

2025 Program Certification Weekly Reviewer Meeting April 14, 2025

Certification Chair – Julie Dunagan, MS, CCRP, FAACVPR Remediation Chair – Kara Sweere, RN, RCEP, CCRP, FAACVPR Medical Emergency
Question

Reviewer Questions

On the medical emergencies they do not have a plan to resolve if the patient will be discharged home. Their only plan is to send patient to the ED if they code. Should the medical emergency be denied?

Approve – Since all of the emergency policies say "if the patient becomes unresponsive initiate BLS and call 911". This shows that they are transferring patient to higher level of care which qualifies as a resolution.



Improvement in Dyspnea Question

Reviewers Questions

I don't think this implementation mirrors the requirements for improvement in dyspnea. Should this be denied?

2025 Pulmonary Page 7 Improvement in Dys	pnea: Review Page					
Numerator:	21					
Denominator:	3					
Percent Increase:	80.77					
Instructions to Program:	What is CME change that your reliab team will implement to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continuely to work to improve your patient outcomes?					
	Reminder: If your program did not receive 100% on the Performance Measure, it should be clear that your plan is a NEW plan to help increase the patient outcomes.					
Answer:	One change that can which form will implement to increase and precentings in to less of the profess of this can the miRRC AFTES key have done their displayer, in minute with test. by displaying this, the profession will have a cleared used as of where they bill come for excessing, where minimizing where they bill not be middle canks any printers part doubted in the canada which are also as the profession of the canada which are also as the profession of the canada which are also as the canada which will be a so that the canada which will be a so th					
Instructions to Program:	Please indicate which assessment tool was administered by your program.					
	Name Programs may use one or rown assessment tode and did the "results together from the time one tool in used within the program to obtain outcomes. The program contained the thread the results to every found to the contract of the demonstration, and but the results are a subject selfer outcome as a partie quieffer do not appropriate program and the program to the contract of the program in the contract of the program is discipated by a primary program of the program is discipated by a primary program of the program is discipated by a primary program of the program is discipated by a primary program of the program is discipated for 2020.					
Selection:	Modified Medical Research Council Scale (mMRC)					
Reviewer Comments:						
Best Practice:						

Deny – Program doesn't talk about how the patient will improve from beginning to end after completing their 6-minute walk assessments.



Emergency Preparedness Question

I couldn't remember, correct me if I am wrong, but I thought in services are not supposed to be specific to hospital ACLs type information. This program used the same in services for both of their applications. Should this be denied?

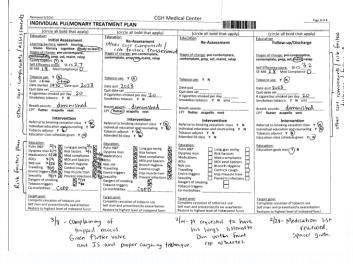
Description

Training components consist of resuscitation techniques, use of AED, review of emergency protocol, and review of roles during a code. All staff members were assigned to different roles during the code and demonstrated a clear understanding of the responsibilities of each role. Aside from in-service mock codes, our health system switched to the Resuscitation Quality Improvement (RQI) program, requiring quarterly skills modules to refresh vital CPR skills.

Approve – Program does denote that "all" staff members were assigned "different" roles during code and demonstrate understand of their responsibilities. Example is of a CR situation and mock code for it.



ITP Question



I have a question regarding this program's core component. They picked smoking cessation for their core component, but it appears that pt quit smoking in 2023. They have indicated > 6months. There is no plan to address this. I was looking for relapse prevention but there is nothing. 30-day ITP just says same as the initial assessment.

Another program also did something similar under core components as well. (I denied that one as pt was not on O2)

What are your thoughts on this? My inclination is to deny this.

Deny - Areas need to be active. Must be a recent occurrence. Also, no progress towards goal or relapse were listed.



Medical Emergency Question

In three of this site's medical emergency in-services (bradycardia and tachycardia), they specifically state the cardiac rehab nurses were trained. Their medical emergency policies discuss roles of RNs and exercise physiologists during the emergencies. Should I assume that both roles are at this site? If we are assuming that both roles are there should the medical emergency inservices be denied because they appear to be for nurses only?

