



# **2025 Program Certification Weekly Reviewer Meeting April 8, 2025**

**Certification Chair – Julie Dunagan, MS, CCRP, FAACVPR  
Remediation Chair – Kara Sweere, RN, RCEP, CCRP, FAACVPR**

# Reviewer Questions

## ITP Question

This ITP will be denied because there is no actual nutrition assessment. However, I am unsure if there are other components that would also be denied. It looks like on the initial assessment exercise, psychosocial, OCC-HTN was not assessed/documented on initial ITP. It is documented on the 30 days ITP. Would this meet requirement. Little documentation/ personalization is done on all ITP's.

**Denied – No initial assessment for nutrition they have goals but not sure how they developed those goals. Also, no psychosocial assessment or plan.**

# Reviewers Questions

## Staff Competency Question

### Psychosocial Management

1. Review PHQ-9 tool and how to score
2. Review the different scoring levels and interventions recommended for each.
3. Discuss the role of grief in response to pulmonary illness and the chronic aspect of disease in relation to loss of health and its impact on self image.
4. Discuss how the individual indicators on the PHQ9 can be used to give insight into behavioral modifications and therapeutic lifestyle changes that would optimize quality of life and overall health.

1. Presentation by Medical Director on the use of the PHQ9 in screening and strategies for using it in the plan of care with emphasis on role of grief, impact on independence and self concept.
2. Discussion of case studies contrasting the presentation of someone scoring 0-4 on the PHQ9 versus someone exhibiting moderate or severe symptoms.

**Q: This seems like it would be appropriate for Psychosocial Management but in looking at the Specific competencies I do not see anything that references using tools such as PHQ-9 or grief for a competency. This surprises me, but should the page be denied do to this? Also, I do not have information that tells us how we know the staff is competent.**

**Deny – Program did not provide any examples of how staff is deemed competent.**

# Reviewers Questions

## Staff Competency Question

### Tobacco Cessation

1. Identify the risks of smoking on the pulmonary, cardiovascular, and other body systems.
2. Recognize the clinical indicators of smoking /tobacco addiction
3. Discuss pharmacological resources and their indicators for smoking cessation
4. Review effective counseling and relapse prevention strategies.
5. Discuss what to expect initially when smoking stops and identify the long term benefits.

Review case study of pulmonary patient who relapsed after being smoke free for 2 years. Discuss importance of establishing a quit date and strategies for effective counseling related to pharmacology, behavioral and emotional interventions to remain smoke free.

**Q: I believe this would be denied because again we are not sure how staff is deemed competent, correct?**

**Deny– The tool does not show how the staff is actually competent.**

**Medical Emergency  
Question**

## Reviewer Questions

Medical Emergencies Policy “provided” is obviously for cardiac rehab. Pulmonary rehab is not mentioned. Application under review is for a pulmonary program. On page 5 of 6 of the policy the program has information for Tachycardia – It does not seem to me the policy discusses resolution by transfer to next level of care of resolution. It does discuss contact supervising physician only. **Is that sufficient or should page be denied?**

Policies also discuss standing orders, but they were not included. I am not sure if the standing orders are only available electronically. **Seems like denial due to not also downloading the standing orders, correct?**

**Approve – Medical Emergency does cover both cardiac and pulmonary rehab (highlighted on first page). Section on Arrhythmias on page 2 refers to calling 911 so answers questions about transfer to next level of care. They also note notifying supervision MD. As for standing order there are instructions to staff in reference to Hypoglycemia.**

# Reviewer Questions

## Program's Functional Capacity Performance Measure Response

In the previous certification we identified the need to switch from a hallway walk to a track pattern to improve the time and distance achieved by making less turns and this has positively impacted our outcomes. However, with staffing changes, we realized that there is inconsistency in the way each one administers the test. To increase consistency and improve our outcome percentage, we will implement a plan to identify the 6MWT as a competency emphasizing the use of the script and procedure to improve reliability and decrease variability. We believe this improvement in uniformity will improve outcomes.

