



# **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 Dyspnea Review Page

Numerator:	21
Denominator:	76
Percent Increase:	80.77
Instructions to Program:	<p>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?</p> <p><b>Reminder:</b> If your program did not receive 100% on the Performance Measures, it should be clear that your plan is a <b>NEW</b> plan to help increase the patient outcomes.</p>
Answer:	<p>One change that our rehab team will implement to increase our percentage is to have the patients fill out the mMRC at T30. They have done their discharge 6 minute walk test. By doing this, the patients will have a clearer idea of where they fall on the mMRC scale. For example, when estimating where they fall on the mMRC scale, many patients pick Grade 3 because they don't feel that they can walk 100 yards without stopping to breathe. But when they do their 6 minute walk test, they end up walking further than 100 yards without having to stop for breath at all. By waiting until after they perform the 6 minute walk test, the patient will hopefully give a more accurate score on the mMRC because they will have a better frame of reference.</p>
Instructions to Program:	<p>Please indicate which assessment tool was administered by your program.</p> <p><b>Note:</b> Programs may use one or more assessment tools and add their results together if more than one tool is used within their program to obtain outcomes. The program can calculate the results for each tool used, sum the numerators and the denominators, and submit the results as a single unified outcome to ensure proper representation of the full patient population. If your program is doing this, please do not double-count patients that have scores on multiple assessments. (Clarified for 2025)</p>
Selection:	Modified Medical Research Council Scale (mMRC)
Reviewer Comments:	<input type="text"/>
Best Practice:	<input type="text"/>

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

# Reviewers Questions

## 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

## Reviewer Questions

Revised 9/2020 CGH Medical Center Page 3 of 4

### INDIVIDUAL PULMONARY TREATMENT PLAN

(circle all bold that apply)