Approve – AACVPR requirements for Medical Emergency In Services <u>do not</u> indicate that all staff have to be present for the in service. They have all the requirements that are necessary for this to pass.



ITP Ouestion

Reviewer Questions

I am reviewing sister programs with 4 sites. Already all 4 were denied for Nutrition staff competency. The questions below are about MD Signatures.

ITP Physician Signatures. Appear on one page it has the dates with signatures: 5/1/24, 7/24/24,8/22 & 9/5/24 - and then it states see below and the 5/28 signature is on another page and then the 6/27 signature is on another page - which looks like a different format. Is that ok?

The same issue with their sister programs ITP. MD signatures are together on same page for 7/11, 8/7,9/4 and 10/23 and then 10/2 is signed on a different format. Is this ok?

Approve – Since the ITPs are still signed by the physician with reassessments it ok for them to be listed in an abbreviated way. It is ok to pass.

Initial	Reassessment	Reassessment	Discharge
Orientation	Session #:30	Session #:46	Satisfaction Score (of
comments:			50): 48
Orientation Complete	Staff comments:	Staff comments:	Session #:54
Orientation staff	Tolerating exercise	Stable rhythm noted	
name: Owen	well with appropriate		Staff comments:
Schoonover	increases: Stable	normal	Stable rhythm noted
Drientation date:	rhythm noted on		on telemetry and
04/30/24	telemetry and normal		normal
New start comments:		well with appropriate	hemodynamics;
Patient tolerated	Helilouyhallilos	Increases	Tolerating exercise
	Staff name: Morgan		well with appropriate
symptoms and	Dubay, CEP	Staff name: Jade	increases
normal	Date: 07/23/24	Surovec, CEP	L
nemodynamics. EKG		Date: 08/20/24	Staff name: Jade
evealed NSR at rest			Surovec, CEP
and Sinus	Physician	I	Date: 09/03/24
Tachycardia with	Feedback:	Physician	
exercise.		Feedback:	
New start staff name:	E2 No changes.		Physician
Anita Simonda, CEP	proceed with rehab.	No changes,	Feedback:
New start date:		proceed with rehab.	
05/09/24	Please	proceed with rende.	No changes.
First billable session)		☐ Please	proceed with
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90-day ITP Reassessment:

Date: 10/2/2024 Based on completed session #50 on 10/2/24

30-day ITP Reassessment: Date: 5/28/2024 Based on last completed session #9 on 5/23/2024 EXECUTION

Patient remained asymptomatic with normal hemodynamics on last sessi

Home exercise plan: No, active around the house and dog walking Current average MET level: 2.35 MET level change %: - 16% Is patient achieving 150 minutes/week of aerobic exercise? No, active around the home Patentison:

Change in weight of 0 lbs from first exercise session
Dietian Consult? Not interested Patient identified goals: Continue to eat low fat/ low sodium PHQ-9 update needed? No If yes: Will have patient complete PHQ-9 at next session, N/a Psychology consult? No Psychology consult? No Change in psych medications? None stated Sufficient support in place? Yes, spouse Core Components: Number of education sessions attended: 4 Complete tobacco cessation? No If no, quit date: No date planned yet Hx of DM I or DM II? No
If yes, is blood glucose self-monitored and well controlled? N/a
Hx of CHF? Yes is CHF well-managed through lifestyle and medication? Yes Staff signature: Alaina M Martin 5/29/2024 60-day ITP Reassessment: Date: 6/26/2024 Based on last completed session #18 on 6/20/24. Exercise:

Patient remained ssymptomatic with normal hemodynamics on last session.

Home exercise plan: No, active around the house and dog walking

Current average MET level: 3.3 Physician Feedback: Physician Signature/Date: No changes Physician Signature/Date: proceed with No changes, discharge. proceed with rehab ☐ Please add/change the Date: 08/07/24 add/change the following: following: Date: 09/04/24 Physician Signature/Date: Physician Signature/Date Date: 10/23/24 Date: 07/11/24

nd Pulmonary Rehabilitation

On this one I have a question if the measures to improve BP and Depression are new. Everything else in this application looks like it meets requirements. I could pass BP because it says, "in addition, staff will..." (that could be taken either way). But everything in depression is current or past tense. Are these things they started since Jan? I'm not sure. Thoughts?