**Q: I have questions about page 6 Improvement in Functional Capacity. It seems like I have heard in the reviewer questions meeting similar responses being denied. Basically, they are trying to be consistent in the test, but I am not sure that will really improve the patient's functional capacity. Should I approve this page?**

**Deny – Program's response only identifies how the staff will improve upon providing the test. It does not identify how the patient's functional capacity will improve.**

# Reviewer Questions

## Program's Improvement in Dyspnea Performance Measure Response

We are encouraged that the score has improved since the last certification, but to continue to increase the percentage we will now complete the discharge questionnaire in the exercise session as opposed to sending it home in the discharge package as is our current practice. We have found that patients tend to forget how they rated the questions when they entered the program and with providing an opportunity to discuss their perceptions of how they feel their symptoms have improved or not and then complete this in the session, we believe the results will be more accurate favorable.

**Q: On page 7 Improvement in Dyspnea – the program is changing their practice of when they give the outcome discharge test. They believe this allows patient to talk about how they completed test initially. Since dyspnea is the patient's perception, they may see improvement in score. Should I approve this page?**

**Deny – In all reality, this is just a survey. If the program is giving consistent instructions that should not impact the actual outcome itself. As those instructions and locations should be standard.**

# Reviewer Questions

## Program's Enrollment Performance Measure Response

Explore opportunities with the Financial Assistance department to assist with the cost of the program to the patient.

**Thoughts on if this would pass? It doesn't help the patient directly and no resources were listed in the answer, but in a way, the resources are implied.**

**Approve – They are trying to provide patients with help with payment to attend rehab. It meets the requirements for the performance measure.**



# Reviewer Questions

## Staff Competency Question

### Would this be considered a tool for Patient Assessment?

Method = CR staff members participated in an in-service session presented by the Zoll representative. The session included “show & tell” handling of the wearable defibrillator device. Emphasis was on staff response if/when the device alarms & prepares to deliver a shock. Tool = upon completion of the in-service, each staff member completed a competency checklist to confirm their readiness to work with patients wearing the LifeVest defibrillator. All staff scored as “Proficient”. No remediation was needed.

**Approve – The program not only talks about a competency checklist, but they denote if staff is proficient and are also thinking about remediation steps if needed.**

# Reviewer Questions

## Staff Competency Question

**Would this be considered a hospital competency for diabetes management?**

WHAT: Use of glucometer for testing pre & post exercise blood sugar levels

WHY: HIGH RISK of diabetic complications if blood sugars not checked correctly. A growing number of our CR patients are also poorly controlled diabetics. Safe blood sugar levels have been established for exercise & need to be followed for patient safety. Objective = Each staff member will consistently test blood sugar levels on diabetic patients pre & post exercise & will enforce high & low cut-off values

HOW: Method = The hospital's diabetic educator set-up the glucometer in cardiac rehab & instructed the CR staff on proper performance the finger-stick procedure. Identification of results that exceed established cut-off values for allowing exercise was emphasized. Tool = Each staff member completed a quiz to document their understanding & a performance checklist was used to confirm direct observation of correct glucometer technique. All passed the quiz & were proficient in glucometer use.

**Approve – They do specify cardiac rehab. They talk about pre and post exercise and cut off values. Objectives line up with core competencies document.**

### Staff Competency Question

#### Blood Pressure Management

**WHAT:** Purposeful Blood Pressure measurement in CR patients

**WHY:** NEW: Updated Guidelines for BP measurement & management were recently released by ACC/AHA. Those Guidelines included renewed emphasis on proper technique for accurate resting BP readings.

**Objective =** Each staff member will consistently demonstrate performance of a purposeful technique for obtaining resting BP values in CR patients at program entry & exit.

**HOW:** Method & Tool = The program manager instructed staff members to review the AHA Checklist for Accurate BP Measurement & later observed each staff member performing initial BP measurement on a new CR patient to assure optimal performance. Subsequently, each staff member completed a competency checklist to document their understanding of the new purposeful technique for BP measurement in the CR setting. All staff were rated as "Proficient" in the BP technique by the manager.

## Would completing a checklist be sufficient?

**Approve – They have more information than just a checklist. They explain how staff understands the test, and how they rate if staff is proficient.**

# Reviewer Questions

**Is this enough information provided on plans for enrollment and quality of life?**

**Program's Enrollment  
Performance Measure  
Response**

Inquire with patients and providers the reasons that they did not start the program. Try to think of other means to help them begin the program.

