AACVPR

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38TH ANNUAL MEETING

September 13-15, 2023 MILWAUKEE, WI

AACVPR Program Certification

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Disclosures

No relevant disclosures

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

Objectives

- Identify requirements for AACVPR program certification
- Detailed information about: Staff Competencies, ITP, Medical Emergencies, Emergency Preparedness, Exercise Prescription, Oxygen Titration and Performance Measures
- Apply and implement specific concepts when applying for program certification
- Identify materials needed to successfully submit documents for certification and resources for reference

The AACVPR Cardiac and Pulmonary Rehabilitation Program Certification process is 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

About Certification

- Program Certification process is designed for outpatient program-based adult cardiac and pulmonary rehab programs of all enrollment sizes. (adult is 18 years and older)
- Certified for a 3-year period. To ensure programs are maintaining the requirements for Program Certification, audits can occur at anytime during the 3-year cycle
- Required to maintain the current requirements through the “Annual Report” function
- Three application outcomes - Approved, Remediation, Denied

About Certification Submissions

We realize many institutions have multiple cardiac and pulmonary rehab programs (Sister Programs) that share policies and practices.

However, for AACVPR Program Certification, all documentation, uploaded documents and data collection must be from the specific program that is applying for certification.

Resources

PROGRAM CERTIFICATION

2023 Application decisions will be sent off to all programs in early August. Make sure to keep an eye out for updates on the status of your application and ***ensure the primary contact listed for your program is up to date*** *to avoid delays in receiving updates on your program's application.*

About

AACVPR's Program Certification process is designed for program-based adult cardiac and pulmonary rehabilitation programs of all enrollment sizes.

Find all the resources you need to both prepare for AACVPR Program Certification and/or to market your recently approved certification, including frequently asked questions (FAQs).

2024 Applications and 2023 Annual Report Now Available

The full 2024 Applications and change summary documents are linked below.

2024 CARDIAC PROGRAM CERTIFICATION APPLICATION

2024 PULMONARY PROGRAM CERTIFICATION APPLICATION

2024 CHANGE SUMMARY DOCUMENT

ADDITIONAL RESOURCES

Timeline for 2024 Applications

Data Collection Period: January 1, 2023 – December 31, 2023

- **December 1, 2023:** Application opens
- **February 29, 2024:** Completed applications and payments are due
- **March - May 2024:** Program Certification Committee Review of certification and recertification applications
- **June – July 2024:** IRR process
  Co-Chair Oversight Review / BOD Liaison Review
  AACVPR prepares notifications and certificates
- **August 31, 2024:** AACVPR notifies all programs of application decision
- **August – September 2024:** Remediation process occurs mid-September through October
- **October 1, 2024:** Remediation decisions are finalized
- **October 15, 2024:** Notification of remediation decisions

2024 Application Pages

- Staff Competencies
- Individual Treatment Plan (ITP) including Exercise Prescription
- Medical Emergencies
- Emergency Preparedness
- Exercise Prescription Policy
  - Oxygen Titration Policy (PR only)
- Performance Measures (Patient-Centered and Program-Level)
- CMS Attestation

Collection Period for the 2024 application:

January 1, 2023 – December 31, 2023

Staff Competencies

Staff Competencies Roster

- Competencies must be assessed for all professional clinical staff who provide direct patient care and report to the Cardiac or Pulmonary Rehab Department Leader. Program Leaders who do provide patient care will need to complete competencies.

- Please **DO NOT** provide competencies for staff specialists, such as Dietitians, Psychologists, Pharmacists, who may be involved with patient care, but only in a supportive capacity rather than day-to-day rehabilitation.

- Staff with current CCRP certification are exempt from staff competencies for the Cardiac application – **NEW for 2024:** will need to list the staff certification expiration date within the application platform

- Staff with the Pulmonary Certificate are exempt from staff competencies for 1 Pulmonary Program Certification application cycle – **NEW for 2024:** will need to list the staff date of completion of the certificate within the application platform

Staff Competencies Requirements

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

Must provide:

- **Objective:** must align with the knowledge and skills from the Competencies documents
- **Tool or method:** what is the tool/method and how it is used to assess staff competency

Ways to assess competency:

- Check off stations, test/quizzes, article review with post test, in-service with post test
- Need to provide detail on how the tool / method used determines how staff is competent

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

Core Competencies - Pulmonary

- Patient assessment and management
- Dyspnea assessment and management
- Oxygen assessment, management, and titration
- Collaborative self-management
- Medication/therapeutics
- Disease not related COPD
- Exercise testing
- Exercise training
- Psychosocial management
- Tobacco cessation
- Adherence
- Universal standard precautions
- Emergency responses for patient and program personnel

Evidence-Based Research

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

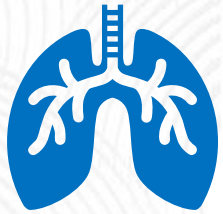
■ Cardiac rehabilitation/secondary prevention (CR/SP) services are typically delivered by a multidisciplinary team of health care professionals. The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) recognizes that to provide high-quality services, it is important for these health care professionals to possess certain core competencies. This update to the previous statement identifies 10 areas of core competencies for CR/SP health care professionals and identifies specific knowledge and skills for each core competency. These core competency areas are consistent with the current list of core components for CR/SP programs published by the AACVPR and the American Heart Association and include comprehensive cardiovascular patient assessment; management of blood pressure, lipids, diabetes, tobacco cessation, weight, and psychological issues; exercise training; and counseling for psychosocial, nutritional, and physical activity issues.

KEY WORDS

cardiac rehabilitation

core competencies

secondary prevention



Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals

POSITION STATEMENT OF THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

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The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) recognizes that interdisciplinary health care professionals providing pulmonary rehabilitation services need to have certain core competencies. This statement updates the previous clinical competency guidelines for pulmonary rehabilitation professionals, and it complements the AACVPR's *Guidelines for Pulmonary Rehabilitation Programs*. These competencies provide a common core of 13 professional and clinical competencies inclusive of multiple academic and clinical disciplines. The core competencies include patient assessment and management; dyspnea assessment and management; oxygen assessment, management, and titration; collaborative self-management; adherence; medication and therapeutics; non-chronic obstructive pulmonary diseases; exercise testing; exercise training; psychosocial management; tobacco cessation; emergency responses for patient and program personnel; and universal standard precautions.

KEY WORDS

competence

pulmonary rehabilitation

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This statement was approved by the American Association of Cardiovascular and Pulmonary Rehabilitation Board of Directors on January 25, 2014.

The authors declare no conflicts of interest.

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Specific Objectives

- Statement of what the staff will learn and understand or a skill they will be able to do as a result of completing the competency.
- Objectives **specifically** identify what should be learned and what is to be accomplished.
- Objectives **must follow** the Knowledge and Skills listed for each competency in Core Competency Guidelines

Specific Tools or Method

- Each competency may be assessed in several ways:
  - Check-off stations
  - Tests or quizzes
  - Return demonstration
  - Article review with post test
  - Formal classroom instruction with passing exam score

- Simply stating "return demonstration/check-off station" or “post-test” is not sufficient without submitting more **detailed** information on **how** the tool is used to show staff is competent.
- Please do not include the test questions or policies/processes (clarified for 2024)

Common Denial Reasons

- Competency submitted is not specific to the “Core Competencies for CR/SP Professionals: 2010 Update” **or** “Clinical Guidelines for PR Professionals”.
- Competency tool description simply states, “return demonstration”, “check-off station”, or “test / quiz”.
- Submitted competency does not demonstrate how staff are competent in required areas.

Staff Competencies Denied Examples

Blood Pressure

Objective: Review best practice for BP

Tool: post-test

Exercise Training

Objective: To objectively measurement of staff competency for exercise training

Tool: return demo of following policy for 6 MWT with policy included

Patient Assessment

Objective: To determine staff competency for patient assessment

Tool: In-service via a PowerPoint

Diseases Not Related to COPD

Objective: To update knowledge of blood glucose for diabetics using best practice

Tool: return demo via checklist

Staff Competencies Approved Examples

	Objective	Tool / Method
Blood Pressure Management	-List factors that influence blood pressure -Identify symptoms of low blood pressure -Assess identifiable causes of hypotension -In a clinical setting, demonstrate how to take blood pressure measurements	Role playing with adherence to proper technique with education and post test provided. Post Test with passing score 90% or above; Remediation and repeat testing for scores below 90%.
Required		
Lipid Management	-List the normal ranges for LDL and HDL -Describe eating habits that increase triglycerides -Discuss medications that improve lipid levels -Discuss lifestyle modifications that improve lipid levels	Poster presentation, discussion with question and answer session. Post -test given with passing score of 90% required; remediation given for scores less than 90%.
Required		
Nutritional Counseling	-Discuss the grams of fiber needed to lower Cardiovascular Disease risk -Discuss the recommended dietary intake of fiber -Describe food sources that increase dietary fiber -Discuss the impact that increased fiber intake has on weight loss	Article review presented by RD with post-test. Post-test passing score of 90% required; remediation given for scores less than 90%.