Optimal Blood Pressure Performance Measure

Improvement in Depress
Performance Measure

Answer

While completing the patient's ITP, staff review the patient's blood pressures over the previous 30 days. If elevated (averaging above 130/80), a fax is sent to the patient's physician documenting the elevated trends, and requesting appropriate intervention. If a response is not received after 3 consecutive faxes, the patient's blood pressure trends are shown to the cardiac rehab medical director for further assessment and direction. In addition, staff will review patient's nutrition habits and provide education on low sodium and "DASH" diets.

Answer

If a patient scores an 8 or greater on the initial HADS Questionnaire, the cardiac rehab staff has the patient re-take the HADS questionnaire during every 30-day ITP review to monitor progress or regression in the patient's mental health status and communicates this with the patient's primary care physician (PCP). Along with this patients that score 8 or higher receive a referral to the Mended Hearts support group, which is a support group in Tucson for cardiac patients and their families.

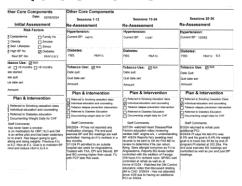
Deny – Only reported things that they are already doing with their patients. Nothing new is being documented for either Blood Pressure or Depression for future changes that will be implemented.

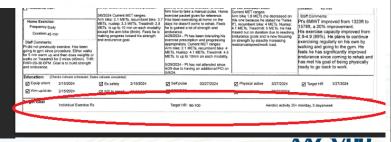


ITP Question

For other core components they picked lipid management, but they don't really talk about lipid management in the other core components section and there are no lipids in the whole document. I also did not see that they used the word goals. The use plan/intervention but not goals. Here is an example:

Deny – Progress towards goals were listed at the bottom of the page. However, there is no initial or reassessment for Hyperlipidemia. Since that is the OCC they selected this page should be denied.







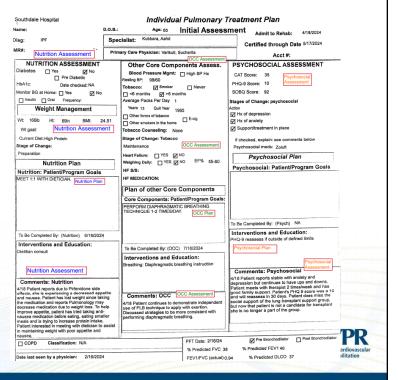
ITP Question

Reviewer Questions

The program has used diaphragmatic breathing as their OCC. As I read through ITP, diaphragmatic weakness is noted. I do not see this as an option though for OCC. Should I deny page?

Also, the Psychosocial plan seems very weak. Is the labeled Psychosocial plan enough or should it be denied?

Deny – This PR program used a CR care plan. The diaphragmatic OCC doesn't qualify as another core component and there also isn't a reassessment for it. Lastly, the psychosocial program goals are completely blank so this should also be denied because they don't have a plan.



Staff Competency Question

On page 1, the Psychosocial Management – the objectives talk all about the PHQ-9 and CAT tests. I do not see that as part of the specific competency objectives. I believe the tool narrative meets requirements of the document though. Should this be denied?

Psychosocial Management

Demonstrate the ability to administer and interpret the results of screening tools used for psychosocial psychosocial management. This presentation addressed screening for and assessment of our program.

psychological distress including depression, and

psychosocial management. This presentation psychological distress including depression, anxiety. anger or hostility, social isolation, marital/family distress, sexual dysfunction, and substance abuse. Staff demonstrated the ability to conduct individual education to address stress management and effective coping strategies, and to be able to recognize need for referral to a physician should screening suggest significant psychiatric issues. Lastly, staff was presented with information to be able to measure the outcome of psychosocial functioning/management at the conclusion of the program. The tool used to assess competency in Psychosocial Management is the Psychosocial Management Knowledge Assessment quiz. A passing exam score 100% is required.

Approve – The competency articles cannot call out all of the specific questionnaires. Since the program uses PHQ9 and CAT which are both surveys that assess psychosocial management this should be approved.