Initial Assessment	Re-Assessment	Re-Assessment	Follow-up/Discharge
<b>Education</b> Learning barriers: speech, hearing, vision, literacy, cognitive <b>Circle all that apply</b> Stages of change: pre-contemplation, contemplation, prep, act, maintain, relapse Self-efficacy: <b>SE-C 2.7</b> SE-MB 1.8 Med Compliance <b>0</b> Tobacco use: <b>Y 0</b> Quit date set: <b>2/23</b> # cigarettes smoked per day: <b>20</b> Smokeless tobacco: <b>Y N</b> Breath sounds: <b>diminished</b> CPT: <b>flutter scapula vest</b> <b>Intervention</b> Referral to Smoking cessation class: <b>Y 0</b> Individual education and counseling: <b>Y 0</b> Education class schedule given: <b>Y 0</b> <b>Education:</b> PAIN A&P 2/1 Lung gas exchange Dyspnea man 2/1 Risk factors Medications 2/28 Med compliance ADLs 2/19 MDI and Spacer Neb use 2/19 Bronch hygiene Traveling 2/19 Control cough Sexuality 2/19 Insp muscle train Triggers 2/19 Prevent infection Tobacco triggers <b>0</b> Co-morbidities: <b>COPD</b> <b>Target goal:</b> Complete cessation of tobacco use Self-man and preventions/exacerbation Restore to highest level of independent function	<b>Education</b> Learning barriers: speech, hearing, vision, literacy, cognitive <b>Circle all that apply</b> Stages of change: pre-contemplation, contemplation, prep, act, maintain, relapse Self-efficacy: <b>SE-C 2.7</b> SE-MB 1.8 Med Compliance <b>0</b> Tobacco use: <b>Y 0</b> Quit date set: <b>2/23</b> # cigarettes smoked per day: <b>20</b> Smokeless tobacco: <b>Y N</b> Breath sounds: <b>diminished</b> CPT: <b>flutter scapula vest</b> <b>Intervention</b> Referral to Smoking cessation class: <b>Y 0</b> Individual education and counseling: <b>Y 0</b> Education class schedule given: <b>Y 0</b> <b>Education:</b> PAIN A&P 2/1 Lung gas exchange Dyspnea man 2/1 Risk factors Medications 2/28 Med compliance ADLs 2/19 MDI and Spacer Neb use 2/19 Bronch hygiene Traveling 2/19 Control cough Sexuality 2/19 Insp muscle train Triggers 2/19 Prevent infection Tobacco triggers <b>0</b> Co-morbidities: <b>COPD</b> <b>Target goal:</b> Complete cessation of tobacco use Self-man and preventions/exacerbation Restore to highest level of independent function	<b>Education</b> Learning barriers: speech, hearing, vision, literacy, cognitive <b>Circle all that apply</b> Stages of change: pre-contemplation, contemplation, prep, act, maintain, relapse Self-efficacy: <b>SE-C 2.7</b> SE-MB 1.8 Med Compliance <b>0</b> Tobacco use: <b>Y N</b> Quit date set: <b>2/23</b> # cigarettes smoked per day: <b>20</b> Smokeless tobacco: <b>Y N</b> Breath sounds: <b>diminished</b> CPT: <b>flutter scapula vest</b> <b>Intervention</b> Referral to Smoking cessation class: <b>Y N</b> Individual education and counseling: <b>Y N</b> Education class schedule given: <b>Y N</b> <b>Education:</b> PAIN A&P 2/1 Lung gas exchange Dyspnea man 2/1 Risk factors Medications 2/28 Med compliance ADLs 2/19 MDI and Spacer Neb use 2/19 Bronch hygiene Traveling 2/19 Control cough Sexuality 2/19 Insp muscle train Triggers 2/19 Prevent infection Tobacco triggers <b>0</b> Co-morbidities: <b>COPD</b> <b>Target goal:</b> Complete cessation of tobacco use Self-man and preventions/exacerbation Restore to highest level of independent function	<b>Education</b> Learning barriers: speech, hearing, vision, literacy, cognitive <b>Circle all that apply</b> Stages of change: pre-contemplation, contemplation, prep, act, maintain, relapse Self-efficacy: <b>SE-C 2.7</b> SE-MB 1.8 Med Compliance <b>0</b> Tobacco use: <b>Y 0</b> Quit date set: <b>2/23</b> # cigarettes smoked per day: <b>20</b> Smokeless tobacco: <b>Y N</b> Breath sounds: <b>diminished</b> CPT: <b>flutter scapula vest</b> <b>Intervention</b> Referral to Smoking cessation class: <b>Y 0</b> Individual education and counseling: <b>Y 0</b> Education class schedule given: <b>Y 0</b> <b>Education:</b> PAIN A&P 2/1 Lung gas exchange Dyspnea man 2/1 Risk factors Medications 2/28 Med compliance ADLs 2/19 MDI and Spacer Neb use 2/19 Bronch hygiene Traveling 2/19 Control cough Sexuality 2/19 Insp muscle train Triggers 2/19 Prevent infection Tobacco triggers <b>0</b> Co-morbidities: <b>COPD</b> <b>Target goal:</b> Complete cessation of tobacco use Self-man and preventions/exacerbation Restore to highest level of independent function

3/8 - Complaining of trapped mucus. Given flutter valve and IS and proper coughing technique.

3/14 - pt requested to have his lungs listened to. Dm with faint exp wheezes.

2/28 - Medication list reviewed. Spacer given.

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.**

# Reviewer Questions

## 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 in-services be denied because they appear to be for nurses only?

**Approve – AACVPR requirements for Medical Emergency In Services do not 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 Question





