

**So whether paper or EMR,  
your ITP must include:**

- Psychosocial Assessment
- Psychosocial Plan
  - Goals
  - Interventions
  - Education
- Psychosocial Reassessment
- Psychosocial Discharge/Follow-Up
- Other Core Components as appropriate (HTN management, lipid management, diabetes management and any other modifiable cardiovascular risk factors)
- Assessment
- Plan
  - Goals
  - Interventions
  - Education
- Reassessment
- Discharge/Follow-up

# Pulmonary

- Oxygen Assessment
- Oxygen use & titration Plan
  - Goals
  - Interventions /Education
- Oxygen Reassessment
- Oxygen Discharge/Follow-up
- Exercise Assessment
- Exercise Plan
  - Goals
  - Interventions
    - Exercise Prescription including Mode, Frequency, Duration and Intensity
  - Education
- Exercise Reassessment
- Exercise Discharge/Follow-Up
- Nutrition Assessment
- Nutrition Plan
  - Goals
  - Interventions / Education
- Nutrition Reassessment
- Nutrition Discharge/Follow-Up

**So whether paper or EMR,  
your ITP must include:**

- Psychosocial Assessment
- Psychosocial Plan
  - Goals
  - Interventions /Education
- Psychosocial Reassessment
- Psychosocial Discharge/Follow-Up
- Other Core Components as appropriate (Tobacco cessation, Environmental factors, Medications (in particular inhaler medications), and Prevention/Management of Exacerbations, etc)
- Assessment
- Plan
  - Goals
  - Interventions / Education
- Reassessment
- Discharge/Follow-up

# What is the Individual Treatment Plan?



- A map of the best way to provide care for our patients and takes them from the admission assessment through the discharge/follow-up.
- This map is to be utilized by **ALL** those responsible for the patient's management.
- An effective, comprehensive treatment plan can sometimes be the difference between a good and a great program.

## **Four Required Steps:**

1. **Assessment**
2. **Plan: Includes - Goals/Interventions/Education**
3. **Reassessment: With MD signature and date at least every 30 days**
4. **Discharge / Follow-Up**

## **Core Elements:**

1. **Exercise**
2. **Nutrition**
3. **Psychosocial**
4. **Oxygen Use and titration (required for Pulmonary Rehab application)**
5. **Other Core Components as applicable to individual patient**

# Assessment

- Starting point.
- Gather information / behaviors to change  
determine outcomes to measure.
- Need all the data before you can make the plan.
- Need an assessment for exercise, nutrition,  
psychosocial, oxygen and other core measures  
that are important to THIS individual patient
- **Example:** (exercise) 6-MWT

# Plan

- What are the **Goals**? Patient-centered
- What **Interventions** (Actions) are necessary to accomplish goals?
  - Education** to assist patient with self-management
  - Example:** (exercise) Exercise Prescription
    - A progressive exercise program including: Mode, Intensity, Duration, Frequency, and Progression
- Evidence-based.
- Reasonable expectations.
- Specific, measurable and relevant.
- Individualize, keep in mind contraindications, individual abilities, limitations.
- Signed and dated by MD



## Re-Assessment

- With MD Signature and Date at least every 30 days
- Evaluation of effectiveness (OUTCOMES)
  - *Obstacles*
  - *How did it work?*
  - *May have to revise plan*
  - *May lead to further assessment*
- Measurable.
- **Example:** (exercise) repeat the 6-MWT.

## Discharge / Follow-up

- Was everything accomplished?
- Where to go from here?
  - *Keeping on track, what else might be helpful?*
  - *How is the ITP reviewed or revised?*
- Pose the next clinical question.
- Constantly evolving.
- **Example:** the goal to be able to walk 30 minutes without stopping was not met.....now what?  
Membership to Gym; New long term goals;  
Follow-up appointments; Updated Exercise Prescription

# Exercise Assessment

# Individual Cardiac Treatment Plan

# Exercise Discharge

<p>(Check all that apply) Date: <u>1/24/13</u></p> <p><b>EXERCISE</b></p> <p><b>Initial Assessment</b></p> <p>Current Exercise: <u>20</u> total min per wk Length of Program: <u>4wk / 8 wks / 12 wks</u></p> <p><input type="checkbox"/> 6 MWT <input type="checkbox"/> Stress Test <input checked="" type="checkbox"/> TM Met Level</p> <p>Walked ft: _____ max HR: _____ TM mets @ 1<sup>st</sup> session: <u>2.2</u></p> <p>RHR: <u>59</u> SP02: <u>98%</u></p> <p>Home Exercise: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Type: <u>walk</u> Frequency: <u>2x/wk</u>, Duration: <u>20</u> Resistance Training: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Angina with home exercise? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>(Check all that apply) Date: <u>3/14/13</u></p> <p><b>EXERCISE</b></p> <p><b>Exercise Reassessment</b></p> <p><b>Re-Assessment</b></p> <p>Date: <u>3/14/13</u> <input checked="" type="checkbox"/> Exercising within ETR <input checked="" type="checkbox"/> Return to previous activities <input checked="" type="checkbox"/> Return to ADL's <input type="checkbox"/> Return to work</p> <p>Current Met Level: <u>4.0</u></p> <p>Home Exercise: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Type: <u>walk</u> Frequency: <u>3x/week</u> Duration: <u>20-30min</u></p> <p>Resistance Training: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Angina with exercise? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Successes/Challenges: <u>Increased endurance, chest pain - much improved exercise less pain to lower extremities</u></p> <p>Untoward Events: <u>all x speeds with flow.</u></p> <p>Discharge Plan:</p>	<p>(Check all that apply) Date: <u>5/13/13</u></p> <p><b>EXERCISE</b></p> <p><b>Follow-up/Discharge</b></p> <p>Current Exercise: <u>350</u> total min per wk Angina with exercise? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> 6 MWT <input type="checkbox"/> Stress Test <input checked="" type="checkbox"/> TM Met Level</p> <p>Walked ft: _____ max HR: _____ TM Mets @ last session: <u>7 mets</u></p> <p>RHR: <u>63</u> SP02: <u>99%</u></p> <p>Discharge Plan: <u>Plans to attend Phase 3 NonMonitored Cardiac Rehab</u></p>
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## Exercise Plan Exercise Prescription