Medical Emergency Performance Measure

Reviewer Questions

It does not seem to me that requirements of resolution for hypertension and hypotension are met. Would you agree and deny page?

procedures for symptomatic bradycardia, hypotension, etc, as maleated.

VII. HYPERTENSION

- A. Check each participant's blood pressure prior to exercising and compare with previous recordings.
- B. If the systolic BP is greater than 180mmHg or diastolic BP is greater than 110mmHg, have the participant sit and recheck the blood pressure in five minutes. If the BP reading remains elevated but stable, the participant should do a slow warm-up and then have BP rechecked.
- C. If the blood pressure remains elevated, hold exercise and refer the participant to his/her physician as appropriate.
- D. During exercise, if a participant's blood pressure exceeds 210mmHg systolic or 110mmHg diastolic, the exercise intensity should be reduced until the blood pressure drops below prescribed limits.
- E. Investigate whether participant is complying with taking medications, following diet, etc.
- F. Notify referring provider of BP trend.

VIII. HYPOTENSION

- A. If systolic BP drops inappropriately, participant should do a one-minute cool down and stop exercising. An inappropriate drop in BP is defined here as a drop greater than 10mmHg w/o a reduction in exercise intensity and with evidence of ischemia or symptoms. (In the absence of symptoms, exercise may continue dependent on the clinical judgement of the professional staff).
- B. Remove the participant from the exercise area if possible.
- C. Place participant in supine position.
- D. Attach telemetry monitor if not already monitored.
- E. Check blood pressure, pulse and cardiac rhythm.
- F. If no response to position change, (SBP remains <90mmHg and/or patient remains symptomatic), call referring provider/CVP Rehab supervising physician and follow orders accordingly.
- G. If participant does respond to the supine position, keep supine until SBP >100mmHg, then gradually assist to sitting position. Continue to carefully monitor BP, pulse and rhythm. Encourage fluids. Notify participant's referring provider of the episode.

Deny – Hypertension policy doesn't state what to do in an emergency situation. Therefore, it should be denied.

Approve – Hypotension policy does state if patient is non-responsive to call MD so this should be approved.



Improvement in Health-Related Quality of Life Performance Measure

Reviewer Questions

The improvement does not mirror the improvement in Health Related QOL would be better suited for improvement in functional capacity. Should this be denied?

Title	2025 Pulmonary Page 8 Improvement in Health-Related Quality of Life
Activity Description	
Selection	COPD Assessment Test (CAT)
Answer	
Numerator	22
Numerator 2	
Denominator	26
Percent Increase	84.62
Answer	One change that our rehab team will implement to help increase our percentage is to start adding functional activities to the home exercise programs that we are giving to our patients. Examples of this are start cilmbing, sit to stand transfers, and supine to it transfers. Proper treating techniques while performing these activities will be emphasized. By adding functional activities to the strengthening exercises that the patients are already performing at home, hopefully we will see an even greater increase in the patients quality of life.

Approve – Part of Quality of Life is being able to do daily activities. This is acceptable and should pass.



Medical Emergency Policy Question

Under Hypertension policy (pages 7 of 32) every other page is upside down, kind of annoying when trying to review. It does not seem like the program brought the topic to resolution. Should I deny this page?

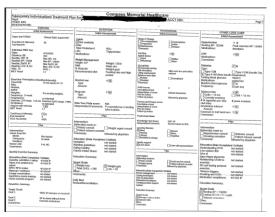
- G. Hypertension
 - Interventions
 - Check patient's blood pressure prior to exercise and compare with previous recordings.
 - If systolic blood pressure >180 mmHg and diastolic >100, have patient sit and recheck blood pressure in five minutes.
 - Patients may not begin or continue with exercise if blood pressure is greater than or equal to 200 mmHg systolic or 110 mmHg diastolic
 - d. If blood pressure remains <200/110, exercise per physician's discretion, and refer to patient's physician when appropriate.
 - e. Investigate patient's compliance with medications and diet.
 - f. Hypertension during exercise:
 - 1. Systolic blood pressure >200, diastolic >110.
 - 2. Exercise intensity will be stopped.
 - 3. Patient evaluation/exercise prescription reviewed/revised.
 - 4. Physician notified as indicated.