**Approve – Program says they are going to inquire why patient didn't start the program and try to help solve this problem to help get them started.**

**Program's Improvement in  
Health- Related Quality of  
Life Performance Measure  
Response**

We will work with patients to help identify limiting factors for them. We will work as a team to see if there are other means to assist with increasing their QOL

**Approve – They will work with patients to help with limiting factors, and plan to work with patient to improve those factors to increase their quality of life.**

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and Pulmonary Rehabilitation

# Reviewer Questions

## Medical Emergency Policy Question

Can you assist me with the Medical Emergencies policy?

I am questioning bradycardia, tachycardia and hypotension as there are no clear parameters noted. Is this acceptable?

**Approve – Since they do state the patient is symptomatic and that's when they are implementing their guidelines.**

# Reviewer Questions

## ITP Question

Page 9				FIN: Admitting Dx: AVR		
Other Core Components/Risk Factors	Initial Other Core Components/Risk Factors Assessment	Other Core Components/Risk Factors Plan: Goal/Intervention/Education	30 Day Other Core Components/Risk Factors Reassessment	60 Day Other Core Components/Risk Factors Reassessment	90 Day Other Core Components/Risk Factors Reassessment	Other Core Components/Risk Factors Discharge/Follow-up
<b>HEART &amp; VASCULAR DISEASE/ OTHER</b>						
Other Core Component/ Risk factors Summary: Progress to goal	Reviewed and gave handouts regarding patient specific CVD risk factors of:  Stress Depression HTN Weight Sedentary lifestyle Diet  Reviewed Bleeding Precautions with patient.  Patient is hopeful to be consistently more active in the near future. She currently stays active getting daily movement in amongst keeping up with her kids, grocery shopping, etc. She is currently on 2 meds for BP and would like to have better control of her BP and possibly reduce her need of BP meds.	30 Teach back performed  It would like to work towards a healthier lifestyle.  We discussed and gave handouts regarding modification of CVD risk factors.  Pt made aware of the intelligent Option education provided in the exercise room.  Pt made aware of the education corner with QR codes.	30 Teach back performed  Patient is enjoying CR so far and being in a supervised/friendly setting.  She is taking her medication as prescribed and monitoring her weight at home. Her SBP ranging between 110-130s, and her BP meds remain the same.	30 Teach back performed  Patient states that she has been more active in recent months than she was prior to starting the program. Her Crestor dose has been decreased as she feels it is causing her muscles to feel tight. Patient reports taking her medications as prescribed and denies having questions about them. Over the past month her SBP has ranged from the 110's-130's.	30 Teach back performed  Patient's SBP over the best month has ranged from 110-120s. She remains compliant with meds with no new changes since last month.	30 Teach back performed  Patient is happy with the progression of her exercise and activity level. Her BP continues to be well controlled, and is still on the same BP meds since enrolling in CR.

ITP Other Core Components: For Hypertension they have an assessment of Hypertension but for reassessments they only have what their current BP reading is. There are no goals or follow up to goals that I can see. Should this be denied?

**Approve – On page 9 of the ITP there is a summary of progress toward goals for all of the patients Other Core Components including for Hypertension.**

# Reviewer Questions

## Program's Functional Capacity Performance Measure Response

One change that we will make is to discuss each patient's progress in exercise intensity at each 30 day check-in as an opportunity to educate and promote the importance of improving MET levels to help improve cardiovascular health. Additionally, we will promote interval training, as appropriate, with our patients in an effort to improve their outcomes.

**Do they need to say interval training will be promoted to improve their MET level in order to improve their functional capacity?**

**Approve – They have two plans here, so they are ok to pass.**

## ITP Question

# Reviewer Questions

NUTRITION REASSESSMENT		
Alcohol: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input checked="" type="checkbox"/> none Type Amt:		
Weight Management		
Wt: 102lb	Ht: 61in	BMI: 19.27
Wt goal: 100		Rate Your Plate: 53
Current Diet:		
<input type="checkbox"/> Previous wt. loss attempts		
Nutrition Plan		
<b>Education:</b> Patient educated on portion sizes. 1/3 plate colorful vegetables and leafy greens 1/3 plate protein-rich food 1/3 plate Whole grains, starchy vegetables or fruit.		
<b>Goals and Progression:</b> To improve PYP To prioritize protein To include protein at each meal and snack To gain weight		
<b>Interventions:</b> Provided patient with a "Simple guidance to create your Best plate" pamphlet.		

