The AACVPR Cardiac and Pulmonary Rehabilitation Program Certification process is designed to review programs based on their alignment with the latest evidence-based medicine, expert opinion, current regulations and measurement of individualized patient outcomes.

**AACVPR
Board of Directors**

Program Certification Leadership Team
Chair – Julie Dunagan
Members – Kara Sweere, Jennifer Nagel,
Marion Harris-Barter, Megan James,
Mandy Frickel

Remediation Team
Chair – Kara Sweere

Program Certification Staff
Certification Manager: Kate Maude
Coordinator- Toya Davis

Senior Review Team
Ashley Wishman, Kim Beyer, Susi
Mathis, Mark Stout, Tonja Bell

Program Certification Review Team
Ultimate Goal: At least one highly trained and qualified reviewer from
each state. Currently there are 44 reviewers representing 25 states!

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Application Review Timeline

Reviewer timeline:

March 5 -	Review begins
April 1 -	25% complete
April 15 -	50% complete
April 30 -	75% complete
May 15 -	100% complete

June-July 2026 - Chair reviews of denied apps & Board

grants final decision for approved programs

August 1, 2026 - All programs are

notified of their status

August-October 2026 – Remediation for Denied Applications

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Application Assignments

- **724** applications submitted
  - **495** Cardiac Applications
  - **229** Pulmonary Applications

- Each reviewer will be assigned approximately 18-20 applications to review

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Review Queue

Applications assigned for your review can be found here. Please click the Filter button to see them. After your review is complete, you will no longer have access to the application here. But you can still view applications you have reviewed in the Read Only Queue.

If you were a reviewer last year, you can see charts showing a summary of your assessment compared to the final Chair assessment on this Dashboard.

You can also see a report of Pages Where Chair Changed My Decision.

Program Type:
All

Application:
All

Points:
[ ] and [ ]

AACVPR ID:
[ ]

Step:
All

Submitted Between:
MM/DD/YYYY and MM/DD/YYYY

Facility:
[ ]

1.
Status:
My Inbox

Cycle Start:
MM/DD/YYYY and MM/DD/YYYY

Advanced Search Filters

Clear   **2.** Search

Showing Records 1 to 1 of 1 Select All 1 Records

3.

		AACVPR ID ↑	Facility	Application	Submitted On	Current Reviewer			
⊕	☐	230972	Test Facility 1	2022 Cardiovascular Certification Application	2/23/2022	Susi Mathis (6555)	View	Review Status	▦

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✅ 🔒 Page Completion

You will be required to complete each page listed below prior to submitting your full application.

To edit a page after submitting it, please click on the "..." button to the far right of the page name, and then select the "Edit" option from the drop-down list.

Learning Plan Tasks	Completion Date

Required

2022 Cardiac Page 1 Program Staff and Competencies   **Review Page** •••

Required

2022 Cardiac Page 2 Individualized Treatment Plan   **Review Page** •••

Required

2022 Cardiac Page 3 Medical Emergencies   **Review Page** •••

Required

2022 Cardiac Page 4 Emergency Preparedness   **Review Page** •••

Required

2022 Cardiac Page 5 Exercise Prescription Policy   **Review Page** •••

Required

2022 Cardiac Page 6 Improvement in Functional Capacity   **Review Page** •••

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Instructions to Program: Have you added all staff and submitted competencies that align with the required resource document?

Answer: Yes

Reviewer Comments:

Best Practice:

Denial Reasons Possible:

- Each competency submitted is not specific to the Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals (http://journals.lww.com/jcrjournal/Fulltext/2014/09000/Clinical_Competency_Guidelines_for_Pulmonary.1.aspx).
- Objectives do not demonstrate what is to be learned or do not align with the knowledge and skills in the Clinical Competencies article. (Clarified for 2025)
- Competency tool or method used for assessment simply states "return demonstration/ check-off station" or "post test" without additional information included.
- Submitted competencies are general in nature only - i.e. general hospital in-services or required education emergency or safety in-services such as fire drills infection control safety inspections or health and safety reviews.
- Submitted competency or competencies do not demonstrate how staff are competent in the required area(s).
- Submitted competencies do not match the professional/clinical staff who provide direct and primary patient care and directly report to the pulmonary rehabilitation program director/coordinator/manager as listed on the Staff Roster.
- PR Staff member listed to have the PR Certificate has already used the PR Certificate to bypass competencies or did not complete the PR Certificate in the allowed timeframe of January 1, 2022 – December 31, 2024.