Deny – Hypertension policy doesn't talk about emergency situation no escalation to next level or resolution so it should be denied.



ITP Question

I could not find a plan for the original assessment under Nutrition, Psychosocial, Oxygen or Other Core Component. The program says that their OCC medication/inhaler. I can tell from the oxygenation section patient is using an inhaler, but other than the documentation on 4/16 on space use, I do not see it specifically mentioned in any comments. This plan is strange. The oxygenation information they have in the exercise section. I do not see any oxygenation information in this section. I feel like ITP should be denied, just not sure how many areas should be denied.



Deny - There are no assessments done for this patient other than weight. There also is no specific nutrition value listed for the patient. You can pass the psychosocial section since they have a PHQ9/CAT listed and the progress towards goal is good. In the Oxygen area they list do a good job on goals and compliancy with medication. However, medication is only in the oxygen area. Since they used medication as their OCC and there is no progress towards goal or reassessment this also needs to be denied.



Medical Emergency Policy Question

it does not seem to me that Hypertension, hyperglycemia both on pg 3 of 4, and Hypoglycemia pg 4 of 4 policies take all the way to resolution. Should I deny this page??

Deny – Hypertension, Hyperglycemia, and Hypoglycemia policies do not provide complete resolutions on what to do in an emergency situation.

SUBJECT: PULMONARY REHABILITATION EMERGENCY PROTOCOL	POLICY REFERENCE: PR 1008	Page: 3
		Viii Refe

physician and medical director will be notified, staff will record event in untoward event log.

d. Tachycardia-if patient's pre-exercise heart rate is greater than 100 bpm after a period of rest, patient will be placed on a monitor and rhythm identification will be attempted.

i.If heart rate is 100-120 and identified as sinus or another documented rhythm, patient will be assessed for sions and symptoms of instability, altered mental status, hypotension, shortness of breath. If patient is not symptomatic proceed with exercise and continue to monitor for signs and symptoms of instability. Exercise maybe stopped or slowed as appropriate.

ii.If heart rate is greater than 120 but less than 150 or are unable to identify rhythm, assess patient for signs and symptoms of instability, altered mental status, hypotension, or shortness of breath. If patient is not symptomatic, notify referring physician of findings and carry out any given orders. If patient is symptomatic, place patient on oxygen at 2-4 liters per nasal cannula and transfer to the emergency

iii.If heart rate is greater than 150, place patient on oxygen at 2-4 liters per nasal cannula and transfer to the emergency room. Notify referring physician, medical director and record event in untoward event log. iv.Make adjustments to patient exercise prescription as needed for the next exercise session.

e. Bradycardia-if patients pre-exercise heart rate is less than 60 bpm place patient on monitor and attempt rhythm identification.

i.lf rhythm is sinus, junctional, or second degree type one block, assess patient for signs and symptoms of poor perfusion; altered mental status, dizziness, hypotension, chest pain or any signs of shock. If patient is not symptomatic proceed with exercise, continuing to monitor for signs and symptoms of poor perfusion. Get guidelines from the referring physician regarding range of heart rate that is still OK to exercise patient.

ii.If rhythm identified is second degree type II, third degree heart block or if the patient is symptomatic; have patient sit down. Place on O2 at 2-4 liters per nasal cannula. Transfer patient to the emergency room. Notify referring physician, medical director and record event in untoward event log.

f. Hypertension

i. Take patient's blood pressure prior to exercise

ii.If patients SBP is greater than 170 mmHg, have patient sit and rest for 5 minutes.

ii.If patients blood pressure remains elevated, cancel the patient's exercise session and refer the patient to his/her physician as appropriate.

v.Assess patient's medication compliance if applicable

g. Hypotension

i.Places patient in supine position.

ii.Attach cardiac monitor, if not already being monitored.

ii. Assess patient's blood pressure, pulse, and cardiac rhythm.

v.lf systolic blood pressure remains less than 90 mmHg, and patient is symptomatic, patient will be taken to the emergency room.

v.lf patient's blood pressure responds to the supine position, keep patient supine until the SBP is greater than 100 mmHg. Gradually assist patient to a sitting position. Continue to monitor vital signs, encourage fluids, and notify patient's physician.

i.Record event in untoward event log.

h. Hyperglycemia

i.Pulmonary Rehab staff may check a blood sugar on any patient exhibiting signs and symptoms of hyperglycemia.