Individualized Treatment Plan

Individual Treatment Plan (ITP)

The Centers for Medicare & Medicaid Services (CMS) 42 CFR 410.49 and 410.47

Conditions of coverage states: *Components of a cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs must include all of the following:*

- Physician-prescribed exercise each day CR / ICR / PR items and services are furnished.
- For CR / ICR: Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs.
- For PR: Pulmonary Education or training that is closely and clearly related to the individual's care and treatment which is tailored to the individual's needs and assists in achievement of goals toward in activities of daily living, adaptation to limitations and improved quality of life. Education must include information on respiratory problem management and, if appropriate, brief smoking cessation counseling.
- Psychosocial assessment.
- Outcomes assessment.
- An individualized treatment plan **DETAILING** how components are utilized for each patient. The ITP must be established, reviewed, and signed by a physician every 30 days.

ITP Requirements

The ITP is a summary of the planned care for the patient from initial assessment through to discharge from PR or CR / ICR program

- Comprehensive document for a patient that completed the program – additional documents as progress notes, daily session reports or surveys are not acceptable and will not be reviewed.
- Pulmonary ITP must be for a patient that is on oxygen and completed the program
- Initial assessment, at least one reassessment and discharge contains data and must include detail on progress towards goals
- Initial written individualized exercise prescription
- Physician signature with date required every 30 days from last physician signature date
- At least one active other core component / risk factor that is specific to the program and applicable to the patient
- HIPAA compliant
- Clear and legible – review your uploaded ITP prior to submitting

ITP Requirements - Labeling

Required Elements:

- ❑ **Exercise**
- ❑ **Nutrition** must contain info on patient's nutrition habit / diet, not just BMI, DM or lipids
- ❑ **Psychosocial**
- ❑ **Other Core Components/Risk Factors** applicable for each individual patient *
- ❑ **Oxygen** – PR only, patient must be on oxygen **

Required Steps:

- ❑ **Assessment**
- ❑ **Plan**: must include for each Element Goals/Interventions/Education
- ❑ **Reassessment**
- ❑ **Discharge/Follow-up**

* Must be specific to the program

** Must include oxygen use / titration / management for PR

All items in red must be clearly labeled on the ITP

Cardiac ITP Requirements

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

- **Nutrition Assessment –** *must include info on patient's nutritional habits/diet*
- **Nutrition Plan**
  - Goals
  - Interventions
  - Education
- **Nutrition Reassessment**
- **Nutrition Discharge/Follow-up**

- **Psychosocial Assessment**
- **Psychosocial Plan**
  - Goals
  - Interventions
  - Education
- **Psychosocial Reassessment**
- **Psychosocial Discharge/Follow-Up**

- **Other Core Components/Risk Factors Assessment**
- **Other Core Components/Risk Factors Plan**
  - Goals
  - Interventions
  - Education
- **Other Core Components/Risk Factors Reassessment**
- **Other Core Components/Risk Factors Discharge/Follow-up**

Examples of Cardiac Specific OCC/RF:

Tobacco cessation, hypertension management, lipid management, diabetes management, weight management and any other modifiable CV risk factor

Pulmonary ITP Requirements

- **Oxygen Assessment**
- **Oxygen use & titration Plan**
  - Goals
  - Interventions
    changes in flow rate need to be included
  - Education
- **Oxygen Reassessment**
- **Oxygen Discharge/Follow-up**

- **Exercise Assessment**
- **Exercise Plan**
  - Goals
  - Interventions
    Exercise Prescription including Mode, Frequency, Duration, Intensity, SpO2/Oxygen flow rate
  - Education
- **Exercise Reassessment**
- **Exercise Discharge/Follow-Up**

- **Nutrition Assessment -** *must include info on patient's nutritional habits/diet*
- **Nutrition Plan**
  - Goals
  - Interventions
  - Education
- **Nutrition Reassessment**
- **Nutrition Discharge/Follow-Up**

- **Psychosocial Assessment**
- **Psychosocial Plan**
  - Goals
  - Interventions
  - Education
- **Psychosocial Reassessment**
- **Psychosocial Discharge/Follow-Up**

- **Other Core Components Assessment**
- **Other Core Components Plan**
  - Goals
  - Interventions
  - Education
- **Other Core Components Reassessment**
- **Other Core Components Discharge/Follow-up**

Examples of Pulmonary Specific OCC/RF:

Tobacco cessation, environmental factors, medications – in particular inhaler medications, pulmonary hygiene, altered sleep and prevention management of respiratory infections / exacerbations

2024 Application ITP Highlights

- CR / PR: Nutrition assessment must include documentation of patient's nutritional habits / diet and not just weight/BMI, diabetes or lipids results. (clarified for 2024)
- PR: **prescribed** oxygen flow rate and Sp02 parameters should be included in the exercise prescription and / or the Oxygen Element. The management / titration of the oxygen should be contained in the Oxygen Element (clarified for 2024)
- Physician signature with date from initial assessment and at least every 30 days from last signature
- Must have reassessment data and details about progress towards goals
  - Check boxes such as "On-going, In-Progress and MET" without any detail will be denied
- OCC / RF must be **SPECIFIC** to the program and applicable to the patient

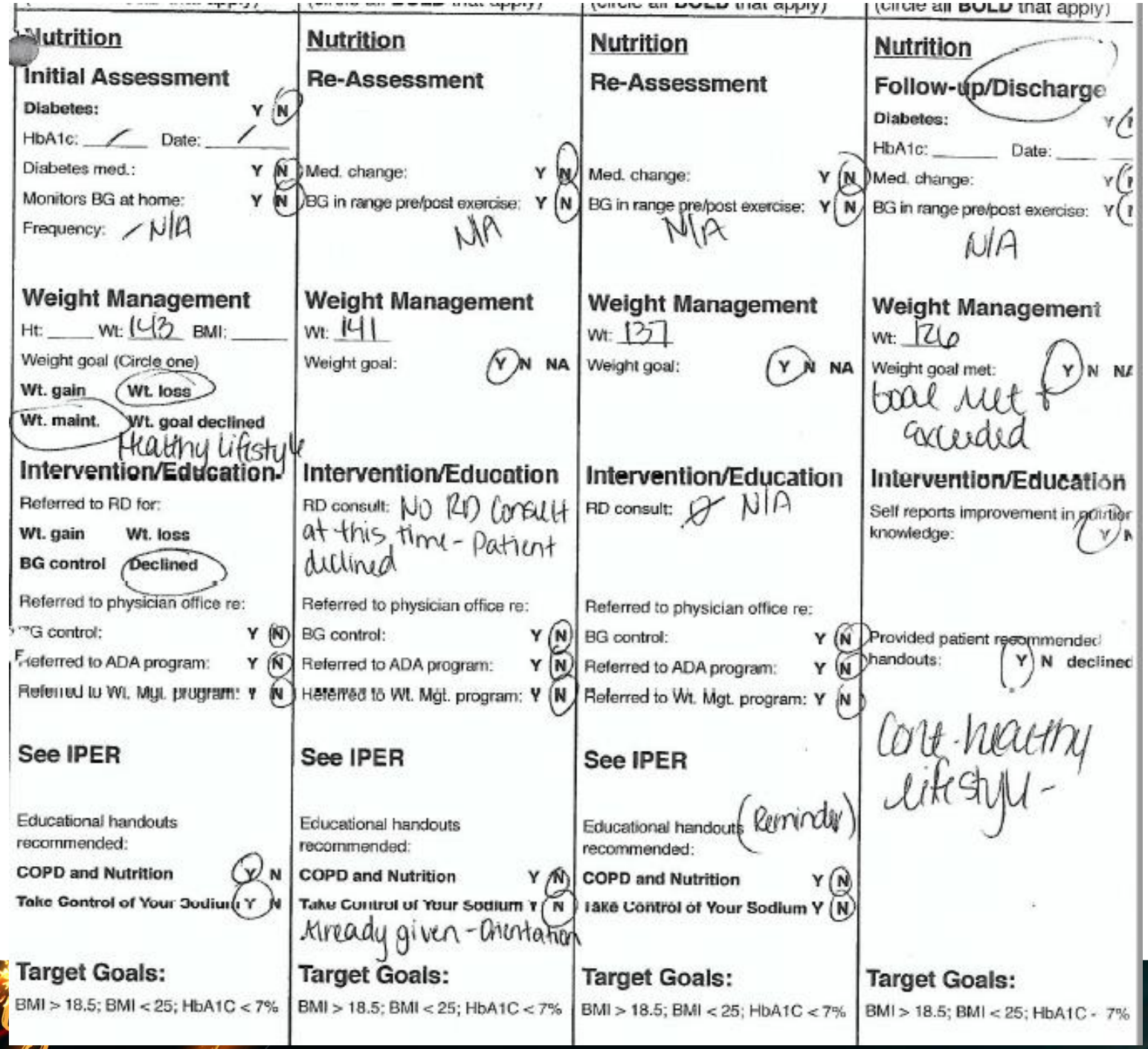
HIPAA VIOLATIONS

- Name
- Date of birth
- Telephone numbers
- Fax numbers
- Electronic email addresses
- Social Security number
- Medical record number
- Health plan beneficiary numbers
- Account numbers
- Certificate and license numbers
- Vehicle identifiers, serial numbers including license plate numbers
- Medical device identifiers including serial numbers
- Internet universal resource locators (URLs)
- Internet protocol (IP) addresses
- Biometric identifiers including fingerprints and voice prints
- Full face photographic images
- Any other unique identifying number, characteristics or code
- All geographic subdivisions smaller than a state, including county, city, street address, precinct, zip code

Individual Treatment Plan Format

- Please note that AACVPR does not endorse any ITP or ITP format published by telemetry or electronic medical record companies

- Your ITP needs to tell the patient's rehab story from initial assessment to discharge from the program. Details are important!