Mode: ☒ TM ☒ B ☒ AB ☒ NS ☐ EL ☐ R ☐ WP

Frequency: 1-3 times per week  
Duration: 27-45 min. X 4-12 weeks  
Intensity: 20-30% above RHR  
Progression: Increase 0.5-1.0 met/wk according to protocol and patient response to exercise

Current ETR: 85-95  
☐ Resistance Training With: \_\_\_\_\_ Reps: \_\_\_\_\_  
Hypertension: ☐ No ☒ Yes  
BP Med: Lisinopril 10mg daily  
Resting BP: 86/62 Peak Ex BP: 144/74

## Exercise Prescription Exercise Plan

Mode: ☒ TM ☒ Bike ☒ Arm Bike ☒ NuStep ☐ Elliptical ☐ Rowing ☒ Wall Pully

Frequency: 1-3 times per week Duration: 27-45 min. X 4-12 weeks Intensity: 30-40% above RHR

Progression: Increase 0.5-1.0 met/wk according to protocol and patient response to exercise. MET level will be progressed by increases in intensity or duration to elicit appropriate HR, BP, and RPE response without symptoms of excessive fatigue, arrhythmias, angina or other inappropriate signs and symptoms due to exercise.

Date: 3/14/13 Current ETR: 100-110 Resistance Training ☐ No ☒ Yes With: 3lbs Reps: 10

Date: 3/14/13 Current Resting BP: 140/86 Current Peak Ex BP: 150/86 ☐ Med changes

Hypertension: ☐ No ☒ Yes ☒ Med changes BP Med: 2/2/13 ↑ Lisinopril 20mg daily

## Exercise Prescription Exercise Plan

Mode: ☒ TM ☒ B ☒ AB ☒ NS ☐ EL ☐ R ☐ WP

Frequency: 3-5 times per week  
Duration: 30-45 min.  
Intensity: 40-50% above RHR ETR:  
Progression: Maintain current fitness level and attempt to increase intensity, duration and frequency by at least 0.5 met/wk

☒ Resistance Training With: 8lbs Reps: 10

Hypertension: ☐ No ☒ Yes ☐ Med changes  
BP Med: Lisinopril 20mg daily  
Resting BP: 131/72 Peak Ex BP: 140/74