NUTRITION REASSESSMENT		
Alcohol: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input checked="" type="checkbox"/> none Type Amt:		
Weight Management		
Wt: 107lb	Ht: 61in	BMI: 19.27
Wt goal: 100		Rate Your Plate: 53
Current Diet:		
<input type="checkbox"/> Previous wt. loss attempts		
Nutrition Plan		
<b>Education:</b> Discussed how carbs help to sustain energy and carbs high in fiber, may last longer than other carbs.		
<b>Goals and Progression:</b> To increase fiber intake To include protein at each meal and snack To gain weight  Patient has gained 14 lbs since initial assessment.		
<b>Interventions:</b> Encouraged patient to eat 20-30g of fiber each day from items such as bread, pasta, nuts, seeds, fruits and vegetables.		

Here are a programs 30-day and 60-day reassessments. For the first reassessment they say the patient didn't attend enough sessions to do a reassessment and on the second assessment they don't really show progress towards goals. They only state what their goals are. I would assume this is a denial but want to make sure.

**Approve – The ITP does provide a reassessment: the program provides education to the patient on nutrition. They also provide the patient with plan for increasing weight, and they track the patient's weight gain.**



# Reviewer Questions

## ITP Question

Progression is shown by repeating the 6-minute walk test but then at discharge there are no comments as to whether the patient met, not met or progressed on goals. Under goals it looks like he completed 10 sessions, so he was considered a graduate but then he wants to return to the program. Here is an example:

EXERCISE REASSESSMENT	
Current home exercise: none	
Mode:	Duration:
Frequency:	<input checked="" type="checkbox"/> Sed. Lifestyles
Limitations to exercise:	
<input type="checkbox"/> Compliance with home exercise <input type="checkbox"/> Consistent attendance in pulm. rehab	
<div>Exercise Plan</div>	
<b>Education:</b> Discusses how muscle strengthening reduces a person's ventilatory requirements and lessens the tendency toward breathlessness during exercise.	
<b>Goals:</b> <input type="checkbox"/> become more active <input type="checkbox"/> walk further <input type="checkbox"/> be able to clean her own house	
<b>Interventions:</b> Exercise Prescription:	
Modality: <input checked="" type="checkbox"/> Treadmill <input checked="" type="checkbox"/> NuStep <input type="checkbox"/> Row machine <input checked="" type="checkbox"/> Recumbent/Bike Erg <input type="checkbox"/> Walking track	
<b>Progression:</b> 6 Minute Walk: SpO2 pre:99 SpO2 post: 97 LPM: 2L O2 device: Nasal Cannula RPD: 5 RPE: 5 Distance: 784 Performing this 6 minute walk was harder when compared to the previous assessment.	
<b>Detailed Medications:</b> Alprazolam 0.25mg oral Albuterol 90mcg/inh PRN Trelegy Ellipta 200mcg-62.5 mcg-25mcg QD Atorvastatin 20mg oral Mirtazapine 15mg oral 1 tab	

Approve – The program intertwines progress toward goals and education, but they did reassess the patient. The patient did a 6-minute walk on almost every reassessment and the program makes comments on the patient's progress on that test during each assessment.

# Reviewer Questions

**Program's Improvement In  
Health-Related Quality of Life  
Performance Measure Response**

A change our program plans to make to increase our percentage is to change from the St. George Respiratory Questionnaire to the COPD Assessment Test (CAT.) The CAT format will make it easier for our staff to administer and for the patients to complete. This will help to increase the patient outcomes.

**Is this sufficient?**

**Deny – This is not sufficient. A program cannot simply change their questionnaire for Quality of Life Performance Measure.**

**ITP  
Question**

# Reviewer Questions

**Blood Pressure:** ☒ High BP Hx

Resting:

Exercise:

Adheres to BP Meds?