Nutrition

Initial Assessment

Diabetes: Y (N)

HbA1c: ___ Date: ___

Diabetes med.: Y (N)

Monitors BG at home: Y (N)

Frequency: N/A

Weight Management

Ht: ___ Wt: 143 BMI: ___

Weight goal (Circle one)

(Wt. gain) (Wt. loss)

(Wt. maint.) (Wt. goal declined)

Healthy lifestyle

Intervention/Education

Referred to RD for:

Wt. gain Wt. loss

BG control (Declined)

Referred to physician office re:

BG control: Y (N)

Referred to ADA program: Y (N)

Referred to Wt. Mgt. program: Y (N)

See IPER

Educational handouts recommended:

COPD and Nutrition (Y) N

Take Control of Your Sodium (Y) N

Target Goals:

BMI > 18.5; BMI < 25; HbA1C < 7%

Nutrition

Re-Assessment

Med. change: Y (N)

BG in range pre/post exercise: Y (N)

N/A

Weight Management

Wt: 141

Weight goal: (Y) N NA

Intervention/Education

RD consult: NO RD Consult at this time - Patient declined

Referred to physician office re:

BG control: Y (N)

Referred to ADA program: Y (N)

Referred to Wt. Mgt. program: Y (N)

See IPER

Educational handouts recommended:

COPD and Nutrition Y (N)

Take Control of Your Sodium Y (N)

Already given - Orientation

Target Goals:

BMI > 18.5; BMI < 25; HbA1C < 7%

Nutrition

Re-Assessment

Med. change: Y (N)

BG in range pre/post exercise: Y (N)

N/A

Weight Management

Wt: 137

Weight goal: (Y) N NA

Intervention/Education

RD consult: Ø N/A

Referred to physician office re:

BG control: Y (N)

Referred to ADA program: Y (N)

Referred to Wt. Mgt. program: Y (N)

See IPER

Educational handouts recommended: (Reminder)

COPD and Nutrition Y (N)

Take Control of Your Sodium Y (N)

Target Goals:

BMI > 18.5; BMI < 25; HbA1C < 7%

Nutrition

Follow-up/Discharge

Diabetes: Y (N)

HbA1c: ___ Date: ___

Med. change: Y (N)

BG in range pre/post exercise: Y (N)

N/A

Weight Management

Wt: 126

Weight goal met: (Y) N NA

goal met & exceeded

Intervention/Education

Self reports improvement in nutrition knowledge: (Y) N

Provided patient recommended handouts: (Y) N declined

Cont. healthy lifestyle -

Target Goals:

BMI > 18.5; BMI < 25; HbA1C - 7%

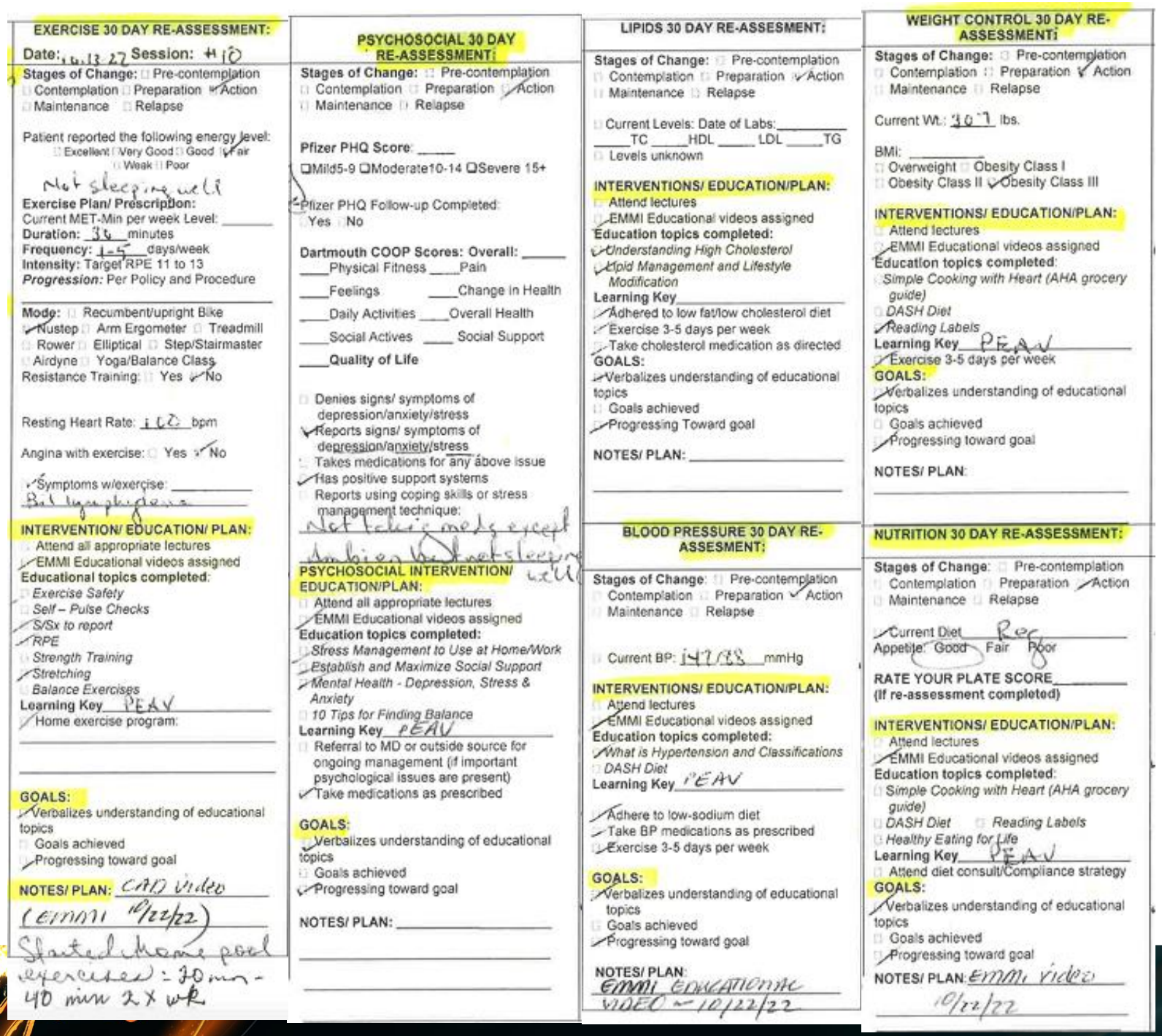
Nutrition

Assessments?

Re-assessments?

Individualized?

Progress to goal?



EXERCISE 30 DAY RE-ASSESSMENT:

Date: 4.13.22 Session: # 10

Stages of Change: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☑ Action ☐ Maintenance ☐ Relapse

Patient reported the following energy level: ☐ Excellent ☐ Very Good ☐ Good ☑ Fair ☐ Weak ☐ Poor

Not sleeping well

Exercise Plan/ Prescription:
Current MET-Min per week Level: _____
Duration: 36 minutes
Frequency: 1-5 days/week
Intensity: Target RPE 11 to 13
Progression: Per Policy and Procedure

Mode: ☐ Recumbent/upright Bike ☑ Nustep ☐ Arm Ergometer ☐ Treadmill ☐ Rower ☐ Elliptical ☐ Step/Stairmaster ☐ Airdyne ☐ Yoga/Balance Class
Resistance Training: ☐ Yes ☑ No

Resting Heart Rate: 102 bpm

Angina with exercise: ☐ Yes ☑ No

☑ Symptoms w/exercise: _____
Bil lymphedema

INTERVENTION/ EDUCATION/ PLAN:
☐ Attend all appropriate lectures
☑ EMMI Educational videos assigned
Educational topics completed:
☐ *Exercise Safety*
☐ *Self – Pulse Checks*
☑ *S/Sx to report*
☑ *RPE*
☐ *Strength Training*
☑ *Stretching*
☐ *Balance Exercises*
Learning Key PEAV
☑ Home exercise program:

GOALS:
☑ Verbalizes understanding of educational topics
☐ Goals achieved
☑ Progressing toward goal

NOTES/ PLAN: CAD video (EMMI 10/22/22)
Started home pool exercises: 20 min - 40 min 2 x wk

PSYCHOSOCIAL 30 DAY RE-ASSESSMENT:

Stages of Change: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☑ Action ☐ Maintenance ☐ Relapse

Pfizer PHQ Score: _____
☐ Mild5-9 ☐ Moderate10-14 ☐ Severe 15+

Pfizer PHQ Follow-up Completed:
☐ Yes ☐ No

Dartmouth COOP Scores: Overall: _____
____Physical Fitness ____Pain
____Feelings ____Change in Health
____Daily Activities ____Overall Health
____Social Actives ____ Social Support
____**Quality of Life**

☐ Denies signs/ symptoms of depression/anxiety/stress
☑ Reports signs/ symptoms of depression/anxiety/stress
☐ Takes medications for any above issue
☑ Has positive support systems
☐ Reports using coping skills or stress management technique:
Not taking meds except Ambien for not sleeping well

