

Delivering A Quality Cardiac Rehabilitation Program

Following Evidence Through AACVPR Certification Guidelines

AACVPR.org

- Go to the certify tab
- Program Certification
- About the Certification
- 2026 Certification Application
- Download the Application
- Get the current Guidelines for Cardiac Rehabilitation Programs

Program Staff Competencies

- Staff Members that have the CCRP Certification meet the competency standards.
- Four Competencies must be completed
 - Blood Pressure management
 - Diabetes Management
 - Exercise Training Evaluation
 - Lipid Management
 - Nutritional Counseling
 - Patient Assessment
 - Physical Activity Counseling
 - Psychosocial Management
 - Tobacco Cessation
 - Weight Management

Resources for Competency

- ISCVPR Newsletter located on the iscvpr.org
- There is a competency corner with tools to utilize for your staff competencies
- https://journals.lww.com/jcrjournal/fulltext/2011/01000/core_competencies_for_cardiac.2.aspx)
- These tools will allow you to develop competencies for you staff.

Individualized Treatment Plan

- CMS Rules state that there must be a signed ITP upon starting Cardiac Rehabilitation and every 30days the patient is in the program.
- ITP Required Elements
 - Exercise
 - Nutrition
 - Psychosocial
 - Other Core Components/ Risk factors as required for individual patients
 - Required Steps:
 - Assessment
 - Plan: Goals/ Intervention/ Education
 - Discharge/ Followup

Medical Emergencies

- Policies/protocols for nine most common issues in Cardiac Rehabilitation (Examples Appendix B Guidelines Book)
 - Cardiopulmonary Arrest
 - Angina/Chest Pain
 - Acute Dyspnea
 - Tachycardia
 - Bradycardia
 - Hypertension
 - Hypotension
 - Hyperglycemia
 - Hypoglycemia

Emergency Preparedness

- Daily checks of crash cart, defib and portable O2
- 4 medical Emergency in-services annually

Exercise Prescription Policy

- Written Policy Including
 - Mode
 - Frequency
 - Duration
 - Intensity

Improvement in Functional Capacity

- Monitor patients' improvement in functional capacity
 - Symptom-limited graded exercise test (increase of at least 15%)
 - Estimated exercise session peak METs (Increased by 40%)
 - Six minute walk test distance (Increase in distance by at least 10%)

 - This should be done after 4 weeks to monitor patient progress.

Optimal Blood Pressure Control

- Target should be 130/80
 - Monitoring and reporting to cardiologist when patients are not in range so that medications may be adjusted to achieve optimal control.

Tobacco Use Intervention

- Assess patient tobacco use within 30 days of starting program
 - Discuss interventions that the patient is currently using.
 - Provide education on smoking cessation
 - Indiana quit line
 - Pharmacotherapy options that are available

Improvement in Depression

- Assess patient's depression level using a depression screener
 - According to your tool, if the patient has severe depression report results to their healthcare provider.
 - Talk with patient about prior issues with depression and treatment
 - Discuss with them the benefits of treating symptoms to improve overall outcomes.
 - Reassess with the same tool as needed

Enrollment Performance Measure

- Track the patients who are referred to cardiac rehab and the patients that actually schedule an initial evaluation.
- Assess for obstacles to attendance
 - Transportation
 - Financial
 - Return to work

Find your hospital resources to assist patients to be able to participate in cardiac rehabilitation.