☐ CHF

EF (%):55

☐ Sleep Apnea

☐ Yes

## Plan for Other Core Components

### Target goals and progression:

Keep SBP <140 DBP < 90

### INTERVENTIONS

Consistent attendance in CR  
Monitor BP in CR and at home  
Med compliance

### EDUCATION

Recommended 150 min of moderate intensity  
exercise weekly performed 5 days per week  
according to AHA guidelines

For their other core component, this program chose "Hypertension management". For their assessment I don't truly see how they assessed the patient because there are no BP readings. I assume this is a denial.

I also was concerned that their BP goal was <140/90 but our performance measure goal by end of rehab is supposed to be less than 130/80. They also had the same resting BP 140/58 for every reassessment and discharge. Just says BPs remained stable at home and in CR but it didn't meet the intended goal, and it never says why or if any additional interventions were given.

**Deny – The program did not address METs, there also is no resting blood pressure on the whole ITP for initial. As for their goal for BP of <140/90 that is not for AACVPR to set, that could be dependent on patient and provider discussions. Advise reviewer to put in their comments that it does meet the minimum requirement for the plan on progress toward goal.**

ITP- Does nutrition and psychosocial have enough on reassessment and discharge-seems sparse on progress to goal.

**Deny - For nutrition there is no plan, no reassessment and no progress towards goal. For psychosocial its should also be denied for not having progress towards goal in their reassessment.**

[illegible]

### Staff Competency Question

# Reviewer Questions

#### Tobacco Cessation

Because many of our pts view vaping as a "healthy alternative" to (QUIT) smoking --we have included this in our smoking cessation education. Unfortunately we have had more than one pt state that their medical Drs. "were okay" with vaping in place of smoking. As we know, vaping can contain varying levels of nicotine, in addition to other (known and unknown) chemicals.

Objectives of this competency were:

Understand various types of vapes and where they can be obtained

Understanding of physical presentation of EVALI (e-cig or vaping use associated lung injury) pts (signs and symptoms)

Understanding treatment of EVALI pts.

Able to educate pts and families on dangers of cigarette smoking, e-cigarettes and vaping.

After completing an article (worth one CEU) there was a 20 question post test. Test must be completed with 90% accuracy or information will be reviewed and test retaken.

**Approve – Programs do not have to list out what is on the competency. That should only be in the objectives. This program does indicate that staff completed post test, and they need 90% to pass. This meets the requirements.**

**Does Staff Competencies tobacco management meet criteria for tool? It doesn't really explain what was on evaluation to determine competency. Was on the fence.**

# Reviewer Questions

## Blood Pressure Performance Measure

Previously, we planned to increase communication with MD regarding out of range BP's and emphasize diet and lifestyle changes to our pts. This clearly did not result in an improvement of pts with optimal BP. There were a multitude of pts that were "very close" to being in the optimal criteria zone—but not completely there yet. We will continue what we have been doing with a NEW focus of medication compliance. Many of our pts "run out" of their meds or have a period of time where they are "waiting on meds to arrive".

Blood pressure perf measure-states going to focus on med compliance but doesn't state how they are going to do that. Is this sufficient?

Approve – The program talks about what they previously did, and they saw what didn't work and created a new plan. The new plan also explains how they will focus on medication compliance.

## Reviewer Questions

### Staff Competency Question

The staff competencies- I can tell what they intend for the objectives, and they meet what is appropriate, but they have it worded more like the tool. The tool then is the test with passing score, including discussion or there were skills check off also on diabetes and at management. I am inclined to pass it but wanted second opinion.

**Approve – The program does indicate their objectives, and they did put them in the correct area. They also go above and beyond by not just doing a check off they have to meet a specific score on a quiz. They meet the requirement.**

#### Diabetes Management

Staff were given information to review regarding the differences between type 1 and type 2 diabetes, fasting and casual BG levels, definitions of hypo- and hyperglycemia, and how to recognize signs and symptoms hypo-/hyperglycemia. Staff then met as a group to discuss information/answer questions. Reviewed departmental policies regarding our defined hypo- and hyperglycemic values, corrective actions, and contraindications to exercise.