PSYCHOSOCIAL INTERVENTION/ EDUCATION/PLAN:
☐ Attend all appropriate lectures
☑ EMMI Educational videos assigned
Education topics completed:
☐ *Stress Management to Use at Home/Work*
☑ *Establish and Maximize Social Support*
☑ *Mental Health - Depression, Stress & Anxiety*
☐ *10 Tips for Finding Balance*
Learning Key PEAV
☐ Referral to MD or outside source for ongoing management (if important psychological issues are present)
☑ Take medications as prescribed

GOALS:
☐ Verbalizes understanding of educational topics
☐ Goals achieved
☑ Progressing toward goal

NOTES/ PLAN: _____

LIPIDS 30 DAY RE-ASSESMENT:

Stages of Change: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☑ Action ☐ Maintenance ☐ Relapse

☐ Current Levels: Date of Labs: _____
_____TC _____HDL _____ LDL _____TG
☐ Levels unknown

INTERVENTIONS/ EDUCATION/PLAN:
☐ Attend lectures
☐ EMMI Educational videos assigned
Education topics completed:
☑ *Understanding High Cholesterol*
☑ *Lipid Management and Lifestyle Modification*
Learning Key _____
☑ Adhered to low fat/low cholesterol diet
☑ Exercise 3-5 days per week
☐ Take cholesterol medication as directed
GOALS:
☑ Verbalizes understanding of educational topics
☐ Goals achieved
☑ Progressing Toward goal

NOTES/ PLAN: _____

BLOOD PRESSURE 30 DAY RE-ASSESMENT:

Stages of Change: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☑ Action ☐ Maintenance ☐ Relapse

☐ Current BP: 147/83 mmHg

INTERVENTIONS/ EDUCATION/PLAN:
☐ Attend lectures
☑ EMMI Educational videos assigned
Education topics completed:
☑ *What is Hypertension and Classifications*
☐ *DASH Diet*
Learning Key PEAV
☑ Adhere to low-sodium diet
☑ Take BP medications as prescribed
☑ Exercise 3-5 days per week

GOALS:
☑ Verbalizes understanding of educational topics
☐ Goals achieved
☑ Progressing toward goal

NOTES/ PLAN: EMMI EDUCATIONAL VIDEO ~ 10/22/22

WEIGHT CONTROL 30 DAY RE-ASSESMENT:

Stages of Change: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☑ Action ☐ Maintenance ☐ Relapse

Current Wt.: 307 lbs.

BMI: _____
☐ Overweight ☐ Obesity Class I ☐ Obesity Class II ☑ Obesity Class III

INTERVENTIONS/ EDUCATION/PLAN:
☐ Attend lectures
☑ EMMI Educational videos assigned
Education topics completed:
☐ *Simple Cooking with Heart (AHA grocery guide)*
☐ *DASH Diet*
☑ *Reading Labels*
Learning Key PEAV
☑ Exercise 3-5 days per week
GOALS:
☑ Verbalizes understanding of educational topics
☐ Goals achieved
☑ Progressing toward goal

NOTES/ PLAN: _____

NUTRITION 30 DAY RE-ASSESSMENT:

Stages of Change: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☑ Action ☐ Maintenance ☐ Relapse

☑ Current Diet Reg
Appetite: Good Fair Poor

RATE YOUR PLATE SCORE _____
(If re-assessment completed)

INTERVENTIONS/ EDUCATION/PLAN:
☐ Attend lectures
☑ EMMI Educational videos assigned
Education topics completed:
☐ *Simple Cooking with Heart (AHA grocery guide)*
☐ *DASH Diet* ☐ *Reading Labels*
☐ *Healthy Eating for Life*
Learning Key PEAV
☐ Attend diet consult/Compliance strategy
GOALS:
☑ Verbalizes understanding of educational topics
☐ Goals achieved
☑ Progressing toward goal

NOTES/ PLAN: EMMI video 10/22/22

Opportunities?

Oxygen Assessment

Date: 5-16-22

RA (O2)
SaO2 @ rest 98% SaO2 w/ambulation 91%
CPAP BiPAP Other

Pulse oximeter: (Y) N

Portable Oxygen Assessment

Type: tank

Setting: (Cont) Pulse
4L
SaO2 @ rest 98% SaO2 w/ambulation 91% ~~95%~~

Patient Assessment

COPD (Non COPD)

Gold Stage:
Occupational History: overnight stocker at Walmart; cook at [redacted]

Smoking History: no - never

Physical Assessment:
Alox3, Skin W/D, PHX. lungs clear to posterior, resps easy on O2 4L. S1-S2 normal no cardiac murmurs. No pedal edema present

UCSD SOBQ 71

Oxygen Use and Titration Plan

5-16-22

Interventions
- [x] Monitor SaO2 and train use of O2 w/ rest and exercise
- [x] Titrate O2 to keep SaO2 ≥ 90%
- [x] Recommend appropriate device settings to patient and physician
- [x] Pulse oximeter instruction and teach patient to check pulse oximetry
- [x] Train in O2 safety
- [ ] Individual education / counseling

Education
O2 Safety / Travel 7/14/22
Lung A/P, Disease Mgmt
Sleep Disorders 8/2/22
Disaster Preparedness - 7/14/22

Goals
- Pt will demonstrate the correct use of pulse oximeter
- Pt will be weaned off O2
- Pt will understand and demonstrate correct use of their O2 tanks

Oxygen Reassessment

Date: 6/14/22 Session: 10

Interventions
- [x] Demonstrated knowledge of O2 with rest/exercise
- [x] Using home/portable O2 as ordered
- [x] Demonstrated knowledge of O2 safety
- [x] Titrate to keep SaO2 ≥ 90%
- [x] Using pulse oximetry
- [x] Individual education/counseling

Goals / Progress to Goals
- Pt is demonstrating proper use of Pulse Oximeter.
- Pt is practicing Pursed LIB to decrease SOB and help keep O2 sats above 90%. Currently needs 3-4L NC.

Oxygen Reassessment

Date: 7/14/22 Session: 19

Interventions
- [x] Demonstrated knowledge of O2 with rest/exercise
- [x] Using home/portable O2 as ordered
- [x] Demonstrated knowledge of O2 safety
- [x] Titrate to keep SaO2 ≥ 90%
- [x] Using pulse oximetry
- [x] Individual education/counseling

Goals / Progress to Goals
- Pt needing 5-6 liters with ambulation and 4L with all other exertional activities.