## 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
<b>Session #30</b> Orientation Complete Orientation staff name: Owen Schreiner Orientation date: 8/23/24 New start comments: Patient tolerated exercise well without symptoms and normal hemodynamics. EKG revealed NSR at rest and sinus tachycardia with exercise. New start staff name: Arina Simons, CEP New start date: 8/23/24 (First titable session) <b>Physician Feedback:</b> <input checked="" type="checkbox"/> No changes, proceed with rehab. <input type="checkbox"/> Please add/change the following: <b>Physician Signature/Date:</b>  9/1/24 See 30 and 60 day ITP below	<b>Session #32</b> Staff comment: Tolerating exercise well with appropriate increases. Stable rhythm noted on telemetry and normal hemodynamics. Staff name: Morgan Survee, CEP Date: 07/23/24 <b>Physician Feedback:</b> <input checked="" type="checkbox"/> No changes, proceed with rehab. <input type="checkbox"/> Please add/change the following: <b>Physician Signature/Date:</b>  7/24/24	<b>Session #46</b> Staff comment: Stable rhythm noted on telemetry and normal hemodynamics. Tolerating exercise well with appropriate increases. Staff name: Jade Survee, CEP Date: 08/22/24 <b>Physician Feedback:</b> <input checked="" type="checkbox"/> No changes, proceed with rehab. <input type="checkbox"/> Please add/change the following: <b>Physician Signature/Date:</b>  8/22/24	<b>Session #54</b> Staff comment: Stable rhythm noted on telemetry and normal hemodynamics. Tolerating exercise well with appropriate increases. Staff name: Jade Survee, CEP Date: 09/03/24 <b>Physician Feedback:</b> <input checked="" type="checkbox"/> No changes, proceed with discharge. <input type="checkbox"/> Please add/change the following: <b>Physician Signature/Date:</b>  9/5/24

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

**Exercise:**  
 Patient remained asymptomatic with normal hemodynamics on last session.  
 Home exercise plan: No, active around the house and dog walking  
 Current average MET level: 2.35  
 MET level change %: -15%  
 Is patient achieving 150 minutes/week of aerobic exercise? No, active around the home

**Nutrition:**  
 Patient weight on 5/23/24 was 196 lbs  
 Change in weight of 3 lbs from first exercise session  
 Dietitian Consult? Not interested  
 Patient identified goals: Continue to eat low fat/ low sodium

**Psychosocial:**  
 PHQ-2 update needed? No  
 If yes, Will have patient complete PHQ-2 at next session, N/A  
 Psychology consult? No  
 Change in psych medications? None started  
 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  
 Last BP < 130/80? 120/65  
 Hb of DM or DM IT? No  
 If yes, is blood glucose self-monitored and well controlled? N/A  
 Hb of CHF? Yes  
 Is CHF well-managed through lifestyle and medication? Yes

Staff signature: Abina M Martin  
5/29/2024





**Physician Feedback:**  
 No changes, proceed with rehab

**Physician Signature:**  
  
 5/28/24

60-day ITP Reassessment:  
Date: 6/26/2024 Based on last completed session #10 on 6/20/24.

**Exercise:**  
 Patient remained asymptomatic with normal hemodynamics on last session.  
 Home exercise plan: No, active around the house and dog walking  
 Current average MET level: 3.3  
 MET level change %: +40%  
 Is patient achieving 150 minutes/week of aerobic exercise? No, active around the home

**Nutrition:**

<b>Physician Feedback:</b> <input checked="" type="checkbox"/> No changes, proceed with rehab. <input type="checkbox"/> Please add/change the following: <b>Physician Signature/Date:</b>  Date: 07/11/24	<b>Physician Signature/Date:</b>  Date: 08/07/24	<b>Physician Signature/Date:</b>  Date: 09/04/24	<input checked="" type="checkbox"/> No changes, proceed with discharge. <input type="checkbox"/> Please add/change the following: <b>Physician Signature/Date:</b>  Date: 10/23/24
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90-day ITP Reassessment:  
Date: 10/2/2024 Based on completed session #50 on 10/2/24.

**Exercise:**



## Reviewer Questions

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**

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.