Each staff member completed a quiz, with an expected 100% correct answers. One-on-one remediation was provided to staff for any incorrect answers. Staff were also required to complete a check-off station showing proper calibration of the glucometer and proper steps for taking a patient's BS.

#### Required

##### Lipid Management

RD led presentation discussing the definitions and target values of LDL, HDL, VLDL, TG, and non-HDL. Discussed diet and how it can both positively and negatively affect lipid values. Reviewed common medications used by our providers for lipid management and their potential side effects.

Each staff member completed a quiz with an expected 100% correct answers. One-on-one remediation was provided for any incorrect answers.

#### Required

##### Nutritional Counseling

RD led discussion on the role of diet and its impact on CV risk. Reviewed what an ideal diet would look like, discussing total caloric intake, recommended fat and sodium allowances, and limiting refined carbohydrates. Discussed Rate Your Plate and how to interpret results. Reviewed behavioral interventions to help encourage patients to create or maintain healthy dietary choices.

Each staff member completed a quiz with expected 100% correct answers. As a group each question and correct answer was discussed, providing remediation to staff with incorrect answers.

#### Required

##### Weight Management

RD led presentation discussing principles of weight management based on calorie intake/expenditure and fad diets. Discussion of newer medications (GLP-1s) available for weight loss and any potential side effects they may have on cardiac patients. Reviewed proper behavioral interventions when talking about weight loss with patients.

Staff were observed to be able to take an accurate weight, height, waist circumference, and to be able to calculate BMI from gather information. Each staff member completed a quiz with expected 100% correct answers. As a group we then discussed each question and correct answer, providing remediation for staff with any incorrect answers.

## Reviewer Questions

**ITP  
Question**

The exercise prescription does not state specific pieces of equipment for mode (the policy is appropriate and passes). Deny for ex rxn?

Additionally, I feel they are missing reassessment data for nutrition. They state diet consult complete, but no reassessment noted. They do document goal updates so would that count as reassessment?

**Deny - On exercise prescription because they didn't specify which piece of equipment was used in their cardiac rehab. On nutrition reassessment they did indicate patient met with dietician, and they also had goals of classes that were attended. So it meets the criteria to pass for nutrition.**



## Reviewer Questions

### Emergency Preparedness Question

Crash cart checklist: they reference "Doppler" function check once on Mondays and under that daily manual testing procedure completed. I assume they are referencing the defibrillator. They do mention having a Doppler in the side bin of the cart. What do I do with this?

**Approve – Shows they are doing daily manual testing procedures.**

Month OCTOBER 2024 ADULT CRASH CART CHECKLIST Unit CARDIAC REHAB Cart \_\_\_\_\_

Crash carts are checked daily when department open. Return completed monthly forms to unit Director. The crash cart checklists are maintained for 3 years.

Date (include year)	10/1/24	10/2/24	10/3/24	10/4/24	10/5/24	10/6/24	10/7/24	10/8/24	10/9/24	10/10/24	10/11/24	10/12/24	10/13/24	10/14/24	10/15/24	10/16/24
Time																
Initials																
Top of cart: monitor defibrillator with multifunction pads attached, EKG Wires present, portable suction (select carts), clipboard with code blue records (2), Critiques (2), restocking form (2), Cardiopulmonary Emergencies Protocol Adult, and malignant hyperthermia cards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Side of cart: O2 tank (select carts) O2 at >500psi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Back of cart: arrest board (select carts)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Side bins: electrodes (3), multifunction pad, EKG paper (2), BP cuffs (sm, md, lg), doppler/gel (verify expiration date if opened)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Doppler function check (once on Mondays)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daily manual testing procedure completed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check time/date correct	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Upload code data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drawers secured with peg on chain and blue lock tag	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check refrigerator for intubation meds (select areas)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

  