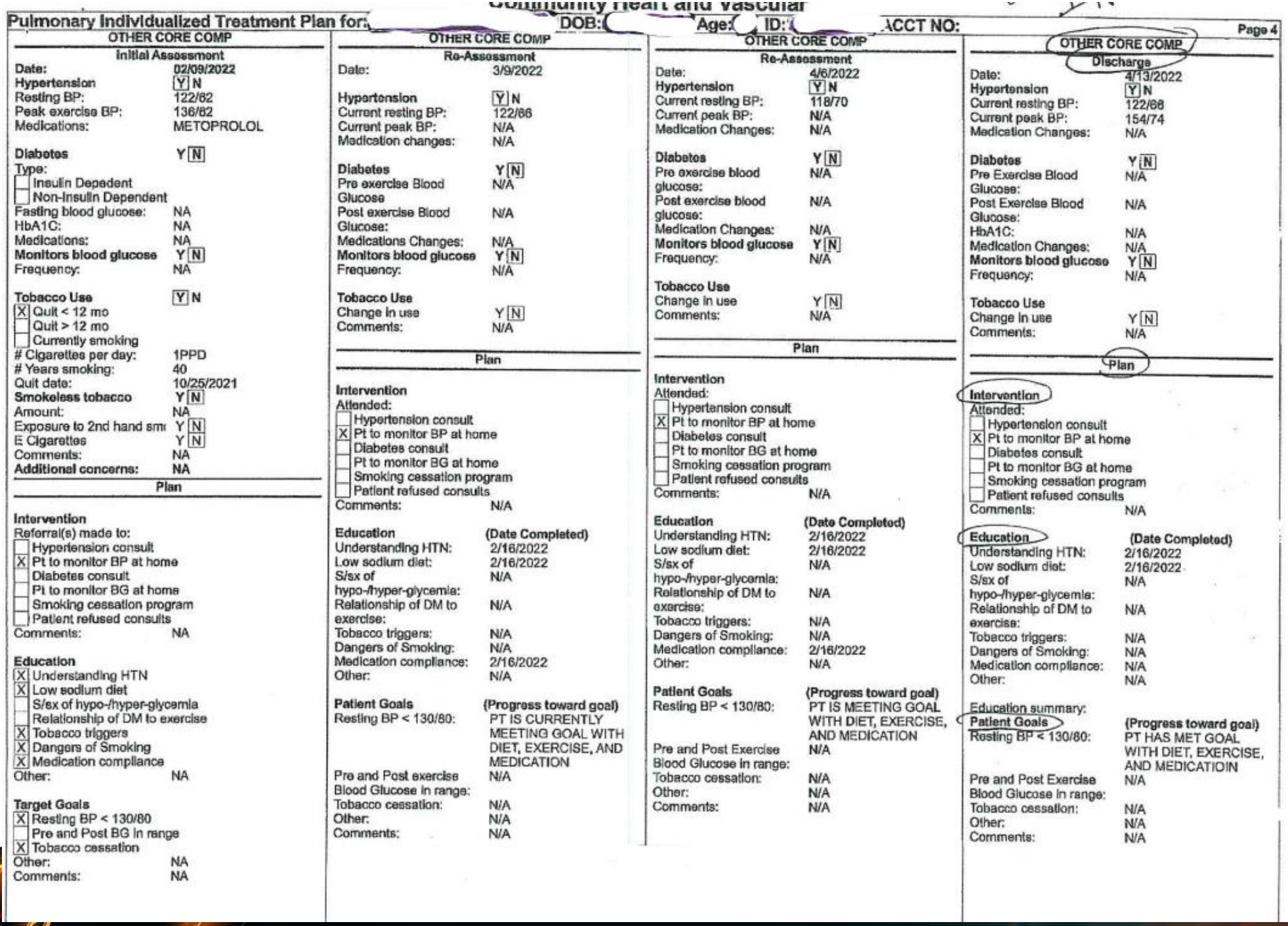
Oxygen Discharge / Follow Up

Date: 8/4/22 Session: 24

Interventions
- [x] Demonstrated knowledge of O2 with rest/exercise
- [x] Using home/portable O2 as ordered
- [x] Demonstrated knowledge of O2 safety
- [x] Titrate to keep SaO2 ≥ 90%
- [x] Using pulse oximetry
- [ ] Individual education/counseling

Goals / Progress to Goals
- Pt using pulse oximeter at home to monitors her Sats. - She is aware of Safe Saturation range.
- Pt has been weaned to RA at rest but does need 4-5L with activities
- Pt has been using O2 tanks correctly

UCSD SOBQ 70



Pulmonary Individualized Treatment Plan for: [redacted] DOB: [redacted] Age: [redacted] ID: [redacted] ACCT NO: [redacted] Page 4

OTHER CORE COMP — Initial Assessment

Date:	02/09/2022
Hypertension	[Y] N
Resting BP:	122/62
Peak exercise BP:	136/82
Medications:	METOPROLOL
Diabetes	Y [N]
Type:	
[ ] Insulin Depedent	
[ ] Non-Insulin Dependent	
Fasting blood glucose:	NA
HbA1C:	NA
Medications:	NA
Monitors blood glucose	Y [N]
Frequency:	NA
Tobacco Use	[Y] N
[X] Quit < 12 mo	
[ ] Quit > 12 mo	
[ ] Currently smoking	
# Cigarettes per day:	1PPD
# Years smoking:	40
Quit date:	10/25/2021
Smokeless tobacco	Y [N]
Amount:	NA
Exposure to 2nd hand sm	Y [N]
E Cigarettes	Y [N]
Comments:	NA
Additional concerns:	NA

Plan

Intervention
Referral(s) made to:
- [ ] Hypertension consult
- [X] Pt to monitor BP at home
- [ ] Diabetes consult
- [ ] Pt to monitor BG at home
- [ ] Smoking cessation program
- [ ] Patient refused consults

Comments: NA

Education
- [X] Understanding HTN
- [X] Low sodium diet
- [ ] S/sx of hypo-/hyper-glycemia
- [ ] Relationship of DM to exercise
- [X] Tobacco triggers
- [X] Dangers of Smoking
- [X] Medication compliance

Other: NA

Target Goals
- [X] Resting BP < 130/80
- [ ] Pre and Post BG in range
- [X] Tobacco cessation

Other: NA
Comments: NA

OTHER CORE COMP — Re-Assessment

Date:	3/9/2022
Hypertension	[Y] N
Current resting BP:	122/66
Current peak BP:	N/A
Medication changes:	N/A
Diabetes	Y [N]
Pre exercise Blood Glucose	N/A
Post exercise Blood Glucose:	N/A
Medications Changes:	N/A
Monitors blood glucose	Y [N]
Frequency:	N/A
Tobacco Use	
Change in use	Y [N]
Comments:	N/A

Plan

Intervention
Attended:
- [ ] Hypertension consult
- [X] Pt to monitor BP at home
- [ ] Diabetes consult
- [ ] Pt to monitor BG at home
- [ ] Smoking cessation program
- [ ] Patient refused consults

Comments: N/A

Education	**(Date Completed)**
Understanding HTN:	2/16/2022
Low sodium diet:	2/16/2022
S/sx of hypo-/hyper-glycemia:	N/A
Relationship of DM to exercise:	N/A
Tobacco triggers:	N/A
Dangers of Smoking:	N/A
Medication compliance:	2/16/2022
Other:	N/A

Patient Goals	**(Progress toward goal)**
Resting BP < 130/80:	PT IS CURRENTLY MEETING GOAL WITH DIET, EXERCISE, AND MEDICATION
Pre and Post exercise Blood Glucose in range:	N/A
Tobacco cessation:	N/A
Other:	N/A
Comments:	N/A

OTHER CORE COMP — Re-Assessment

Date:	4/6/2022
Hypertension	[Y] N
Current resting BP:	118/70
Current peak BP:	N/A
Medication Changes:	N/A
Diabetes	Y [N]
Pre exercise blood glucose:	N/A
Post exercise blood glucose:	N/A
Medication Changes:	N/A
Monitors blood glucose	Y [N]
Frequency:	N/A
Tobacco Use	
Change in use	Y [N]
Comments:	N/A

Plan

Intervention
Attended:
- [ ] Hypertension consult
- [X] Pt to monitor BP at home
- [ ] Diabetes consult
- [ ] Pt to monitor BG at home
- [ ] Smoking cessation program
- [ ] Patient refused consults

Comments: N/A

Education	**(Date Completed)**
Understanding HTN:	2/16/2022
Low sodium diet:	2/16/2022
S/sx of hypo-/hyper-glycemia:	N/A
Relationship of DM to exercise:	N/A
Tobacco triggers:	N/A
Dangers of Smoking:	N/A
Medication compliance:	2/16/2022
Other:	N/A

Patient Goals	**(Progress toward goal)**
Resting BP < 130/80:	PT IS MEETING GOAL WITH DIET, EXERCISE, AND MEDICATION
Pre and Post Exercise Blood Glucose in range:	N/A
Tobacco cessation:	N/A
Other:	N/A
Comments:	N/A

OTHER CORE COMP — Discharge

Date:	4/13/2022
Hypertension	[Y] N
Current resting BP:	122/68
Current peak BP:	154/74
Medication Changes:	N/A
Diabetes	Y [N]
Pre Exercise Blood Glucose:	N/A
Post Exercise Blood Glucose:	N/A
HbA1C:	N/A
Medication Changes:	N/A
Monitors blood glucose	Y [N]
Frequency:	N/A
Tobacco Use	
Change in use	Y [N]
Comments:	N/A

Plan

Intervention
Attended:
- [ ] Hypertension consult
- [X] Pt to monitor BP at home
- [ ] Diabetes consult
- [ ] Pt to monitor BG at home
- [ ] Smoking cessation program
- [ ] Patient refused consults

Comments: N/A

Education	**(Date Completed)**
Understanding HTN:	2/16/2022
Low sodium diet:	2/16/2022
S/sx of hypo-/hyper-glycemia:	N/A
Relationship of DM to exercise:	N/A
Tobacco triggers:	N/A
Dangers of Smoking:	N/A
Medication compliance:	N/A
Other:	N/A

Education summary:

Patient Goals	**(Progress toward goal)**
Resting BP < 130/80:	PT HAS MET GOAL WITH DIET, EXERCISE, AND MEDICATIOIN
Pre and Post Exercise Blood Glucose in range:	N/A
Tobacco cessation:	N/A
Other:	N/A
Comments:	N/A

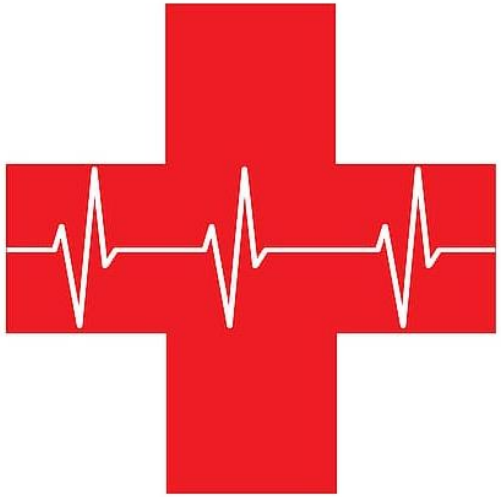
Pulmonary or Cardiac ITP?