Emergency Preparedness

Question

Reviewer Questions

I have a quick question regarding the Emergency Preparedness: daily verification of readiness of the defibrillator/AED and portable oxygen. The days that are closed are indicated on the calendar, but the program didn't actually write the date, Without the date, is this a denial?

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date	Date	Date	Date	Date	Date	Date 1
Date Jailent ()	Date 1114	Date 11/5	Date II/Ce	Date 11/7	Date 11/8	Date ANSA
Date_	Date 11/11	Date 11/1/2	Date_1113_ Initials_VL	Date 11 Jan L	Date_11/15 Initials_KH	Mosed
Date Land	Date_[1]/18 tuitlats_KH	Date 1\ 1 19	Date 11/20 Initials KH	Date 11 [2]	Date_11/22 totoon_KH	Date SIC
Date Indians	Date 11/35	Date W/20	Date 11/27 teitlata KH	Days Cold	Bace 11/369 Initials KH	ALVSO Thirties

Deny – No way to verify if the crash cart's oxygen tank is ready for an emergency or if there is oxygen on the cart in cardiac rehab, and no dates are listed for when the program is closed.



Staff Competency Question

Reviewer Questions

My thought was to deny the page but I wanted to double check first. It is due to the psychosocial competency and here is their description:

I felt this did not seem to address any psychosocial components from the core competency document, but does identifying and addressing factors that impact med adherence meet that requirement? Thanks for your help,



Deny – The objectives submitted are not clear enough to the specific competency of psychosocial management. The objective would have worked better for the patient assessment staff competency, as it talks more about medication to therapeutic regimes.



Staff Competency Question

Questions submitted on the call regarding whether an AACVPR course and quiz are acceptable tools for staff competency.

Required

Patient Assessment and Management

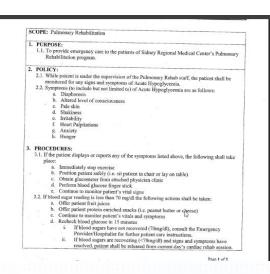
Staff shall identify and care for patient's values preferences and needs. Staff shall clearly communicate with patient and patient family. Staff will obtain an initial interview which will include, pulmonary procedures and events, medical and social history, family and psychosocial history, lab, x-ray, ABG, and PFT results. Staff shall provide a physical examination, and complete an initial iTP.

Approve – Program used AACVPR staff competencies and since we know these course offer a quiz that require a passing score to receive the certificate upon completion, so the tool is ok to pass.



Emergency Preparedness

Question about hypoglycemia submitted during call.

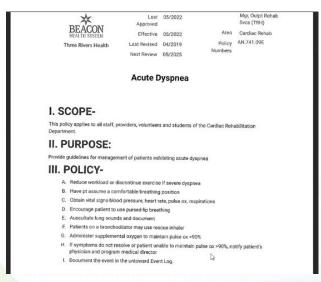


Approve – Policy does indicate resolution to next steps of care for emergency assistance.



Emergency Preparedness

Question about acute dyspnea submitted during call.



Approve – Policy does indicate resolution to next steps under H since it is evident that it is a medical emergency.



Reminder – Timeline for Review

- March 6 Review begins
- April 1 25% complete
- April 15 50% complete
- April 29 75% complete
- May 15 100% complete

June – July 2025 – Chair reviews of denied apps & Board grants final decision for approved programs

August 1, 2025 – Initial review cycle closed and all programs are notified of their status

August – September 2025 – Remediation for denied application begins



Contact Information

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Upcoming Reviewer Q&A Sessions

- April 23, 2025, at 12:00 PM ET/11:00 AM CT/10:00 AM MT/ & 9:00 AM PT
- May 8, 2025, at 2:00 PM ET/1:00 PM CT/12:00 PM MT/ & 11:00 AM PT