Date (include year)	10/17/24	10/18/24	10/19/24	10/20/24	10/21/24	10/22/24	10/23/24	10/24/24	10/25/24	10/26/24	10/27/24	10/28/24	10/29/24	10/30/24	10/31/24
Time															
Initials															
Top of cart: monitor defibrillator with multifunction pads attached, EKG wires, portable suction (select carts), clipboard with code blue records (2), Critiques (2), restocking form (2), Cardiopulmonary Emergencies Protocol Adult, and malignant hyperthermia cards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Side of cart: O2 tank (select carts) O2 at >500psi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Back of cart: arrest board (select carts)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Side bins: electrodes (3), multifunction pad, EKG paper (2), BP cuffs (sm, md, lg), doppler/gel (verify expiration date if opened)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Doppler function check (once on Mondays)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daily manual testing procedure completed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check time/date correct	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Upload code data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drawers secured with peg on chain and blue lock tag	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check refrigerator for intubation meds (select areas)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Monthly medication expiration date check completed by Pharmacy. Monthly supply expiration date check completed by Distribution.  
Additional forms may be printed from the CentralNet Forms & Documents page and search Crash Cart Checklist under St. Cloud Hospital.

ICU Director

Updated 07/2023

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# Reviewer Questions

## ITP Question

I know we don't look for when MD signed 1<sup>st</sup> session, but is it ok if the initial evaluation was done 7/15 but MD didn't sign until 7/28? They did send a cover letter and also sent what they are calling a shell ITP that is filled out prior to the initial evaluation on 7/10 which the physician signed prior to the patient starting. Looks more like a referral with standing orders to me.

**Approve – ITP signatures are all there and it does meet the MD signature requirements for every 30 days. It just has an odd format.**

# Reviewer Questions

## ITP Question

For the ITP, the physician signature is not on the sent ITP, but a scanned page accompanies each ITP with the acknowledging of the electronically signed ITP. Problem is that you cannot read the scanned copy to identify if is the correct ITP or not. Should this be passed?

**Approve – Program probably used EPIC. Dates scanned do match ITP signatures. Meets requirements.**

# Reviewer Questions

## Staff Competency Question

Exercise Training Evaluation	PowerPoint presentation with objectives for exercise training evaluation given. We discussed, reviewed, and educated the staff in relation to the Specificity, Mode and FITT principle in relation to training Cardiac, and Pulmonary rehabilitation. Resistance Training guidelines discussed with the staff.	A 5--point quiz was administered at the end of the presentation to assess employee understanding. A passing grade of 100% was required. Those that did not get 100% were educated on the ones they missed and why until they could pass the test with 100%.	
Required			
Patient Assessment	Patient assessment was discussed with the staff. The objective of this competency was for the staff to understand how to assess the patient, provide exercise counseling and an exercise prescription. In a PowerPoint presentation we reviewed the specific details in assessing a patient, including setting goals, identifying interventions, and providing education to the patient. We reviewed the Plan of care for the patient and wrote an exercise prescription.	A 5--point quiz was administered at the end of the presentation to assess employee understanding. A passing grade of 100% was required. Those that did not get 100% were educated on the ones they missed and why until they could pass the test with 100%.	

**Approve – Exercise Training meets objectives and tools are also fine.**

**Deny – Patient Assessment does not align with core competencies objectives, but the tools are ok.**

Mixed up competency objectives for Exercise training and Patient Assessment. Should this be denied?

## 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

## Review Team Chair

**Julie Dunagan, MS, CCRP, FAACVPR**  
*Director, Cardiac & Pulmonary Rehab*  
Baylor Scott & White – The Heart Hospital  
[julie.dunagan@bswhealth.org](mailto:julie.dunagan@bswhealth.org)

## Remediation Team Chair

**Kara Sweere, RN, RCEP, CCRP, FAACVPR**  
*Performance Improvement Advisor*  
*Department of Cardiovascular Diseases*  
Mayo Clinic  
[sweere.kara@mayo.edu](mailto:sweere.kara@mayo.edu)

## AACVPR Certification Center

**Kate Maude, Certification Manager**  
[kmaude@aacvpr.org](mailto:kmaude@aacvpr.org)

**Toya Davis, Certification Coordinator**  
[certification@aacvpr.org](mailto:certification@aacvpr.org)



# Upcoming Reviewer Q&A Sessions

- Monday, April 14 at 3:00 pm ET/2:00 pm CT/1:00 pm MT/12:00 pm PT

A group of hands holding up large red letters spelling 'THANK YOU'. The letters are three-dimensional and the hands are visible from the wrist up, holding the letters from behind. The background is white.