DELIVERING A QUALITY PROGRAM FOLLOWING EVIDENCE THROUGH AACVPR CERTIFICATION GUIDELINES

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DISCLOSURES

Debbie Koehl has no disclosures

Connie Wilson has no disclosures

CREATING A QUALITY CARDIAC REHAB PROGRAM

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

- Polices/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 02
- 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.

CREATING A QUALITY PULMONARY REHAB PROGRAM

WHERE TO START?

Important to do your research

- What is currently available to you?
  - New program from scratch?
  - Adding to an existing program, ie a Cardiac Rehab program
  - Redoing an existing pulmonary rehabilitation program?

Do some reading!

- Guidelines for Pulmonary Rehabilitation Program book (new edition out this Spring)
- AACVPR Pulmonary Program Certification Application – found on the AACVPR website
- ATS document: "Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease, An Official American Thoracic Society Clinical Practice Guideline", Rochester et al

Rochester CL, Alison JA, Carlin B, Jenkins AR, Cox NS, Bauldoff G, Bhatt SP, Bourbeau J, Burtin C, Camp PG, Cascino TM, Dorney Koppel GA, Garvey C, Goldstein R, Harris D, Houchen-Wolloff L, Limberg T, Lindenauer PK, Moy ML, Ryerson CJ, Singh SJ, Steiner M, Tappan RS, Yohannes AM, Holland AE. Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med. 2023 Aug 15;208(4):e7-e26. doi: 10.1164/rccm.202306-1066ST. PMID: 37581410; PMCID: PMC10449064.

MAKE A PLAN

Look at the strengths and weaknesses of any current program.

Visit another successful PR program

Talk with your peers who have a PR program

Develop a time-line for your work

Engage your staff!

- Explain your goals and outline the plan
- Distribute some of the work
- Let your staff work with the items they are passionate about

USING THE AACVPR PROGRAM CERTIFICATION AS YOUR GUIDE

- This will allow you to develop/change your program to meet what are accepted standards for your PR program.
- These certification standards are updated yearly.
- You can then review your program yearly to make sure you are in compliance with the newest standards

WHAT YOU WILL FIND:

STAFF COMPETENCIES

ITP INFORMATION

MEDICAL EMERGENCIES

EMERGENCY PREPAREDNESS

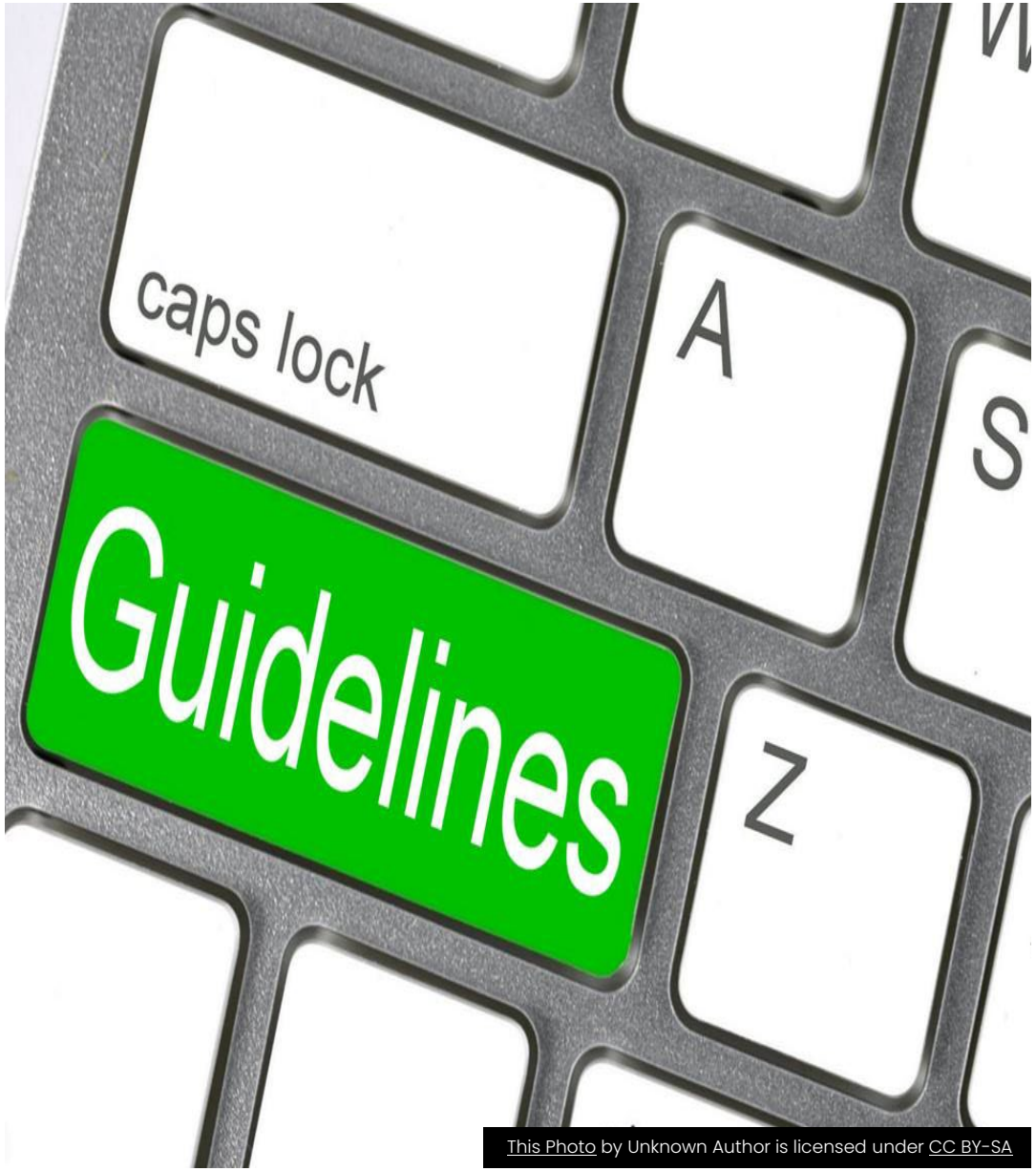
EXERCISE PRESCRIPTION

IMPROVEMENT IN FUNCTIONAL CAPACITY PERFORMANCE MEASURE

IMPROVEMENT IN HEALTH-RELATED QUALITY OF LIFE PERFORMANCE MEASURE

ENROLLMENT PERFORMANCE MEASURE

ADHERENCE MEASURE



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LET’S REVIEW EACH SECTION

STAFF COMPETENCIES

We all have to do annual competencies. So why not follow what the program certification recommends.

The program certification states:

- "Individuals who provide Pulmonary Rehabilitation services should possess a common core of professional and clinical competencies,regardless of their academic discipline. For the purposes of AACVPR Program Certification, a program must provide evidence of annual assessment of clinical/professionalstaff competencies (knowledge or skill) that are directly related to the Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals document."

These can be done several ways-

- Check off stations
- Tests or quizzes
- Return demonstration
- Article review with post test
- Formal classrsoom instruction with passing exam scores
- PR Certificate can be used for one application cycle if completed within 3 years of certification application (for 2026 – done between 1/2023 to 12/2025)

4 different annual competencies must be demonstrated

ITP'S

We could spend hours on this subject!!! There are 4 pages dedicated to ITP for program certification.

Here are the basic need to knows:

- Required Elements-
  - Exercise
  - Nutrition
  - Psychosocial
  - Oxygen (actual patient must be on oxygen)
  - Other Core components/Risk Factors as required for individual patients
- Required Steps-
  - Assessment
  - Plan: goals/intervention/education
  - Reassessment
  - Discharge/Follow-Up

MEDICAL EMERGENCIES

- You need to have a policy and procedure with specific emergency protocols. Outline what happens from start to finish when the emergency occurs.
- They have to address 9 of the most commonly seen in PR clinical situations
  - Cardiopulmonary Arrest
  - Angina/Chest Pain
  - Acute Dyspnea
  - Tachycardia
  - Bradycardia
  - Hypertension
  - Hypotension
  - Hyperglycemia
  - Hypoglycemia

EMERGENCY PREPAREDNESS

- Demonstrate the readiness to be prepared for the most common of medical emergencies.
- Evidence that medical emergency equipment and supplies are available and are check daily when program is open
- Hold 4 annual department medical emergency in-services annually

EXERCISE PRESCRIPTION POLICY

- Need to have two policies
  - Written policy that details how an initial exercise prescription is developed and modified for each PR patient.
    - Including mode, frequency, duration and intensity
  - Written policy on oxygen saturation and titration
    - Detail assessment and treatment of oxygen during rest and at exercise.

IMPROVEMENT IN FUNCTIONAL CAPACITY

The program certification program must report the percentage of patients that are at least 18 years with COPD or ILD who are found to increase their functional capacity by 30 meters (98.43 feet).

- This is your pre to post 6 minute walk

This is a great way to set goals for your patients!

IMPROVEMENT IN DYSPNEA PERFORMANCE MEASURE

The tools to use to measure this are:

mMRC – Modified Medical Research Counsel Scale	The UCSD Shortness of Breath Questionnaire	BDI/TDI

The goal is to improve by the MCID (Minimal Clinically Important Difference)

IMPROVEMENT IN HEALTH-RELATED QUALITY OF LIFE MEASURE

These should show improvement by the MCID as well!

The tools you can use for this are:

CRQ –Chronic Respiratory Disease Questionnaire

SGRQ – The Saint George's Respiratory Questionnaire

CAT – COPD Assessment Test

- Which has been researched for other diseases as well!

ENROLLMENT PERFORMANCE MEASURE

It is expected that most programs will enroll <50% of their referred patients.

Nationally only about 3% of pulmonary patients enroll in PR!!!!! ☹

This is good tool to use to research the reasons WHY patients are not enrolling.

ADHERENCE PERFORMANCE MEASURE

Number of patients who have attended 10 or more of their billable sessions over a 12 week period of time!

Expectation is this will be <50% of your patients!

- There are no benchmarks for this measure

SUMMARY

1. Not every program has the budget to do program certification
2. Following the program cert guidelines will help assure you are doing all the right things!
3. Review these guidelines yearly!!

REFERENCE PAGE

Rochester CL, Alison JA, Carlin B, Jenkins AR, Cox NS, Bauldoff G, Bhatt SP, Bourbeau J, Burtin C, Camp PG, Cascino TM, Dorney Koppel GA, Garvey C, Goldstein R, Harris D, Houchen-Wolloff L, Limberg T, Lindenauer PK, Moy ML, Ryerson CJ, Singh SJ, Steiner M, Tappan RS, Yohannes AM, Holland AE. Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med. 2023 Aug 15;208(4):e7-e26. doi: 10.1164/rccm.202306-1066ST. PMID: 37581410; PMCID: PMC10449064.

2026 Pulmonary Rehabilitation Program Certification Application.pdf

Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals: POSITION STATEMENT OF THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION


QUESTIONS