## Exercise Plan Intervention

**Education:**

☐ Self Pulse ☒ RPE Scale ☐ Equip Orient

☒ Wm-up/Cl-dn ☒ Ex Safety ☒ S/S to report

☐ Low Na Diet ☐ BP Meds

☒ Understand BP ☐ Physical Activity

## Education

## Goals

**Target Goal:**

Individualized Exercise Prescription with Met Goal of 8 Mets

BP <140/90 or <130/80 if DM or CKD

Aerobic activity 30+ minutes 5 days per week

## Intervention Exercise Plan

**Education:** (Please date) 3/14/13

☒ Self Pulse ☒ RPE Scale ☒ Equip Orient ☒ Wm-up/Cool-down ☐ Exercise Safety

☒ S/S to report ☒ Low Na Diet ☒ BP Meds ☒ Understand BP ☐ Physical Activity

Other: med Na 2/2/13

## Goals

**Target Goal:**

Met Not Met In Progress

☐ ☐ Individualized Exercise Prescription

☐ ☐ Personal Met Goal: 8

☐ ☐ BP <140/90 or <130/80 if DM or CKD

☐ ☐ Aerobic activity 30+ minutes 5 days per week

## Exercise Plan Intervention

**Education:**

☒ Self Pulse ☒ RPE Scale ☐ Equip Orient

☒ Wm-up/Cl-dn ☒ Ex Safety ☒ S/S to report

☐ Low Na Diet ☐ BP Meds

☒ Understand BP ☒ Physical Activity

## Goals

**Target Goal:**

Met Not Met

☒ ☐ Individualized Exercise Prescription

☐ ☒ Personal Met Goal: 8

☒ ☐ BP <140/90 or <130/80 if DM/CKD

☒ ☐ Aerobic activity 30+ min. 5 days/wk



# Individual Cardiac Treatment Plan

(Check all that apply) Date: <u>1/22/13</u>	(Check all that apply) Date: <u>3/1/13</u>	(Check all that apply) Date: <u>4/3/13</u>
<b>EDUCATION</b> <b>Initial Assessment</b> <b>Learning Barriers:</b> <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Vision <input type="checkbox"/> ASL <input type="checkbox"/> Literacy <input type="checkbox"/> Cognitive <input type="checkbox"/> Ready to learn <input checked="" type="checkbox"/> Educational needs identified <input checked="" type="checkbox"/> Adequate family support <b>Other Assessment</b> Tobacco Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Quit: <input type="checkbox"/> < 6 mos ago <input checked="" type="checkbox"/> > 6 mos ago Date started: _____ Date quit: _____ Quit date set: _____ # cigarettes smoked per day: _____ <input type="checkbox"/> Smokeless tobacco: Amt: _____ <u>N/A</u>	<b>EDUCATION</b> <b>Re-Assessment</b> <b>Other Reassessment</b> <input type="checkbox"/> Additional educational needs identified <input checked="" type="checkbox"/> Adequate family support Tobacco Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date quit: <u>1/20/12</u> Quit date set: _____ # cigarettes smoked per day: _____ <input type="checkbox"/> Smokeless tobacco: Amt: _____ Successes/Challenges: _____ Discharge Plan: <u>Patient does not smoke</u>	<b>EDUCATION</b> <b>Follow-up/Discharge</b> <b>Other Discharge</b> <input checked="" type="checkbox"/> Educational goals met <input checked="" type="checkbox"/> Adequate family support Tobacco Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date quit: <u>Nov 2012</u> Quit date set: _____ # cigarettes smoked per day: _____ <input type="checkbox"/> Smokeless tobacco: Amt: _____ <u>N/A</u> Discharge Plan: <u>Complete smoking cessation</u>
<b>Intervention</b> <b>Tobacco Cessation</b> <input type="checkbox"/> Referred to Smoking Cessation Classes <input checked="" type="checkbox"/> Individual education / counseling re smoking <input type="checkbox"/> Tobacco Adjunct: _____ <input checked="" type="checkbox"/> Educational opportunities discussed <b>Education Topics: Other Education</b> <input type="checkbox"/> Tobacco Triggers <input checked="" type="checkbox"/> Cardiac A&P <input checked="" type="checkbox"/> CAD <input checked="" type="checkbox"/> Angina S/S <input checked="" type="checkbox"/> Risk Factors <input type="checkbox"/> Sexuality <input type="checkbox"/> Stress Management <input type="checkbox"/> CHF <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Eating Out <input type="checkbox"/> Reading Labels <input checked="" type="checkbox"/> Medication Review and Compliance <input type="checkbox"/> Advanced Directives <input checked="" type="checkbox"/> Weekly Topics <b>Target Goal: Other Goals</b> Complete cessation of tobacco use Understanding of risk factors for CAD Strategies for CAD risk factor management	<b>Intervention</b> Please Date: <u>3/1/13</u> <b>Tobacco Cessation</b> <input type="checkbox"/> Referred to Smoking Cessation Classes <input checked="" type="checkbox"/> Individual education / counseling re smoking <input type="checkbox"/> Tobacco Adjunct: _____ <input type="checkbox"/> Educational opportunities discussed <b>Education Topics: Other Education</b> <input checked="" type="checkbox"/> Tobacco Triggers <input checked="" type="checkbox"/> Cardiac A&P <input checked="" type="checkbox"/> CAD <input checked="" type="checkbox"/> Angina S/S <input checked="" type="checkbox"/> Risk Factors <input type="checkbox"/> Sexuality <input checked="" type="checkbox"/> Stress Management <input checked="" type="checkbox"/> CHF <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Eating Out <input checked="" type="checkbox"/> Reading Labels <input checked="" type="checkbox"/> Advanced Directives <input checked="" type="checkbox"/> Medication Review/Compliance <u>2/4/13</u> Weekly Topic <u>Diabetes</u> <u>2/11/13</u> Weekly Topic <u>Flu Prevention</u> <u>3/4/13</u> Weekly Topic <u>Supplements</u> <u>3/11/13</u> Weekly Topic <u>Public Speaking</u> <u>3/18/13</u> Weekly Topic <u>Depression</u> <u>4/25/13</u> Weekly Topic <u>RPE</u> <b>Target Goal: Other Goals</b> Met Not Met In Progress <input checked="" type="checkbox"/> Complete cessation of tobacco use <input checked="" type="checkbox"/> Understanding of risk factors for CAD <input checked="" type="checkbox"/> Strategies for CAD risk factor and disease management	<b>Intervention</b> <b>Tobacco Cessation</b> <input type="checkbox"/> Referred to Smoking Cessation Classes <input checked="" type="checkbox"/> Individual education / counseling re smoking <input type="checkbox"/> Tobacco Adjunct: _____ <input type="checkbox"/> Educational opportunities discussed <b>Review of Education Topics:</b> <input type="checkbox"/> Tobacco Triggers <input checked="" type="checkbox"/> Cardiac A&P <input checked="" type="checkbox"/> CAD <input checked="" type="checkbox"/> Angina S/S <input checked="" type="checkbox"/> Risk Factors <input type="checkbox"/> Sexuality <input checked="" type="checkbox"/> Medication Compliance <b>Other Education</b> <b>Target Goal: Other Goals</b> Met Not Met <input checked="" type="checkbox"/> Complete cessation of tobacco use <input checked="" type="checkbox"/> Understanding of risk factors for CAD <input checked="" type="checkbox"/> Strategies for CAD risk factor mgmt

DANARAJU, SRIRAM M.D.



## Pulmonary Rehab Orders History

## RESPIRATORY CARE

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
PHASE II O/P PULMONARY REHAB/RESPIRATORY SERVICES	8/8/2014 1:42 PM		Signed	Routine	Jamie J Kling, DO
PULMONARY TRAINING INITIAL	8/8/2014 11:56 AM		Signed	Routine	Benjamin Kleiber, MD

MRN: [REDACTED]
Description: [REDACTED]

Core Components	
	08/08/14 1344
	08/08/14 1345
Physical Assessment	
Assessment Type	Initial
Primary Diagnosis	Lung disease otherwise specified
Cardiac Risk Factors	Yes
Risk Factors: Non-modifiable	Male > 40 yrs of age
Risk Factors: Modifiable	Hyperlipidemia; Hypertension ;Obesity
Other Considerations	Obstructive and central sleep apnea, diastolic heart failure, neuropathy, gout, peyronie's disease, and pakenmaker
Orthopedic/Pain concerns:	rheumatoid arthritis, Left knee, History of bilateral knee replacement and back surgery
PFT Results	DLCO % Predicted
PFT Date	05/19/14
DLCO % Predicted	81.5
Activities Causing Shortness of Breath	walking < 500 feet, stairs, daily activities
Environmental Exposures	Dust; Outdoor pollution; Cold Weather
Tobacco Status	Former User
Patient will be Tobacco Free or moving toward cessation.	Continue with Established Goal
Smoking Cessation Plan/Interventions	Follow cessation stage and support.
Home Respiratory Equipment	BiPap
Fall Risk	Yes
Assistive Device	Cane; Walker



Initial Evaluation 90

Duration

**Physical Assessment Goals/Interventions**

Physical Assessment Goals/Outcomes Identify environmental exposures during initial assessment; Reduce or eliminate environmental exposures; Reduce indoor pollution

Identify New Goal

environmental exposures during initial assessment

Reduce or New Goal

eliminate environmental exposures

Reduce indoor New Goal

pollution

**Physical Assessment Plan/Intervention**

Physical Assessment Plan/Interventions Instructed on when it is appropriate to be outside and when to wear a mask or other safety equipment; Learn about good indoor ventilation including use of dehumidifier and regular maintenance of furnace/air conditioning; Learn individual triggers and environmental exposures that increase their risk for exacerbations and progression of lung disease

**Oxygen Assessment**

	08/08/14 1344	08/08/14 1345
<b>Oxygen Assessment</b>		
Assessment Type	--	Initial
Oxygen Use		--
		N/A
Oxygen Flow		room air
<b>Oxygen Goals/Outcomes</b>		
Oxygen Assessment Goals		Understand proper oxygen use and systems available
		Understands benefits of oxygen
Proper use and systems available		New goal
		Understands benefits of oxygen
<b>Oxygen Plan/Interventions</b>		
Oxygen Plan/Interventions		6 minute walk test administered at initial session and at regular intervals in Pulmonary rehab to determine appropriate oxygen use; SpO2 levels monitored during exercise sessions and maintained > or equal to 88% or per physician order; Instruction provided to patient on tips on traveling with oxygen