Denial Reasons:

Select Initial Denial Reasons

Finish Later   Cancel   Denied   Approved

Key Expectations

- **Communication**
  - With program certification chairs
  - Program certification coordinator and support staff
  - Weekly reviewer calls
  - No communication with the applicant program

- **Timeliness**
  - Try to start and complete one-two application(s) at a time.
  - Try to complete every open application within 1-2 weeks
  - Stay aware of your timeline

  *Submit questions to certification@aacvpr.org

Key Expectations

- **Objectivity**
  - Review application for <u>completeness</u> and confirm that the documents submitted meet the <u>required elements</u> requested
  - **Reviewer Application Score Sheet** – Use as a tool to keep on task
  - The "**Reviewer Notes**" box:
    - use for notes as to WHY the page was denied. (Not visible to the applicant).
    - If the application met the bare minimum, please note/explain in the "reviewer notes" box.
  - Use "Best Practice" comment box and explain "why" in the Reviewer Comments box
  - DO NOT rate <u>quality</u> of documents. Is the requirement there or not?

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Key Expectations

The Review Process

- Have the **CR / PR applications** and **Core Competencies articles** available for resources as you review each program.

- Consistency is extremely important between reviewers to assure the validity of the process

- **Reviewer Application Score Sheet** – Use as a tool to keep on task

- The "**Reviewer Notes**" box - use for reminder notes as to WHY the page was denied. (Not visible to the applicant) Specific details are helpful for when we review denied pages during the Chair Review process.

- Applications may be reviewed by multiple reviewers in order to perform inter-rater reliability testing (**IRR**)

- Call or email the Certification Center with any *questions* (process or technical)

- Put radar up if you review *sister program* or Pulmonary/Cardiac Program (Red flag and Reviewer Notes comment)

- Contact the Program Certification Manager if a program assigned to you in your own state or you have personal connection with the program

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Inter-Rater Reliability

Inter-rater reliability (IRR) measures are utilized in the certification process to assess the degree to which different Program Certification Reviewers give consistent evaluations of the same application. This strengthens the certification process and helps assure reliability of the review. Application review includes 3 distinct review processes:

1. Primary review - Each application is reviewed by Program Certification Committee reviewer.

2. IRR Testing - 5-10% of all applications are randomly reassigned to a second Program Certification reviewer

3. Denial Application review - All programs denied during primary or IRR review process are reviewed by the program certification leadership team, prior to final decision of denial.

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2026 Application

- Staff Competencies
- Individual Treatment Plan (ITP) including Exercise Prescription
- Medical Emergencies
- Emergency Preparedness
- Exercise Prescription Policy and Oxygen Titration Policy
- Performance Measures (Patient Measures & Program Measures)

The data collection period is Jan 1, 2025 – Dec 31, 2025

If any dates appear outside of this range – deny the page.

Make sure to verify that dates in the ITP PDF match the dates submitted in the platform.

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Staff Competencies Requirements

- Four assessed competencies for each staff member **specific** to the published Core Competencies for Cardiac or Pulmonary Rehabilitation articles

- Competencies must be assessed for all professional/clinical staff who provide direct patient care, **including** Program Directors.

- Please note: CCRP Certification is recognized as evidence of professional competency in the Cardiac Program Certification application and all CCRP-certified staff will be exempt from the requirements above.

  - Staff using CCRP Certification to bypass the staff competencies will need to enter in their CCRP Expiration Date

  - **2026 Verification Process:** AACVPR staff will verify all CCRPs during the early stages of the Program Certification process. If any individuals are not found to have an active CCRP Certification, we will reach out to the assigned reviewer to deny the page.

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Staff Competencies Requirements – PR Certificate Holders

- **Please note:** Pulmonary Certificate Holders is recognized as evidence of professional competency in the Pulmonary Program Certification application and PR Certificate staff will be exempt from the requirements above.
  - Staff using the PR Certificate Course to bypass the Staff Competencies will need to enter the completion date of their Pulmonary Certificate course
  - The course can only be used for 1 program certification application.
  - The course must have been completed between January 1, 2023 – December 31, 2025 (within the certification window for programs recertifying.)