**Improvement in Depress  
Performance Measure**

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.**



# Reviewer Questions

## 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:

Other Core Components	Other Core Components	Other Core Components	Other Core Components
Initial Assessment	Sessions 1-12 Re-Assessment	Sessions 13-24 Re-Assessment	Sessions 25-36 Re-Assessment
<b>Risk Factors</b> <input checked="" type="checkbox"/> Dyslipidemia <input type="checkbox"/> Obesity <input type="checkbox"/> Sex/Lifestyle <input type="checkbox"/> High BP/Ht <input type="checkbox"/> Rest BP/Ht <input type="checkbox"/> N/A	<b>Hyperlipidemia:</b> Current BP: 140/70 <b>Diabetes:</b> FBS: HBA1c:	<b>Hyperlipidemia:</b> Current BP: 110/67 <b>Diabetes:</b> FBS: HBA1c:	<b>Hyperlipidemia:</b> Current BP: 120/62 <b>Diabetes:</b> FBS: HBA1c: 6.5
<b>Medication Use:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 0-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12-18 months <input type="checkbox"/> 18-24 months <input type="checkbox"/> 24-36 months <input type="checkbox"/> 36-48 months <input type="checkbox"/> 48-60 months <input type="checkbox"/> 60-72 months <input type="checkbox"/> 72-84 months <input type="checkbox"/> 84-96 months <input type="checkbox"/> 96-108 months <input type="checkbox"/> 108-120 months <input type="checkbox"/> 120-132 months <input type="checkbox"/> 132-144 months <input type="checkbox"/> 144-156 months <input type="checkbox"/> 156-168 months <input type="checkbox"/> 168-180 months <input type="checkbox"/> 180-192 months <input type="checkbox"/> 192-204 months <input type="checkbox"/> 204-216 months <input type="checkbox"/> 216-228 months <input type="checkbox"/> 228-240 months <input type="checkbox"/> 240-252 months <input type="checkbox"/> 252-264 months <input type="checkbox"/> 264-276 months <input type="checkbox"/> 276-288 months <input type="checkbox"/> 288-300 months <input type="checkbox"/> 300-312 months <input type="checkbox"/> 312-324 months <input type="checkbox"/> 324-336 months <input type="checkbox"/> 336-348 months <input type="checkbox"/> 348-360 months <input type="checkbox"/> 360-372 months <input type="checkbox"/> 372-384 months <input type="checkbox"/> 384-396 months <input type="checkbox"/> 396-408 months <input type="checkbox"/> 408-420 months <input type="checkbox"/> 420-432 months <input type="checkbox"/> 432-444 months <input type="checkbox"/> 444-456 months <input type="checkbox"/> 456-468 months <input type="checkbox"/> 468-480 months <input type="checkbox"/> 480-492 months <input type="checkbox"/> 492-504 months <input type="checkbox"/> 504-516 months <input type="checkbox"/> 516-528 months <input type="checkbox"/> 528-540 months <input type="checkbox"/> 540-552 months <input type="checkbox"/> 552-564 months 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## 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.**

Southdale Hospital

**Individual Pulmonary Treatment Plan**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: 65 Initial Assessment Admit to Rehab: 4/18/2024

Diag: IPF Specialist: Kubbars, Aahd Certified through Date: 5/17/2024

MR#: \_\_\_\_\_ Primary Care Physician: Varikul, Sucharita

**NUTRITION ASSESSMENT**

Diabetes ☐ Yes ☒ No ☐ Pre Diabetic ☐ No

HbA1c: \_\_\_\_\_ Date checked: NA

Monitor BG at Home: ☐ Yes ☒ No

☐ Insulin ☐ Oral Frequency: \_\_\_\_\_

**Weight Management**

Wt: 165lb Ht: 69in BMI: 24.51

Wt goal: **Nutrition Assessment**

Current Diet: High Protein

Stage of Change: Preparation

**Nutrition Plan**

Nutrition: Patient/Program Goals

MEET 1-1 WITH DIETICIAN **Nutrition Plan**

To Be Completed By: (Nutrition) 6/18/2024

**Interventions and Education:**

Dietician consult

**Comments: Nutrition**

4/18 Patient reports due to Pyloric side effects, she is experiencing a decreased appetite and nausea. Patient has lost weight since taking the medication and reports Pulmonary may decrease medication due to weight loss. To help improve appetite, patient has tried taking anti-nausea medication before eating, eating smaller meals and is trying to increase protein intake. Patient interested in meeting with dietitian to assist in maintaining weight with poor appetite and nausea.