## Exercise Assessment

	09/08/14 1344	09/08/14 1345
<b>Exercise Assessment</b>		
Assessment	—	Initial
Type		
Stages of Change		Preparation/determination
Risk Stratification		Highest Risk
Exercise		8 minute walk
Feet Walked		500
Length of Time		8
Resting Heart Rate		60
Max Heart Rate		84
Resting BP		106/52
Exercise BP		128/62
SpO2 Resting		92
SpO2 Exercise		90
RPE		4
RPD		4
MET Level		1.7
Home Exercise Equipment		stationary bike, treadmill
<b>Exercise Interventions</b>		
Projected Goals/Outcomes		Aerobic exercise 2-3 times per week; Strength training 2-3 times per week; Daily stretches; Decrease dyspnea; Energy conservation
Aerobic exercise 2-3 times per week		New
Strength training 2-3 times per week		New
Daily stretches		New
Decrease dyspnea		New
Energy conservation		New
Plan/Intervention		Advance aerobic exercise by 1-10 minutes every week based on ability; Advance hand weights and repetitions based on ability; Attend education classes; Maintain or increase MET level; Encourage home exercise routine and develop plan
Home exercise prescription given:		09/08/14  harmonica / stretches two times daily

Initial Evaluation 90Duration

### Physical Assessment Goals/Interventions

Physical Assessment	Identify environmental exposures during initial assessment; Reduce or eliminate environmental exposures; Reduce indoor pollution
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Identify	position
	New Goal

environmental exposures during initial assessment

Reduce or	New Goal
-----------	----------

eliminate  
environmental  
exposures

Reduce indoor	New Goal
---------------	----------

**Physical Assessment Plan/Intervention**

Physical Assessment	Instructed on when it is appropriate to be outside and when to wear a mask or other safety equipment; Learn about good indoor ventilation including use of dehumidifier and regular maintenance of furnace/air conditioning; Learn individual triggers and environmental exposures that increase their risk for exacerbations and progression of lung disease
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### Oxygen Assessment

Oxygen Assessment	09/08/14 1344	09/08/14 1345
<b>Oxygen Assessment</b>		
Assessment Type	--	Initial
Oxygen Use		--
		NA
Oxygen Flow		room air
<b>Oxygen Goals/Outcomes</b>		
Oxygen Assessment Goals		Understand proper oxygen use and systems available
		Understands benefits of oxygen
Proper use and systems available		New goal
		Understands benefits of oxygen
<b>Oxygen Plan/interventions</b>		
Oxygen Plan/interventions		6 minute walk test administered at initial session and at regular intervals in Pulmonary rehab to determine appropriate oxygen use; SpO2 levels monitored during exercise sessions and maintained > or equal to 88% or per physician order; instruction provided to patient on tips on traveling with oxygen



**Exercise Prescription**

Mode	Walk; Recumbent Bicycle; NuStep; Weights; Warm-up/Cool down; Arm Ergometer
Frequency	3 exercise sessions per week; Provided with home exercise instructions; Encouraged to exercise on days not in rehab as recommended
Duration (min)	15-30 minutes
Duration	4-12 minute sets
Comment	
Intensity - Target Heart Rate (THR)	79-105
Intensity (METS)	1.7-2.2
Intensity Level - Upper Limits of Rate of Perceived Exertion	3-4
Dyspnea Scale	3-4
Strength	1 to 3 Sets of 10 to 15 Repetitions
Progression	Parameters of THR, PRE, DS, Angina scale, SpO2 and without any signs and symptoms will determine if progression is appropriate; Duration of exercise will be advanced by 1-10 minutes every week up to a total of 60 minutes; METs will be advanced by 0.5-1.0 METs every 2 weeks; Light weights of 0-5 pounds of resistance and/or weights will be advanced by 1-2 pounds once prescribed repetitions can be lifted comfortably.
Oxygen Titration	Maintain SpO2 greater than or equal to 89%
Oxygen Use	room air

**Nutrition Assessment**

	08/08/14 1344	08/08/14 1345
<b>Nutrition Assessment</b>		
Assessment Type	--	Initial
Stages of Change		Contemplation
Weight		109.408 kg (241 lb 3.2 oz)
Height		5' 10" (1.778 m)
BMI (calculated)		34.68
BMI Range		Obese Class 1
Weight Goal		90.719 kg (200 lb)
Salt Intake		< 2000 mg/ d
<b>Nutrition Intervention</b>		Loss weight

Projected Goals/Outcomes		
Lose weight		New
<b>Nutrition Plan/Interventions</b>		
Plan/Interventions		Attend education classes;Special diet provided and encouraged;Nutrition consult
<b>Psychosocial</b>		
	08/08/14 1344	08/08/14 1345
<b>Psychosocial Assessment</b>		
Assessment Type	--	Initial
Stages of Change		Pre-contemplation
Psychosocial Tools		PHQ9
<b>Psychosocial Intervention</b>		
Psychosocial Goals/Outcomes:		Maintain a positive support system; Maximize coping skills
Maintain a positive support system		New
Maximize coping skills		New
<b>Psychosocial Plan/Interventions</b>		
Psychosocial Plan/Interventions		Learn how to recognize stressors;Develop coping strategies;Quality of life assessment administered
<b>Fall Risk</b>		
Fall Risk	Yes	
Assistive Device	Cane;Walker	
<b>Core Components</b>		
	08/08/14 1344	08/08/14 1345
<b>Education Assessment</b>		
Assessment Type	--	Initial
Stages of Change		Contemplation
Barriers to Learning		No Barriers
Pulmonary Self Confidence Questionnaire		Completed
Activities Causing Shortness of Breath	walking < 500 feet, stairs, daily activities	
<b>Education Intervention</b>		
Education Goals/Outcomes		Proper use of home exercise equipment; Compliant with medication use;Patient demonstrated proper inhaler use with a spacer;Patient understands lung function;Patient understands signs/

	symptoms of infection/exacerbation; Patient demonstrates good breathing techniques; Patient demonstrates good airway clearance techniques
Proper use of home exercise equipment	New
Compliant with medication use	New
Patient demonstrated proper inhaler use with a spacer	New
Patient understands lung function	New
Patient understands signs/symptoms of infection/exacerbation	New
Patient demonstrates good breathing techniques	New
Patient demonstrates good airway clearance techniques	New
<b>Plan/Interventions</b>	
Education Plan/Interventions	Education provided on proper use of home exercise equipment; Education provided on medication compliance; Education provided on lung function; Education provided on recognizing signs/symptoms of infection and/or exacerbations of a lung disease; Patient demonstrates proper breathing techniques; Compliant with scheduled appointments