  2026 Verification Process: AACVPR staff will verify all PR certificates during the early stages of the Program Certification process. If any individuals are not found to have the PR Certificate, we will reach out to the assigned reviewer to deny the page.

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Program Staff Roster

Core Competencies Articles

Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals: 2010 Update

POSITION STATEMENT OF THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

Larry F. Hamm, PhD, FAACVPR, Chair; Bonnie K. Sanderson, PhD, RN, FAACVPR; Philip A. Ades, MD, FAACVPR; Kathy Berra, MSN, ANP, FAACVPR; Leonard A. Kaminsky, PhD; Jeffrey L. Roitman, EdD; Mark A. Williams, PhD, FAACVPR

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

KEY WORDS

cardiac rehabilitation

core competencies

secondary prevention

Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals

POSITION STATEMENT OF THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

Eileen G. Collins, PhD, RN; Gerene Bauldoff, PhD, RN; Brian Carlin, MD; Rebecca Crouch, PT, DPT; Charles F. Emery, PhD; Chris Garvey, FNP, MSN, MPA; Lana Hilling, RCP; Trina Limberg, BS, RRT; Richard ZuWallack, MD; Linda Nici, MD

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

KEY WORDS

competence

pulmonary rehabilitation

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

The authors declare no conflicts of interest.

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Core Competencies - Cardiac

- Patient assessment

- Nutritional counseling

- Weight management

- Blood pressure management

- Lipid management

- Diabetes management

- Tobacco cessation

- Psychosocial management

- Physical activity counseling

- Exercise training evaluation

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Core Competencies - Pulmonary

- Patient Assessment and Management
- Dyspnea Assessment and Management
- Oxygen Assessment and Management
- Collaborative Self Management
- Adherence
- Medications/Therapeutics

- Diseases Not Related to COPD
- Exercise Testing
- Exercise Training
- Psychosocial Management
- Tobacco Cessation
- Emergency Responses for Patients and Program Personnel
- Universal Standard Precautions

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✅ 🔒 Competencies

Document Each Competency Listed Below. For the 2021 Program Cert Application, the data collection period is January 1, 2020 - February 28, 2021.

CCRP EXEMPTION: CCRP Certification is recognized as evidence of professional competency in the 2021 Program Certification application, and all CCRP-certified staff are exempt from the competency assessment requirements below. However, the required information must still be submitted for all staff who are not CCRP certified. (show more)

Competency	Objectives	Tools		
Required				
Diabetes Management	1) Demonstrate understanding of pathophysiology of Type I and Type II Diabetes 2) Demonstrate understanding of micro vascular and macro vascular complications of Diabetes. 3) Demonstrate understanding of relationship between metabolic syndrome and heart disease. 4) Demonstrate understanding of steroid induced hyperglycemia on heart and lung transplant patients and impact on individual treatment plan (ITP). 5) Demonstrate understanding of educational component to Cardiac and Pulmonary Rehab individual treatment plans (ITP).	• Staff completed a quiz (with score 90% or higher needed) specific to Diabetes and Cardiac and Pulmonary Rehab patients. • Staff verbalized understanding of all the objectives on the competency requirement form and validated by the Cardiopulmonary Rehab manager.	✅ Completed	•••
Required				
Exercise Training Evaluation	1) Demonstrate understanding of how to set target heart rates for this patient population. 2) Demonstrate understanding of initial restrictions related to arm movements. 3) Demonstrate understanding of physiological responses to acute exercise by reviewing typical resting and exercise heart response. 4) Demonstrate understanding of how resistance training can offset the muscle wasting side effect of Prednisone.	• Staff completed a quiz (with score 90% or higher) specific to the exercise training • Staff verbalized understanding of all of the objectives on the competency requirement form and validated by the Cardiopulmonary Rehab manager.	✅ Completed	•••
Required				

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Look Out for These Key Items
Staff Competencies

- All staff that provide direct patient care, including Program Directors, are required to complete 4 different competencies.

- **The Staff Competencies MUST RELATE to the CR or PR Staff Competency articles.** Please have the articles handy when reviewing to ensure the information submitted is aligned with the documents.