Medical Emergencies

Medical Emergencies

For the purposes of AACVPR certification, written **program specific** policies for the following 9 medical emergencies:

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



Medical Emergencies Requirements

- A **department specific policy** addressing all 9 medical emergency conditions. They can be in separate policies for each specific condition or in one combined policy.
- Policies specific to CR/PR program and specific to the role of the CR/PR staff in managing the emergency situation.
- 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.
- Medical emergency policies must be detailed beyond calling 911 or ACLS algorithms
- Policies **must show** that they were in place during or prior to the application year
- If policy refers to hospital-wide policy, submit all related referenced policies. (i.e. Code Blue Policy, Code White Policy)

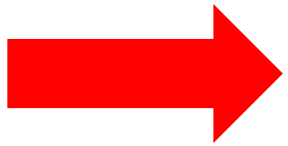
Common Denial Reasons

- Medical Emergency policy does not address from onset to final resolution
- Failure to submit all additional referenced policies
- Failure to submit department policies addressing all nine medical emergencies
- Policy not in effect during or prior to application year
- Submitted policies do not include specific detailed related to the role of the Cardiac Rehabilitation (or Pulmonary Rehabilitation) staff in medical emergency management of all medical emergency conditions
- Submitted policies are ACLS algorithms only

Dates on Policy

Attachments:

Approvals:
CP_P&P Committee: 1/99, 10/99, 11/00, 1/06, 11/10, 11/14, 5/15, 11/16, 2/17, 2/18, 2/18, 6/19, 3/20, 2/21



Effective Date: 1/1/1999

Reviewed Dates: 2/17, 2/18, 6/19, 3/20, 2/21

Revised Dates: 10/99, 11/00, 1/06, 11/10, 11/14, 5/15, 11/16, 2/18

Staff Treatment

Resolution

GUIDELINES: Bradycardia

If patient develops symptomatic bradycardia, 1st CR staff member will:

A. Stop exercise and assist patient to a chair and elevate legs or put on floor in Trendelenburg position and alert other CR staff and supervising MD.
B. 2nd CR staff member will stop exercise session and direct all other pts to another location as soon as possible and remain with them to debrief if the bradycardic pt is markedly symptomatic and medical condition is unstable.
C. 1st staff member will monitor pt's heart rate and rhythm, BP and oximetry. Oxygen at 2-4 L via nasal prong if oxygen sat <90%. 3rd staff member will obtain 12-lead ECG.
D. 3rd CR staff member will attach defibrillator to pt, monitor rhythm and prepare to use external pacing per order/direction of supervising MD.
E. 1st CR staff member will ask secretary to alert EMS if transfer to ER indicated by supervising MD. 1st CR staff member will communicate with ER (via phone or EMR).
F. 1st CR staff member and supervising MD will continue to assess for symptoms of instability or altered mental status, ischemic chest discomfort, heart failure or hypotension. MD will obtain IV access and 3rd CR staff member will prepare to administer meds per supervising MD.
G. Patient will be transferred to ER via EMS.
H. 1st CR staff member or supervising MD will decide who will notify pt's MD and family members.
I. 1st CR staff member will document incident in patient's record.

Acute Dyspnea Management

"**Acute**" = new or different shortness of breath rating ≥ 5 on 1 – 10 scale (5 = severe) for rating perceived dyspnea (RPD)

	During exercise	At Rest
Staff Treatment	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	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
Resolution	↓ 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	↓ 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

Emergency Preparedness

Emergency Preparedness

- For the purpose of AACVPR certification, medical emergency equipment and supplies must be **immediately** available to the Cardiac and Pulmonary Rehab program along with **daily verification of readiness** of the Defibrillator/AED and Portable Oxygen for each day the program is in operation.

- It is acceptable to have additional emergency equipment on the code cart and verified on the daily log, but we are looking ONLY at the readiness for the Defibrillator/AED and Portable Oxygen

Emergency Preparedness Requirements

Part 1: Attestation to having Defibrillator/AED and portable oxygen equipment immediately available (Yes/No Only)

Part 2: Submit one (1) full month's documentation of daily verification of the readiness of the Defibrillator/AED and Portable Oxygen for each day the program is in operation.

- Readiness must be clearly indicated with evidence of testing of the Defib/AED with a specific method of readiness and not just a check mark that it is available.
- Portable oxygen readiness must be clearly indicated with a specific verification of readiness as determined by your facility and not just a check mark that it is available.
- There should be an explanation provided for any missing dates during that month. Those days should be labeled “Closed” or “Not Open for Patients”

Part 3: 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 1/1/2023 through 12/31/23. Submitted in-services may include an education or training session, a mock scenario or a review of an actual emergency. In-services are not competencies.

Common Denial Reasons

- Failure to provide one (1) calendar month's documentation of verification of readiness for Defibrillator/AED and Portable Oxygen
  - Be specific in how your program:
    - Verifies readiness of the Defibrillator/AED (e.g. how do you verify it is ready to use?)
    - Verifies readiness of portable oxygen (e.g. how do you verify tank is ready/appropriate for use?)

- Failure to provide explanation of dates without verification of emergency readiness (ie. "closed" or "holiday" must be written during the month submitted

1 Date	2 Time or N/A	3 Lock intact Yes/No (List Lock #)	4 Sign attached: Scan & Verify Code Status Yes/No	5 Defib. Plugged in. Free of dust and defect Yes/No	6 Defib. Auto Test Per manufacturer Yes/No Manual Test for LIFEPAK Yes/No/NA	7 Defib. Clock Correct time Y/No	8 Unlocked Items: EKG Paper, defib/ pacer pads Yes/No	9 02 tank with psi >1500, regulator, *(List PSI #)*	10 Medication Expiration Date	11 Supply Expiration Date	12 Intubation Supplies Expiration Date (List Lock #) If external N/A	13 RSI meds Expiration Date (List Lock #) If external N/A	14 Comments
6/1/22	0645	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	6/1/22	7/1/22	6/8/22 #4315793	6/8/22 #4315793	
6/2/22	0715	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	6/8/22 #4315793	6/8/22 #4315793	
6/3/22	0645	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	6/8/22 #4315793	6/8/22 #4315793	
6/4/22		Y / N # Cancelled	Y / N	Y / N	Y / N	Y / N	Y / N	#	/ /	/ /	#	#	
6/5/22		Y / N #	Y / N	Y / N Missed	Y / N	Y / N	Y / N	#	/ /	/ /	#	#	
6/6/22	0645	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	6/8/22 #4315793	6/8/22 #4315793	
6/7/22	0722	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	6/8/22 #4315793	6/8/22 #4315793	
6/8/22	0645	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	6/8/22 #4315793	6/8/22 #4315793	
6/8/22		Y / N #	Y / N	Y / N	Y / N	Y / N	Y / N	#	/ /	/ /	7/20/22 #4315593	7/20/22 #4315593	new red box
6/9/22	730	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	7/20/22 #4315593	7/20/22 #4315593	
6/10/22	0645	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	7/20/22 #4315593	7/20/22 #4315593	
6/11/22		Y / N # Cancelled	Y / N	Y / N	Y / N	Y / N	Y / N	#	/ /	/ /	#	#	
6/12/22		Y / N #	Y / N	Y / N Missed	Y / N	Y / N	Y / N	#	/ /	/ /	#	#	
6/13/22	0646	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	7/20/22 #4315593	7/20/22 #4315593	
6/14/22	0715	Y / N #4315594	Y / N	Y / N	Y / N	Y / N	Y / N	# 2000	10/1/22	7/1/22	7/20/22 #4315593	7/20/22 #4315593	

Emergency Preparedness In-Service

In-Service Emergency: Cardiopulmonary Arrest
Date: 11/9/2022
Description:
A mock code was led by the Clinical Education Coordinator. Staff reviewed the department specific policy and procedure prior to the drill. Staff was assigned roles at the beginning of the drill. The drill was a simulation of a patient exercising in Cardiac rehab who experienced cardiopulmonary arrest. Highlights during the code included initiation of early CPR/ Defibrillation, effective handoff to the code team, and staff management of the other participants in the rehab gym. After the drill was complete, the staff debriefed with the education department and the nursing supervisor regarding lessons learned.

Exercise Prescription Policy

and

Oxygen Titration / Management Policy
(PR only)

Exercise Prescription Policy Requirements

- A departmental specific policy that details how an initial exercise prescription for cardiac or pulmonary rehab is developed, modified and advanced toward the patient's goals.
- The policy must contain all required elements of the exercise prescription: **mode, frequency, duration and intensity**.
- Progression guidelines should be included in the policy, but progression is not a required component of the exercise prescription for Program Certification.
- **Pulmonary application must also provide an Oxygen Saturation and Titration Policy**
- Policies must show that they were in place during or prior to the application year.

Oxygen Saturation and Titration Policy Requirements

- Pulmonary Rehab applicants must include a departmental specific policy detailing the assessment and treatment of oxygen saturation at rest **and** during exercise.
- The policy should provide information in relation to de-saturation at rest and during exercise and the specific treatment involved to ensure patient safety and maximal exercise benefit.
- Policy must show that it was in place during or prior to the application year.