# Individual Treatment Plan (ITP)

## Automatic Denial

- Failure to submit a completed ITP with physician signature and dates on an actual patient who completed your program.
- Submission of an ITP that does not contain all of required elements clearly labeled
- Submission of multiple documents i.e. assessment tools, letters to physicians/patients., progress notes, etc.
- No assessment or reassessment data provided
  - i.e. check boxes only indicating done but no data given.
- Submission of ITP that is dated outside the collection period

# Medical Emergencies

For the purposes of AACVPR certification/recertification, written, **program specific** policies/protocols for the following:



- Cardiopulmonary Arrest
- Angina
- Acute Dyspnea
- Tachycardia
- Bradycardia
- Hypertension
- Hypotension
- Hyperglycemia
- Hypoglycemia

# Medical Emergency Requirements

- A department specific policy addressing all of the medical emergency conditions. They can be in separate policies/protocols for each specific condition or in one combined policy.
- Policies specific to CR/PR and specific to the role of the CR/PR staff in managing the emergency situation. .
- Medical emergency policies must be detailed beyond calling 911
- Medical emergency policies must address the treatment of the patient from onset of signs and symptoms until resolution of the emergency (transfer to ED, hospital admission, resolution of symptoms, discharge home, etc.
- If policy refers to hospital-wide policy, submit all related policies. (i.e. Code Blue Policy, Code White Policy)

## **HYPERTENSION**

For consistently elevated BP greater than 180/100 investigate whether patient is compliant with medication and diet regimen. Provide reinforcement as needed and send report of readings to referring physician.

If systolic reading is greater than 180 mmHg or diastolic is greater than 110 mmHg have the patient rest and recheck the BP manually in 5-10 minutes.

Assess for signs and symptoms such as dizziness, headache, palpitations, blurred vision, fatigue, nosebleed, vomiting.

If BP continues elevated, do not exercise and notify the referring physician.

If BP remains above 200/110. administer NTG gr. 1/150 S.L. and monitor BP until under 190 systolic and 100 diastolic. Notify the referring physician.

If BP remains within acceptable limits and is asymptomatic, patient may exercise unless otherwise held by physician.

## **DYSPNEA**

If patient develops dyspnea during exercise, discontinue the session.

Take history from patient describing symptoms he/she is experiencing, degree, type and change in pattern.

Check BP, pulse, rhythm and O2 saturation.

Administer O2 via nasal cannula at 2-6 liters per minute.

Assess lung sounds.

If no further dyspnea, continue exercise session at decreased workloads and monitor for reoccurrence of symptoms.

If condition deteriorates, call Medical Director or referring physician for further orders.

Transport to Spohn Emergency Department or bed designated by attending physician if necessary.

- ◆ Any patient requiring an IV or IV medication will be transported to Spohn Emergency Department or other designated bed accompanied by licensed personnel.
- ◆ In the presence of COPD, monitor patient carefully for respiratory depression. Avoid liter flows of O2 greater than 4 LPM unless symptoms are severe.

SIGNED: \_\_\_\_\_

Thomas Alexander M.D., F.A.C.C. - MEDICAL DIRECTOR

DATE



## ***Acute Dyspnea Management***

**“Acute”** = new or different shortness of breath rating  $\geq 5$  on 1 – 10 scale (5 = severe) for rating perceived dyspnea (RPD)

### **During exercise**

Stop exercise and have pt sit in chair

+

Assess: vital signs, O2 sat, lung sounds



O2 sat  $< 88\%$  apply O2 2-4L n/c

If Sat  $> 88\%$  and SOB decreases with sitting, continue to assess and terminate exercise for the day and notify MD



Notify patient's MD & follow orders. No MD response or worsening of patients condition, transfer to Med Express via WC



Notify patient's family



Complete & send Change in Medical Condition Form to MD

### **At Rest**

Hold exercise

+

Assess: vital signs, O2 sat, lung sounds, weight change



O2 sat  $< 88\%$  start O2 at 2-4l n/c

If Sat  $> 88\%$  and SOB decreases with sitting, abort exercise for the day and notify MD



Notify patient's MD & follow orders. No MD response or worsening of patients condition, transfer to Med Express via WC



Notify patients family



Complete & send Change in Medical Condition form to MD



## Hypertension Management

During Exercise		At Rest	
↓		↓	
SBP >200-220 or DBP >100-110 Assess patient, VS, RPE Question Medication compliance		SBP >180 or DBP >100 Assess patient, VS, Question Medication compliance	
↓		Hold exercise and recheck BP in 5 min ↓	
Asymptomatic – lower patient's intensity and recheck BP	Symptomatic-Stop exercise and have pt sit or lie down. Monitor VS	SBP < 180 and / or DBP <100	SBP remains >180 and / or DBP remains > 100
↓	↓	↓	↓
If BP remains elevated (SBP>210 and /or DBP>110) Stop exercise	If symptoms persist transport patient to Med Express	Begin exercise and monitor BP. Evaluate trends of BP in future	Hold exercise session and notify patients MD. *
↓	↓	↓	↓
Reassess BP. If at any time patients condition becomes unstable, transfer to Med Express	Notify patients family	Complete & send Change in Medical Condition form to appropriate MD	Complete & send Change in Medical Condition form to appropriate MD
↓	↓		
If BP remains elevated, notify patient's physician.	Complete & send Change in Medical Condition form to appropriate MD		* If at any time patient condition becomes unstable, transfer to Med Express
↓			
Complete and send Change in Medical condition form to appropriate MD			

# Medical Emergencies

## Automatic Denial

- Failure to submit all department policies that address all nine of the medical emergency conditions.
- Failure to submit any referenced policy (i.e. Code Blue, Hypoglycemia Hospital-wide policies)
- Submission of policies that do not include specific details related to staff involvement in treatment activities.
- Submission of policies that are *ACLS protocols and/or algorithms* only.