- Each selected competency must list "Objectives" and "Tool or Method" used to assess competency

- We are looking for detail on what is to be learned (objective) and how staff is determined competent (tool).

- Just because it reads nice, does not mean it is acceptable

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Staff Competencies – Reminders Based on Overturned Initial Decisions

- **Competency** must align with the Core Competency articles

- **Objectives** must be specific to the knowledge and skills – What is to be learned should be identified

- **Tool / Method** must show how staff is determined competent

- % passing score is NOT required if there is detail on how staff is determined competent:
  - Post-test with % passing score
  - Post-test with review and discussion
  - Demonstration of a skill with review / feedback
  - If only the post-test questions or steps on how to perform a skill are provided – deny the page. This does not show how staff is deemed competent.

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Individualized Treatment Plan (ITP) Requirements

- COMPLETED ITP that is **HIPAA** compliant and readable
- ITP must be a comprehensive document from *only 1* patient
- ITP must be for an actual patient that has completed all required elements and components and should be **clearly labeled**
- Assessment and reassessment data must be on the ITP
- ITP must be completed in the data collection period (**January 1, 2025 – December 31, 2025)**
- **Must include physician signatures and dates at initial assessment, at least every 30 days and discharge.**
  - All physician signatures must also be within the data collection period timeframe.
- Do not deny programs for having the first physician signature on a date that doesn't match the first date of exercise. This is not a program cert requirement.
- There should be at least one ACTIVE core component specific to CR or PR – this year programs must identify on the dashboard the ACTIVE Core Component they are using on the ITP
- Pulmonary Rehab ITP must be for a patient on oxygen. Oxygen management should be in the Oxygen Element

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Cardiac ITP Requirements

- **Exercise Assessment**
- **Exercise Plan**
  - Goals
  - Interventions
    - Exercise Prescription including Mode, Frequency, Duration, Intensity
  - Education
- **Exercise Reassessment**
- **Exercise Discharge Assessment**
- **Nutrition Assessment**
- **Nutrition Plan**
  - Goals
  - Interventions
  - Education
- **Nutrition Reassessment**
- **Nutrition Discharge Assessment**

- **Psychosocial Assessment**
- **Psychosocial Plan**
  - Goals
  - Interventions
  - Education
- **Psychosocial Reassessment**
- **Psychosocial Discharge Assessment**
- **Other Core Components (OCC)/Risk Factors as appropriate (diabetes, HTN, obesity, medications, tobacco cessation, etc.)**
- **OCC/Risk Factors Assessment**
- **OCC/Risk Factors Plan**
  - Goals
  - Interventions
  - Education
  - **OCC/Risk Factors Reassessment**
  - **OCC/Risk Factors Discharge Assessment**

Pulmonary ITP Requirements

- **Oxygen Assessment – Patient MUST be on oxygen**
- **Oxygen Use & Titration Plan**
  - Goals
  - Interventions - Prescribed 02 flow rate AND Prescribed SpO2 flow rate (here or in Exercise Prescription)^
  - Education
- **Oxygen Reassessment**
- **Oxygen Discharge Assessment**
- **Exercise Assessment**
- **Exercise Plan**
  - Goals
  - Interventions
    - ➤ Exercise Prescription including Mode, Frequency, Duration, Intensity, Prescribed Oxygen Flow Rate, and Prescribed SpO2 (either here or in Oxygen section)
  - Education
- **Exercise Reassessment**
- **Exercise Discharge Assessment**
- **Nutrition Assessment**
- **Nutrition Plan**
  - Goals
  - Interventions / Education
- **Nutrition Reassessment**
- **Nutrition Discharge Assessment**

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

- **Other Core Components(OCC)/Risk Factors as appropriate (Tobacco cessation, Environmental factors, Medications (in particular inhaler medications), and Prevention/Management of Exacerbations, etc.)**
- **OCC/Risk Factors Assessment**
- **OCC/Risk Factors Plan**
  - Goals
  - Interventions / Education
- **OCC/Risk Factors Reassessment**
- **OCC/Risk Factors Discharge Assessment**

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Core Components/Risk Factors for CR & PR ITPs

The Core Component/Risk Factor must be **specific** to CR for CR applications or PR for PR applications. The programs must identify **at least one active** component

Examples of Acceptable CR Core Components/Risk Factors on ITPs:
- tobacco cessation, hypertension management, lipid management, diabetes management, and any other modifiable cardiovascular risk factors
  - Others may depend on the context. Alcohol use would count if the person is a heavy drinker (multiple drinks every night), it likely wouldn't count if the person has one drink a week. Sleep apnea would could if they were diagnosed with sleep apnea, it would not if they were not shown to have sleep apnea after an assessment. If you aren't sure, reach out to the Program Certification Leadership Team.