Common Denial Reasons

- Missing required components of the exercise prescription – mode, intensity, frequency, duration
- Pulmonary applications must address oxygen titration at rest and during exercise
- Policies must be in effect during the data collection period (1/1/23-12/31/23)

Exercise Prescription Policy

Mode

Intensity

Duration

Frequency

Progression

4. After initial assessment patients will begin warm up. Warm up will consist of low intensity exercise on the patient's initial exercise modality.
5. Exercise modality will be any activity that uses the large muscle groups for a sustained period of time and is considered aerobic in nature. Participants will utilize treadmill, hall walking, exercise bike, upper body ergometer, elliptical trainer, NuStep, Air Dyne, REX,etc. PR participants will be encouraged to utilize upper body ergometer or Nu Step for at least 10 minutes each session.
6. Intensity: as determined by the referring physician using any of the above methods. These methods have been described above.
   A. Cardiac participants - Intensity as determined by any of the above methods, maintaining HR within THR and without increase in cardiac arrhythmias or significant BP abnormalities. A participant's BP will be checked with at least one exercise modality when beginning program. When a participant has demonstrated acceptable BP at rest and with exercise with at least six consecutive exercise sessions, BP will be checked only at rest and if/when assessed necessary. The RPE should fall in the range of 3-4.
   B. Pulmonary participants – Intensity as determined by the referring physician, pulse oximetry > 90% unless otherwise specified by referring physician, RPE 3-4, Dyspnea scale 3-4, or other symptoms. Pulse oximetry will be checked on each exercise modality to maintain oxygenation > 90%. When a patient's pulse oximetry is adequate on the arm ergometer for at least six exercise sessions, pulse oximetry will no longer be assessed on the arm ergometer unless CVPR assess need to measure.
7. Duration: will depend on the participant's individual response and level of conditioning. Duration should be gradually increased from 10 total minutes to 40 minutes, as the functional capacity and clinical status improve. While in the Phase II program, the aerobic exercise time will be 30 - 40 minutes. When working with debilitated participants, interval training may be utilized initially. By increasing exercise time and decreasing rest time, the participant is gradually progressed to continuous training.
8. Frequency: 2-3 exercise sessions per week in addition to a home exercise program are recommended. Phase II is considered to be 3 sessions per week for 6-12 weeks, depending upon status of patient, patient's continued exercise progression and their insurance coverage.
9. Progression: the exercise prescription is adjusted by the CVPR staff under the supervision of the Medical Director using the guidelines of the ACSM and the AACVPR. The THR range will be established as 60-85% of age predicted maximum HR at the initiation of Phase II Cardiac Rehabilitation and documented in the ITP. When the cardiac participant begins to show signs of conditioning, the exercise intensity and duration will be adjusted so that the participant remains within his/her THR. The duration is increased initially prior to gradually increasing the intensity. The participant's RPE must still remain in the 3-4. Cardiac exercise prescription is updated and signed off in the ITP by the Cardiac Medical Director every 30 days. Progression for the Pulmonary participant is adjusted as exercise tolerance increases using the participant's pulse oximetry, RPE of 3-5 and Dyspnea scale of no greater than 3-4.
10. After the desired functional/exercise capacity has been attained, long-term maintenance is the goal of this exercise program.

Oxygen Saturation and Titration Policy

	[redacted]	Effective Date: 06/2020
		Last Review Date: 06/2018
	PULMONARY REHABILITATION POLICY & PROCEDURE	Supersedes Issue of: 06/2016
	Subject: OXYGEN ADMINISTRATION	Page 1 of 1
	Distribution: Fitness Center	
	Responsible Department: Pulmonary Rehabilitation	

POLICY:
To ensure patient safety and improve patient's potential to reach rehabilitation goals, supplemental oxygen may be administered during exercise therapy. The level of oxygen administered is commensurate to the patient's needs during the physical activity.

PURPOSE:
Oxygen shall be administered to an appropriate level during exercise therapy to maintain a SpO2% ≥ 90%.

PROCEDURE:

A. Patient's oxygen level shall be assessed with a pulse oximeter before, during and immediate post exercise therapy.

1. If the patient's SpO2% is ≤ 90% at rest before exercise, titrate O2 in 1/LPM Increments, until resting SpO2 reaches 90% or greater.
2. During exercise, titrate O2 in 1/LPM increments until SpO2% is 90% or greater.
3. Oxygen administration shall be adjusted post exercise to maintain a SpO2% at 90% or greater.
4. High Flow Oxygen Systems: i.e. Venturi Masks and Non-Rebreather are available, if clinically indicated.
5. Oxygen administration (MODE and LPM) shall be documented in the patient's chart at the conclusion of the pulmonary rehab exercise session.

Performance Measures

Why Measure Outcomes?

- Provides objective data regarding program effectiveness
- Identifies areas for Quality Improvement
- Data results used to inform and educate patients, referring physicians and other clinicians, hospital administrators and third-party payers
- Allows for benchmarking results against recognized standards
- Is required for AACVPR program certification

Performance Measures

- **7 Patient-Centered Performance Measures** released in 2018
- **4 Program-Level Performance Measures** released in 2022
- 6 Cardiac Rehab PM's and 5 Pulmonary Rehab PM's
- Each Patient-Focused PM has specific outcome measurement tools that are required for use
- All measures are detailed on the application and were taken directly from the published Performance Measures. https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures
- Data collection for the 2024 application is 01/01/23 – 12/31/23

Cardiac Performance Measures

Patient - Centered Measures:

- Optimal Blood Pressure Control
- Improvement in Functional Capacity
- Improvement in Depression
- Tobacco Use Intervention Performance Measure

Program - Level Measures:

- Enrollment in Cardiac Rehab
- Adherence to Cardiac Rehab

Pulmonary Performance Measures

Patient - Centered Measures:

- Improvement in Functional Capacity
- Improvement in Dyspnea
- Improvement in Health-Related Quality of Life

Program - Level Measures:

- Enrollment in Pulmonary Rehab
- Adherence to Pulmonary Rehab

Functional Capacity Algorithm

CR Functional Capacity Performance Measure Algorithm

Did the patient complete at least 4 weeks of Cardiac Rehabilitation (CR)?
A patient is defined as having completed CR when he/she has undergone a final, formal discharge assessment session and updated treatment plan

- **NO** — Does not qualify for measure
- **YES**

Did the patient complete one of the following at program entry?
- 6 Min Walk Test
- Symptom limited graded exercise test
- Use of exercise device calibrated for accurate estimation of MET levels **

***Use estimated METS from 3rd session*

- **NO** — Does not qualify for measure
- **YES** — Include in the denominator (D)

Did the patient show significant increase in functional capacity at program completion using the same method of measurement as program entry?
Significant increase as defined by the measure is:
- *6MWT increase distance by ≥10%*
- *Graded Exercise Test – increase METS by ≥15%*
- *Estimated Peak MET increase on identical exercise equipment ≥40%*

- **NO** — Do not include in numerator
- **YES** — Include in the numerator (N)

Calculation Instructions

The % of patients who increase their functional capacity after participation in CR = $\frac{N}{D}$ x 100

PR Functional Capacity Performance Measure Algorithm

Does the patient have a primary diagnosis of COPD or ILD?

- **NO** — Does not qualify for measure
- **YES**

Did the patient complete a 6 minute walk at PR program entry and completion?

- **NO** — Does not qualify for measure
- **YES**

Did the patient complete at least 10 sessions of PR within a 3 month period?

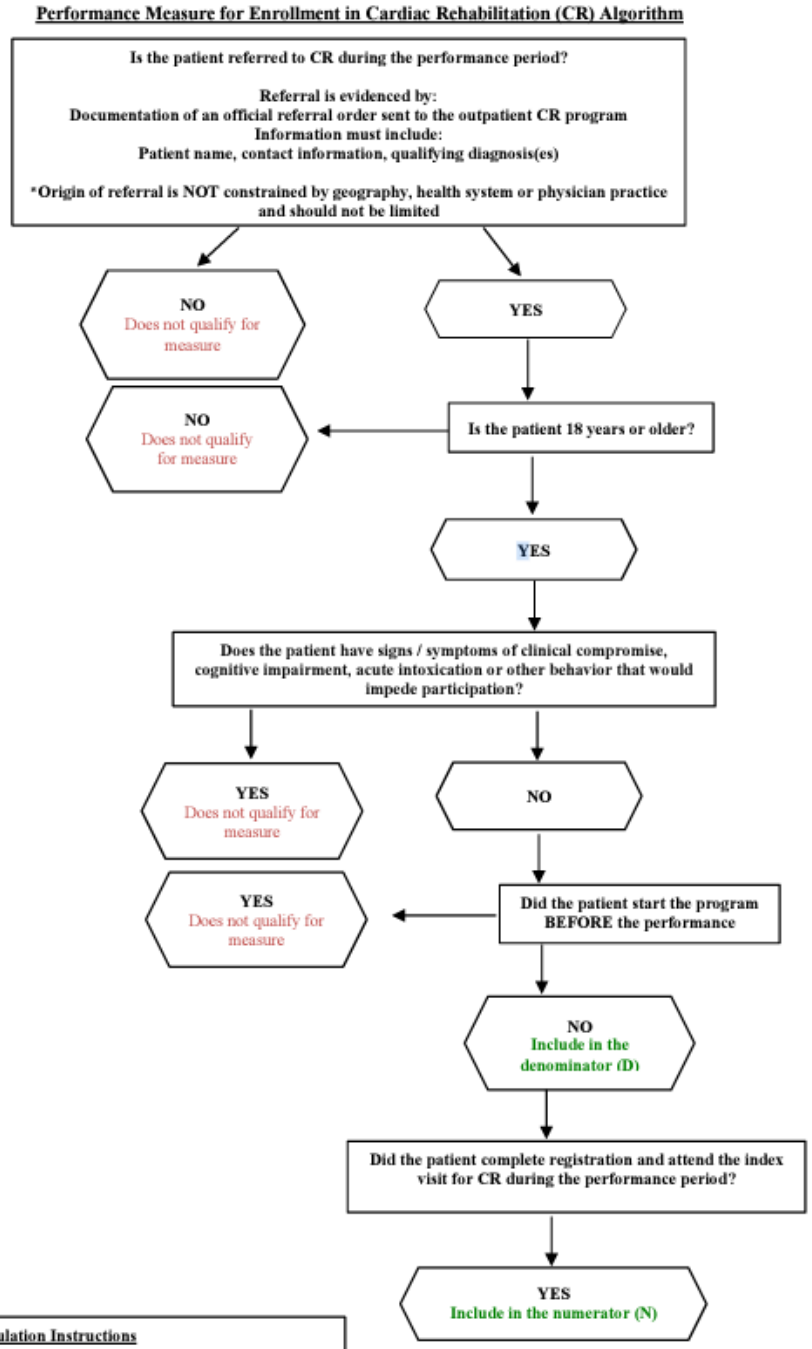
- **NO** — Does not qualify for measure
- **YES** — Include in the denominator (D)

Did the patient improve their 6 minute walk distance by, at least, 30 meters (93.48 feet) – the MCID?