# Emergency Preparedness

**For the purpose of AACVPR certification, the following emergency equipment and supplies must be immediately available to Cardiac and Pulmonary Rehab along with daily verification of readiness of the defibrillator/AED and portable oxygen for each day the program is in operation.**

**Calling 911/EMS to manage the entire emergency situation is not acceptable.**



# Emergency Preparedness Items Required for Application

- Portable oxygen and airway management equipment
- Defibrillator/ AED
- Pulse Oximeter- Pulmonary only

# Emergency Preparedness

## PART 2:

For each item below, please indicate where the item is located in relation to the Cardiac Rehabilitation unit for each day the Cardiac Rehabilitation program is in operation.

Portable oxygen and airway management equipment

description goes here

Defibrillator/AED

description goes here

# Emergency Preparedness Requirements

- One (1) month's documentation of daily verification of readiness for each day the program is in operation. An explanation should be provided for any missing dates during that month. If you are closed, write CLOSED.
- Narrative description of the location in relation to the Cardiac or Pulmonary Rehabilitation unit for each equipment/supply listed.
- Dates and description of four (4) different department medical emergency in-services from the **NINE (9) medical emergencies specific to Cardiac or Pulmonary Rehabilitation** held during 1/1/2015 through 12/31/15.
- Submitted in-services may include mock code blues, review of crash cart/defibrillator, critique of an actual code, etc.

# Emergency Preparedness

Date of In-Service #1

7/01/2014

Type of Medical Emergency

Bradycardia

Brief description of medical emergency in-service

description goes here

# Medical Emergency In-service

Date	Brief description of medical emergency in-service
<b>3/12/14</b>	<p>In anticipation of a site survey prior to our hospital's successful chest pain accreditation the cardiac rehab team performed a Cardiac Alert Mock Drill.</p> <p><b>Situation:</b> A patient in the outpatient department complained of pain going down his left arm not responding to NTG x2.</p> <p><b>Actions Taken:</b> Code White called. Dr. A notified and arrived in 2 minutes. EKG completed and confirmed STEMI. Cardiac Alert called. O2/IV started. Dr. Alexander notified patient's cardiologist. Cath Lab team arrives in the department and places patient on stretcher to take immediately to the Cath Lab.</p> <p><b>Problems/Concerns:</b> Discussion of how to get an outpatient into the system without taking to ED and losing valuable time when we are adjacent to the Cath Lab. We determined that the Cath Lab could "schedule" them for a procedure in order to generate an account number.</p> <p><b>Overall Assessment:</b> All NSTEMI's need to go through ED for full work-up and all STEMI's will go straight to Cath Lab</p>



# EMERGENCY PREPAREDNESS AUTOMATIC DENIAL

Failure to have **all** required emergency supplies and equipment immediately available to the Cardiac/Pulmonary Rehabilitation department as listed in the Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, 5<sup>th</sup> edition/ Guidelines for Pulmonary Rehabilitation Programs, 4<sup>th</sup> edition.

Depending on /calling 911/EMS alone to manage the entire emergency situation is not acceptable.  
Failure to provide the specific **location in relation to the rehab department** of each required item.  
Failure to provide **one month documentation of verification of readiness** for each required item.  
Failure to provide explanation of dates without verification of emergency readiness (i.e. "closed or holiday" must be written) during the month submitted.

Failure to submit **dates and brief description of four different medical emergency in-services from the **NINE** medical emergencies listed on page 3 specific to Cardiac/Pulmonary Rehabilitation .**

Submitted medical emergency in-services **not specific to Cardiac/Pulmonary Rehabilitation** –i.e. general hospital emergency and safety drills and in-services such as fire drills, infection control, safety inspections, or health and safety reviews.

Submitted medical emergency in-services dates outside the collection period.

## Exercise Prescription - Form

- The exercise prescription is individualized, approved by the physician for each CR/PR patient
- It must contain all required elements: mode, frequency, duration and intensity. ***Cardiac Rehab programs must also include progression guidelines.***
- In addition to required elements, **O2 saturation and titration for pulmonary rehab patients only**
- The Ex Rx can be a component of the ITP but it must be submitted for both the ITP AND the exercise prescription



# Exercise Prescription - Policy



- A written policy must be in place that details how an exercise prescription is developed, modified and advanced toward the patient's discharge goals. The policy must contain all required elements of the exercise prescription: mode, frequency, duration and intensity. ***Cardiac Rehab programs must also include progression guidelines.*** **Pulmonary Rehab must include an oxygen saturation and titration policy.**

# Exercise Prescription Requirement

## Individual Exercise Prescription (ExRx)

- **Initial** exercise prescription.
- Physician signature approving the exercise prescription.
- Includes mode, frequency, duration, intensity and progression.  
O2 saturation and titration (Pulmonary Rehab only)
- Intensity targets must be within AACVPR and ACSM guidelines
- Progression must be more specific than “as tolerated” or  
“as dictated by absence of signs and symptoms”, such as increase  
duration and intensity when a steady state has occurred in  
specific target HR, RPE, etc. (Cardiac Only)

# Exercise Prescription Components

- **Mode:**
  - Bike, Treadmill, Elliptical, NuStep
- **Intensity:**
  - How hard (heart rate range, RPE, METs) Intensity targets must be within AACVPR and ACSM published guidelines
- **Duration:**
  - How long; minutes of exercise per session
- **Frequency:**
  - How often, days per week
- **Progression:** What methodology is used to advance patients?
  - “As tolerated” or “as per clinical signs and symptoms” is not acceptable.
  - IE: Goal: Progress activity an average of ½ Met per week
- **Oxygen Saturation and Titration** (Pulmonary Rehab only)

# Exercise Prescription

## Automatic Denial

- Failure to submit an exercise prescription that addresses the required components in detail.
- Submission of an initial exercise prescription that is not signed and dated for an actual patient in your program.
- Submission of daily exercise session sheets or progress reports.
- Failure to submit an ExRx policy that addresses mode, frequency, duration, intensity and progression in detail.
- Submission of a document outside of the data collection period.