☐ COPD Classification: N/A

Date last seen by a physician: 2/18/2024

**Other Core Components Assess.**

Blood Pressure Mgmt: ☐ High BP Hx

Resting BP: 98/60

Tobacco: ☒ Smoker ☐ Never

☐ <6 months ☒ >6 months

Average Packs Per Day 1

Years 13 Quit Year 1985

☐ Other forms of tobacco ☐ E-cig

☐ Other smokers in the home

Tobacco Counseling: None

Stage of Change: Tobacco Maintenance **OCC Assessment**

Heart Failure: ☐ YES ☒ NO

Weighting Daily: ☐ YES ☒ NO EF% 55-60

HF S/S:

HF MEDICATION:

**Plan of other Core Components**

Core Components: Patient/Program Goals:

PERFORM DIAPHRAGMATIC BREATHING TECHNIQUE 1-2 TIMES/DAY. **OCC Plan**

To Be Completed By: (OCC) 7/18/2024

**Interventions and Education:**

Breathing: Diaphragmatic breathing instruction

**Comments: OCC** **OCC Assessment**

4/18 Patient continues to demonstrate independent use of PLB technique to apply with exertion. Discussed strategies to be more consistent with performing diaphragmatic breathing.

**PSYCHOSOCIAL ASSESSMENT**

CAT Score: 35 **Psychosocial Assessment**

PHQ-9 Score: 10

SOBQ Score: 92

Stages of Change: psychosocial

Action

☐ Hx of depression

☒ Hx of anxiety

☒ Support/treatment in place

If checked, explain: see comments below

Psychosocial meds: Zoloft

**Psychosocial Plan**

Psychosocial: Patient/Program Goals

To Be Completed By: (Psych) NA

**Interventions and Education:**

PHQ-9 reassess if outside of defined limits

**Comments: Psychosocial** **Psychosocial Assessment**

4/18 Patient reports stable with anxiety and depression but continues to have ups and downs. Patient meets with therapist 2 times/week and has good family support. Patient's PHQ-9 score was a 10 and will reassess in 30 days. Patient does miss the social support of the lung transplant support group, but now that patient is not a candidate for transplant she is no longer a part of the group.

PFT Date: 2/16/24 ☒ Pre Bronchodilator ☐ Post Bronchodilator

% Predicted FVC 38 % Predicted FEV1 46

FEV1/FVC (actual) 0.94 % Predicted DLCO 37

**PR**  
cardiovascular  
initiation

# Reviewer Questions

## 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?

**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.**

### Psychosocial Management

Demonstrate the ability to administer and interpret the results of screening tools used for psychosocial management. We utilize the PHQ-9 and CAT tests in our program.

Staff viewed a presentation on topics related to psychosocial management. This presentation addressed screening for and assessment of 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.

**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?

- processes or symptoms, or dysrhythmia, hypotension, etc. as indicated.
- 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 stair climbing, sit to stand transfers, and supine to sit transfers. Proper breathing 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 patient's quality of life.

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

# Reviewer Questions

## 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

#### 1. Interventions

- a. Check patient's blood pressure prior to exercise and compare with previous recordings.
- b. If systolic blood pressure >180 mmHg and diastolic >100, have patient sit and recheck blood pressure in five minutes.
- c. 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

## Reviewer Questions

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.**



## Reviewer Questions

### 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
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viii. Referring 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 signs 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 may be 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 room.

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 patient's pre-exercise heart rate is less than 60 bpm place patient on monitor and attempt rhythm identification.

i. If 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 patient's SBP is greater than 170 mmHg, have patient sit and rest for 5 minutes.

iii. If patient's 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. Place patient in supine position.

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

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

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

v. If 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?

• Portable O<sub>2</sub> tank\*\* (see below)  
• Defib pads  
• Ambu bag with O<sub>2</sub> connecting tubing and flowmeter  
\*\* on top of chart

Signature: *R. Hayes, MD*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: 11/1 Initials: KH	Date: 11/2 Initials: KH
Date: 11/3 Initials: KH	Date: 11/4 Initials: KH	Date: 11/5 Initials: KH	Date: 11/6 Initials: KH	Date: 11/7 Initials: KH	Date: 11/8 Initials: KH	Date: 11/9 Initials: KH
Date: 11/10 Initials: KH	Date: 11/11 Initials: KH	Date: 11/12 Initials: KH	Date: 11/13 Initials: KH	Date: 11/14 Initials: KH	Date: 11/15 Initials: KH	Date: 11/16 Initials: KH
Date: 11/17 Initials: KH	Date: 11/18 Initials: KH	Date: 11/19 Initials: KH	Date: 11/20 Initials: KH	Date: 11/21 Initials: KH	Date: 11/22 Initials: KH	Date: 11/23 Initials: KH
Date: 11/24 Initials: KH	Date: 11/25 Initials: KH	Date: 11/26 Initials: KH	Date: 11/27 Initials: KH	Date: 11/28 Initials: KH	Date: 11/29 Initials: KH	Date: 11/30 Initials: KH