- **NO** — Do not include in numerator
- **YES** — Include in the numerator (N)

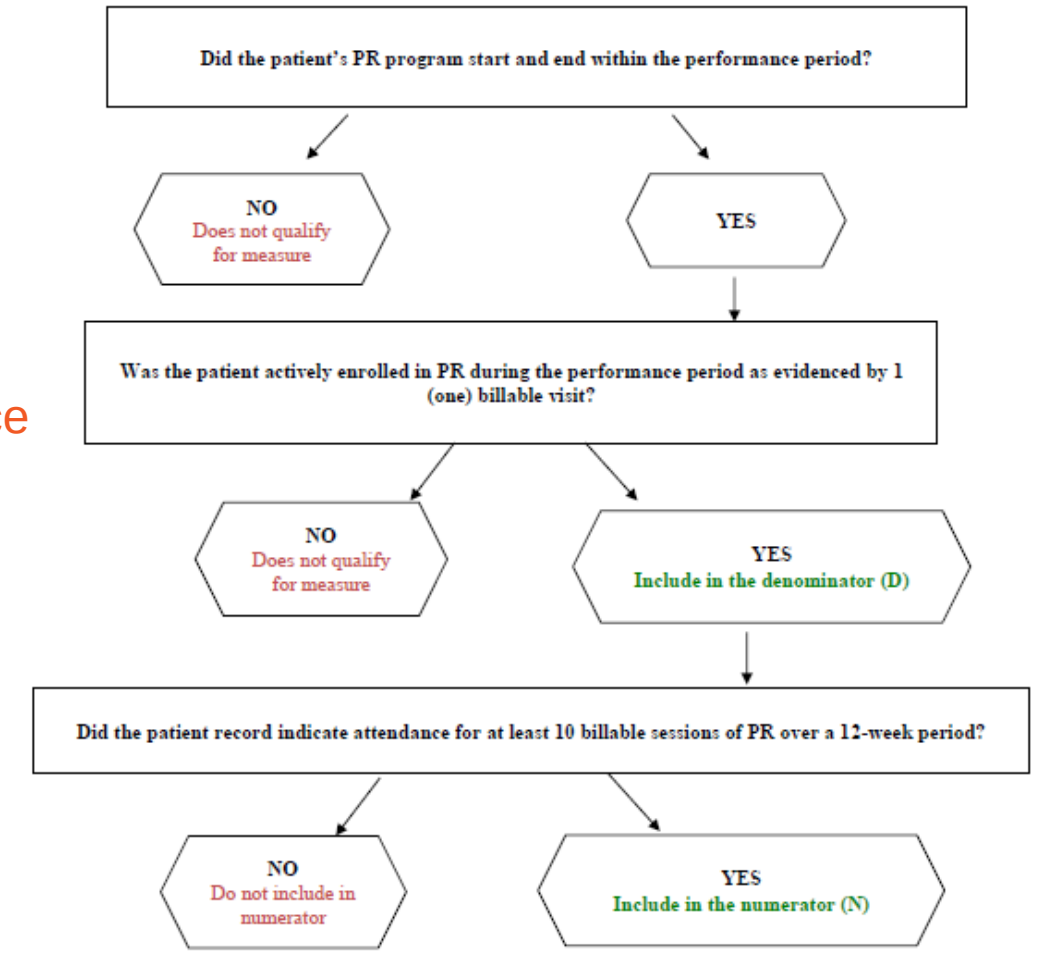
Calculation Instructions

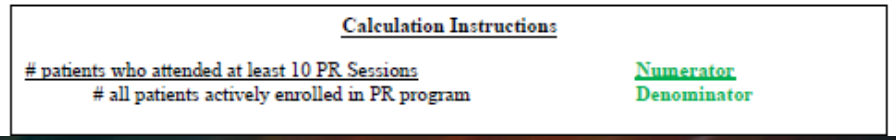
The % of patients with COPD or ILD who improve their 6 minute walk distance by at least 30 meters (93.48 feet) = $\frac{N}{D}$ x 100



Cardiac Enrollment

Pulmonary Adherence





Performance Measures Requirement

- For each patient-centered measure, if applicable, please indicate the tool used.
- Indicate the numerator and denominator for the measure based on the criteria. **All** patients that meet criteria need to be included.
- Calculate the Percent Increase
- “What is ONE change that **your rehab team will implement** to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually work to improve your patient outcomes?”
- The change must be what the CR/PR staff can provide to the patient
- The improvement plan must be specific to the Performance Measure

Performance Measures provide 1 change

- Plan needs to improve the specific performance measure outcome **NOT** just improving your process of collecting the data or changing the tool

- It is acceptable to explain your results, but you still need to provide at least 1 change you can make to improve the performance measure outcomes

Performance Measures Resources

- Performance Resources on Program Certification page of AACVPR Website – full listing of each measure
- Webcasts
- Flow Charts/Algorithms to assist with patient selection
- FAQs Document for the Program-Level Performance Measures
- Data collection for the 2024 Program Certification Application started January 1, 2023 and will end December 31, 2023
- Visit https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures for more information

CMS Attestation

CMS Attestation

All programs must attest to the fact that CMS provisions and regulations over Cardiac Rehabilitation or Pulmonary Rehabilitation are incorporated into the program's practice and are easily accessible to all staff.

Program Certification Primary & Secondary Contacts will need to complete the following attestation:

> I attest that our program follows CMS regulations and is aware of CMS provisions (NCD regulations) over Cardiac Rehabilitation or Pulmonary Rehabilitation and operates according to these regulations

2024 Application Changes Summary Document

TBD

Preparing for Program Certification

- Visit www.aacvpr.org to look at the 2024 Application Draft copies.
- Utilize the Certification FAQ's and resources
- **Carefully read each page of the application**
- Get prepared now and schedule competencies and emergency in-services
- Select an ITP that represents your program and tells the patient's story. The ITP must meet all stated requirements
- All policies must be in place and the date documented on the policy
- Performance Measures: identify the specific tools and practice for each measure and develop a system to track and collect
- Review each page, including uploads, to verify it is clear, labelled and readable prior to submitting your application

Annual Reports

- The **Annual Report** helps ensure each program certified through AACVPR has up-to-date information and tools needed to maintain the current standards required for certification. All programs that are certified and do not actively have an application under review must complete the report.

  The Annual Report process is essential for several reasons, including:

  - To attest to continued compliance with all AACVPR Program Certification requirements
  - To keep AACVPR-certified programs continually aware of the current Program Certification application requirements
  - To provide organizations the opportunity to update demographic and contact information prior to the actual application period. By maintaining current information, AACVPR will be able to communicate effectively with your organization about Program Certification.
  - **2023 Annual Report (Previewing 2024 Application) available March 31 – July 31, 2023**

2023 Annual Report - Updates

- As part of the 2023 Annual Report, all programs will be presented with the full 2024 application including the new pages and requirements.

- Programs will also be presented with the 2024 Application Changes Summary Document and will need to confirm they understand all of the changes made for the 2024 Application.

- **As a reminder, starting with the 2023 Annual Report, programs will need to submit performance measure data as part of the annual report.**

Example of annual report page

2022 Annual Report: Review of 2023 PR Program Certification Application

Annual Report are now available for all active programs, and must be completed by July 31, 2022. For more details, click on the "Show More" button. (show more)

Learning Plan Tasks	Question(s)	Answer 1	Answer 2	
Required				
2023 Pulmonary Page 5 Exercise Prescription Policy	**1:** Does your program have an Exercise Prescription and Oxygen Usage and Titration policy that meets the 2023 Program Certification Application standards?			Review Page •••
Required				
2023 Pulmonary Page 6 Improvement in Functional Capacity	**1:** Is your program collecting the required data, using one of the required assessment tools and following the Performance Measure description/definition outlined in the 2023 Program Certification Application?			Review Page •••
Required				
2023 Pulmonary Page 7 Improvement in Dyspnea	**1:** Is your program collecting the required data, using one of the required assessment tools and following the Performance Measure description/definition outlined in the 2023 Program Certification Application?			Review Page •••

Presentation Take Away's

- Aware of the requirements for Program Certification and that **all** staff should have an understanding of the requirements.
- Value and importance of evaluating program / patient outcomes
- Program certification is an earned honor of excellence

Thank You!