# Outcome Assessment

Outcome measurement and process improvement in Cardiac and Pulmonary Rehab programs will enable us to survive and thrive in the future. **AACVPR** has launched an extensive effort to identify key performance measures, outcomes and appropriate tools for outcome measurement. A thorough review of the tools listed in the Registry, the CR Outcomes Matrix and the PR Outcome Resource Guide is currently underway. Program Certification is working with the Cardiac and Pulmonary Rehab Expert Panels, Quality of Care Committee and nationally recognized clinicians to provide programs with the most appropriate evidenced-based outcome measurement tools. Key information and suggestions will be forthcoming.

# Outcome Assessment

**Outcome measures are tests to evaluate if a desired end is met. They can be used to evaluate individual patient progress and to the determine overall effectiveness of the program.**

## **Cardiac outcome categories:**

- Clinical**
- Behavioral**
- Health**
- Service**

## **Pulmonary outcome categories:**

- Functional Status/Exercise Capacity**
- Dyspnea Measurement**
- Quality of Life**
- Service**



# Outcome Assessment Cardiac

## **Clinical**

Clinical outcomes measure objective clinical data, such as MET level, BMI, lipid levels, (6) six minute walk results, blood pressure, DEPRESSION, etc.

## **Behavioral**

Behavioral outcomes measure the patient's ability to make changes in life style: minutes of exercise per week, dietary changes, number of cigarettes smoked per day. DEPRESSION IS NOT a Behavioral Outcome

## **Health**

Health outcome measure changes in health/quality of life status: Quality of Life surveys are typically used . DEPRESSION is NOT a Health Outcome

## **Service**

Service outcomes can measure patient satisfaction, effectiveness of program, access or utilization of services, cost of care

# Outcome Assessment Pulmonary

## **Functional Status/Exercise Capacity**

Outcomes measure objective clinical data such as six minute walk test or shuttle walk test

## **Dyspnea Measurement**

Measurement for symptoms of dyspnea and fatigue such as Borg Dyspnea Scale, MMRC Scale, UCSD SOBQ, CRQ, etc.

## **Quality of Life**

Quality of Life (QOL) measures changes in health/quality of life status: Quality of Life surveys such as SF-36, Ferrans & Powers – Pulmonary, Dartmouth, etc.

## **Service – Page 75 in the Pulmonary Guidelines**

Service outcomes can measure: patient satisfaction, effectiveness of program, access or utilization of services, cost of care

**\*\*See Pulmonary Rehab Outcomes Resource Guide or  
AACVPR Pulmonary Rehab Guidelines\*\***

# Cardiac Outcomes Requirement

- **Description of one Clinical, Behavioral, Health and Service outcome.**
- Measure an outcome listed on the AACVPR Outcomes Matrix whenever possible
- Document from the data collection period.
- Description of the assessment tool used.
- Report on a minimum of 30 patients (N). If less than 30 patients completed your program during the data collection period, submit data for 100% of the patients who did complete.
- Pre and Post program score
- Percent change between the pre-and post-program scores.  
**Equation = (Post Score – Pre Score) / Pre Score X 100 = Percent Change**
- **Conclusion**, a summary of results of the outcome measurement for the pre-and post program scores.
- **Describe your action plan to improve** your CR program as a result of the outcome measured and based on the conclusion.

How many patients completed your early outpatient program from 1/1/15 through 12/31/15? **45**

Describe one (1) CLINICAL outcome measured in your program 1/1/15 through 12/31/15?

**BMI**

You must report on a minimum of 30 patients. If less than 30 patients completed your program outcomes in your program during January 1, 2015 to December 31, 2015, please provide an explanation below.

**45 patients completed the program, 45 patients included in this outcome**

Provide the pre-program score collective BMI pre program **33.8**

Provide the post-program score collective BMI post program **32.4**

Describe the percent change, units of change or change towards goal between the pre- and post-program scores

**The percent change was a 4.14% decrease. There was a decrease in BMI by 1.39.**

Briefly summarize your conclusions based on the outcome change found

**It seems in our program we see a decrease in BMI but it is not a huge individual decrease that we would like to see. We will be able to use this data to help us process improve for the future.**

Describe your action plan to improve your program as a result of this Clinical outcome

- Set up more than one meeting with the RD.**
- The staff checks weight and process goals weekly that have been set by RD with patient.**
- More individual exercise prescription changes for overweight individuals like modified circuit training to increase caloric demand.**
- Moving the scale to the check in area so the patient is more accountable to actually weighing than self reporting.**

# Pulmonary Outcomes Requirement

- Description of one outcome measure for each of the following; Functional Status/Exercise Capacity, Dyspnea Measurement, Quality of Life and Service
- Measure an outcome listed in the Pulmonary Rehab Outcomes Resource Guide. Use the Cardiac Matrix for examples of Service Outcomes
- Document from the data collection period.
- Description of the assessment tool used.
- Report on a minimum of 30 patients (N). If less than 30 patients completed your program during the data collection period, submit data for 100% of the patients who did complete.
- Pre and Post program score.
- Percent change between the pre-and post-program scores.  
$$\text{Equation} = (\text{Post Score} - \text{Pre Score}) / \text{Pre Score} \times 100 = \text{Percent Change}$$
- Conclusion, a summary of results of the outcome measurement on the pre-and post program scores.
- **Describe your action plan to improve** your PR program as a result of the outcome measured and based on the conclusion.

Describe one (1) QOL outcome measured in your program during 1/1/15 to 12/31/15

### Physical Functioning

Describe the assessment tool used to measure the QOL outcome

SF-36V2 Health Survey. The patients complete this questionnaire during the first and last exercise session.

Describe the number (N) of patients on which you are reporting data. 35

You must report on a minimum of 30 patients. If less than 30 patients completed your program during the data collection period, and the number listed above is less than 100% of the patients who did complete outcomes in your program during 1/1/15 to 12/31/15, please provide an explanation below.

35 completed program 35 filled out survey

Provide the pre-program score 35.92 points (out of 100)

Provide the post-program score 41.76 points (out of 100)

Describe the percent change, units of change or change towards goal between the pre-and post-program scores. Percent change was + 15.8%.

Briefly summarize your conclusions based on the outcome change found.

The physical functioning score reports patient limits in performing self-care, walking, stair-climbing, lifting, and moderate to vigorous activities.

Describe your action plan to improve your program as a result of this Quality of Life outcome.

- In 2015 our percent change for physical functioning was +9.9%.
- We started to look at more functional training.
- We invested in balance equipment to help improve this skill.
- We also sent employees to work functional assessment class.
- The also looked at the continuum of care outside of Pulmonary Rehab.