Assure 3am automatic defib test says pass on print out. If not, notify Biomed.  
\*\*May not be present on all cars. O<sub>2</sub> if present is full or partial/full

1-RH-03258 Rev. 3/2024

**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.**

## Reviewer Questions

### Staff Competency Question

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,

Required			
Psychosocial Management	Explain the importance of medication adherence in the prevention and treatment of CVD Identify factors impacting medication adherence, including a patient transition from hospital to home Review tools and intervention strategies to enhance medication adherence	pretest, video, post test with 80 % to pass	<div> <div>✓</div> <div>Completed</div> <div>...</div> </div>

**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.**

## Reviewer Questions

### 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.	AACVPR online core competencies with quiz and completed certificate.

**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.**

# Reviewer Questions

## Emergency Preparedness

Question about hypoglycemia submitted during call.

**SCOPE:** Pulmonary Rehabilitation

**1. PURPOSE:**

1.1. To provide emergency care to the patients of Sidney Regional Medical Center's Pulmonary Rehabilitation program.

**2. POLICY:**

2.1. While patient is under the supervision of the Pulmonary Rehab staff, the patient shall be monitored for any signs and symptoms of Acute Hypoglycemia.

2.2. Symptoms (to include but not limited to) of Acute Hypoglycemia are as follows:

- a. Diaphoresis
- b. Altered level of consciousness
- c. Pale skin
- d. Shakiness
- e. Irritability
- f. Heart Palpitations
- g. Anxiety
- h. Hunger

**3. PROCEDURES:**

3.1. If the patient displays or reports any of the symptoms listed above, the following shall take place:

- a. Immediately stop exercise
- b. Position patient safely (i.e. sit patient in chair or lay on table)
- c. Obtain glucometer from attached physician clinic
- d. Perform blood glucose finger stick
- e. Continue to monitor patient's vital signs

3.2. If blood sugar reading is less than 70 mg/dl the following actions shall be taken:

- a. Offer patient fruit juices
- b. Offer patient protein enriched snacks (i.e. peanut butter or cheese)
- c. Continue to monitor patient's vitals and symptoms
- d. Recheck blood glucose in 15 minutes
  - i. If blood sugars have not recovered (70mg/dl), consult the Emergency Provider/Hospitalist for further patient care instructions.
  - ii. If blood sugars are recovering (<70mg/dl) and signs and symptoms have resolved, patient shall be released from current day's cardiac rehab session.


Page 1 of 2

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

# Reviewer Questions

## Emergency Preparedness

Question about acute dyspnea submitted during call.

 BEACON HEALTH SYSTEM Three Rivers Health	Least Approved	05/2022	Mgr, Outpt Rehab Svcs (TRH)
	Effective	05/2022	Area Cardiac Rehab
	Least Revised	04/2019	Policy AN.741.09E
	Next Review	05/2025	Numbers

**Acute Dyspnea**

**I. SCOPE-**  
This policy applies to all staff, providers, volunteers and students of the Cardiac Rehabilitation Department.

**II. PURPOSE:**  
Provide guidelines for management of patients exhibiting acute dyspnea

**III. POLICY-**

- Reduce workload or discontinue exercise if severe dyspnea
- Have pt assume a comfortable breathing position
- Obtain vital signs blood pressure, heart rate, pulse ox, respirations
- Encourage patient to use pursed-lip breathing
- Auscultate lung sounds and document
- Patients on a bronchodilator may use rescue inhaler
- Administer supplemental oxygen to maintain pulse ox >90%
- If symptoms do not resolve or patient unable to maintain pulse ox >90%, notify patient's physician and program medical director
- Document the event in the untoward Event Log.

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





THANK YOU