# Outcomes Assessment

## Automatic Denial

- Submission of an outcome measure that does not fall into the appropriate category according to the AACVPR CR Outcomes Matrix or PR Outcomes Resource Guide. (References found on the AACVPR web site)
- Failure to meet sample size requirements.
- Failure to submit any of the required elements.
- Failure to provide evidence of an action plan to improve your program as a result of the outcome measured.

# Service Outcome

## ■ Required Elements

- One **Service** outcome measured in your program during the collection period.
- Description of the assessment tool used.
- Summary of conclusions based on the outcome change found.
- Describe your action plan to improve your program as a result of this CR/PR outcome

## ■ Automatic Denial

- Service measured not on AACVPR Cardiac Outcomes Matrix or Pulmonary Rehabilitation Outcomes Resource Guide
- Not in collection period



**Describe one (1) SERVICE outcome measured in your program during 1/1/15 to 12/31/15.**

**We measure patient satisfaction as it relates to patient care, progress, and likelihood of referring others to our program.**

**Describe the assessment tool used to measure the Service outcome**

**We utilize a 10 question survey that rates the patient's experience on a scale from strongly disagree up to strongly agree. Each choice is weighted and the overall average is calculated on a monthly basis.**

**Briefly summarize your conclusions based on the outcome change found**

**We have an overall patient satisfaction rate of 92% based on 50 responses. Our lowest scoring question is on How do you feel you will continue your exercise prescription at home.**

**Describe your action plan to improve your program as a result of this Service outcome**

**Based on the results, our team has begun to focus a great deal of our coaching time on identifying barriers to exercising at home early on in the program and attempting to develop plans to overcome these barriers long before the completion of the program.**

**We have contacted other facilities to see if we can get a discount for our patients. One of the real big hurdles is financial. We are even looking at expanding our service line to offer a low cost alternative at our facility like a phase IV program.**

# Quality Improvement

- AACVPR is moving to a more outcomes based application in 2018
  - *The Quality Improvement page is designed to prepare you for 2018*
  - *This will also help you with improving outcomes in your facility for better patient care.*

# Quality Improvement

## **PDSA Plan – Do – Study – Act**

- Please list one item or area in your program that needed improvement.
- How did you know this item or area needed improvement? (e.g. what data did you base this on?)
- What changes did you make to address this?
- How did you know that your changes did or did not result in improvement? (e.g. what data did you use to determine this?)
- What are your next steps?

# Quality Improvement Examples

**Please list one area of your program that needed improvement.**

Functional Status tested by the 6 Minute Walk Test at discharge

**How did you know this item or area need improvement? (i.e. what data did you base this on?)** Our goal is 3.32 METS on our discharge six minute walk test. We want to get our patients to a higher functional capacity and this would be an additional 400 feet of walking to their six minute walk test. Our current discharge rehab score is 2.74 METS.

**What changes did you make to address this?** Get clients to walk on treadmill for longer bouts of exercise instead of moving modalities every ten minutes. Try to incorporate a little more specific strength training to target the legs. Check to ensure all staff is administering the test correctly. This should be reassessed annually with their competencies.

**How did you know that your change did or did not result in improvement? (i.e. what data did you use to determine this?)**

We continue to measure this outcome. In the past 2 quarters since incorporating the changes, our discharge six minute walk test MET level has increased from 2.7 METS to 3.0 METS. We are still below our goal but are improving as a result of the changes made.

**What are your next steps?**

- 1.Reassess exercise prescription every week.
- 2.Continue to monitor progress and adjust action plan based on results.

# Quality Improvement Examples

**Please list one area of your program that needed improvement.**

Depression screening

**How did you know this item or area need improvement? (i.e. what data did you base this on?)**

We use the Beck Depression Inventory. Our goal is to have a score of < 10 because this relates to the client being relatively stable in levels of depression. Current score for this is 12 on the post exam.

**What changes did you make to address this?**

- Reassess patient with scores >17 monthly.
- Refer patients with scores >17 to a mental health provider.
- Check on medication adherence of patients daily.
- Consult a mental health professional to educate the staff on the signs/symptoms of depression

**How did you know that your change did or did not result in improvement? (i.e. what data did you use to determine this?)**

Our post depression scores have decreased to 10, which is very close to our goal.

**What your next steps?**

1. Continue to monitor progress toward this goal.
2. Continuing education for the staff related to depression.
3. Add a class "Coping with Depression" to our patient education series.

# Quality Improvement

## **FAQ:** What is the difference between the “New” Quality Improvement page and the 4 required Outcomes pages?

- Quality Improvement is not an outcome, it’s a process
- Developed to be a “road map” for programs to make quality improvements and changing processes
- A guide for applying outcome data to improve everyday practices
- Select an area of your program that needs improvement and then record the steps you would implement to improve this area.
- Follow the examples and create your “road map” for change



# Attestation Statement

- You must attest that all material and information submitted with this application is true and accurately represents program operations at this facility and would welcome a site visit if randomly selected.
- All programs **may be randomly selected** to either send in current information or to have a site visit.
- Programs who successfully remediate their application **will likely be asked** to send in current information sometime during the 3-year certification period. (e.g. – a current ITP or Exercise Prescription Form)

# Submitting Your Program Certification Application

Application 4897 (2015 Cardiovascular Certification)

✓ Program Profile Review / Edit

✓ Page 1: Program Staff and Competencies

✓ Page 2: Individualized Treatment Plan

✓ Page 3: Medical Emergencies

✓ Page 4: Emergency Preparedness

✓ Page 5: Exercise Prescription

## Submission

Once you submit your application, it will be sent for review and you WON'T be able to make any changes. Do you want to submit your application at this time?

Submit Application

Previous

Here you can see a list of any pages that are incomplete. When all pages are complete, the submit button appears.

**Don't forget to click "SUBMIT"!**



# How Can We Help You Be Successful?

**Be determined in achieving your  
goals...**



## ***Questions during the Application Process?***

Log on to [www.aacvpr.org](http://www.aacvpr.org) and visit the  
**Program Certification Application Resource Page**

Contact the AACVPR Certification Center at  
[www.certification@aacvpr.org](mailto:www.certification@aacvpr.org)

**Phone: 1-312-321-5146, Option 1**