Examples of Acceptable PR Core Components/Risk Factors on ITPs:
- tobacco cessation, environmental factors, medications(in particular inhaler medications), pulmonary hygiene, altered sleep, and prevention management of respiratory infections and exacerbations, etc.

If you are not sure if something is an acceptable CR or PR Core Component/Risk Factor, please email certification@aacvpr.org.

As a reminder, "Active" does not mean unmanaged.

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HIPAA VIOLATIONS

- Name & family member names
- Date of birth
- Telephone numbers
- Fax numbers
- Electronic email addresses
- Social Security number
- Medical record number
- Health plan beneficiary numbers
- Account numbers
- Certificate and license numbers
- Vehicle identifiers, serial numbers including license plate numbers

- Medical device identifiers including serial numbers
- Internet universal resource locators (URLs)
- Internet protocol (IP) addresses
- Biometric identifiers including fingerprints and voice prints
- Full face photographic images
- Any other unique identifying number, characteristics or code – including barcodes
- All geographic subdivisions smaller than a state, including county, city, street address, precinct, zip code

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HIPAA Violation Protocol

- If you find a HIPAA violation, **contact the Certification team (certification@aacvpr.org) immediately.** The document must be de-identified as soon as possible

- The Certification Center will load the new, HIPAA compliant document back into the application for review – **please continue the review of the ITP and note any other issues you find with the ITP.**

- Please review the ITP as normal BUT, the page will need to be automatically denied due to the HIPAA violation

- Also, **make any notes about the ITP and HIPAA violation in the Reviewer Notes box –** type of HIPAA violation, what page, etc.

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Look Out for these Key Items
Individualized Treatment Plan

- Must include <u>clearly labeled</u> elements – EMR's are difficult to find elements – if you can't find them – *DENY the page*

- The initial exercise prescription must be within the ITP with all the requirements (mode, frequency, duration, and intensity)

- There must be a physician signature **and** date for the initial assessment, each reassessment and discharge plan

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Look Out for these Key Items Individualized Treatment Plan

- Physician signatures with date must be at least every 30-days. The dates submitted on the dashboard may not always match the dates on the ITP

  - If the dates do not match, there's probably a reason (the signature may be outside the 30 day window, and would need to be denied)

  - Changing of ITP signatures is not allowed.

  - The 30 day requirement is both an AACVPR requirement and a CMS requirement.

Look Out for these Key Items Individualized Treatment Plan

- Nutrition must have an assessment / reassessment on Nutrition not just lipid/BG results and/or weight/BMI

- Psychosocial must be active even if a patient has no psychosocial issues and must have an assessment and reassessment. Other assessments besides depression screenings can be assessed such as asking about symptoms/mood/support etc.

- If any assessments OR signatures are not from between 1/1/2025 – 12/31/2025 – *DENY the page*

- Be on the "look out" for HIPAA violations – Automatic DENIAL of the page ALSO: Follow **HIPAA Violation Protocol**

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Look Out for these Key Items Individualized Treatment Plan

- The other core component/risk factor must be <mark>active</mark> & specific to CR or PR (active doesn't mean unmanaged)
  - **Unacceptable OCC/Risk Factors for CR:** Congestive Heart Failure (This is a diagnosis), Improve EF (this is the same as CHF), Symptom Management,

  - **Unacceptable OCC/Risk Factors for PR:** Diabetes, Dyspnea, <mark>Hypertension</mark>

- Programs are required to note the active Other Core Component within the application platform, it will display right below the file upload on the ITP Review Page:

Upload:

20251231135452202 (1).pdf
Valid file formats: PDF

PR - Active Core Component: Tobacco Cessation; Medications/Inhaler

- Watch out for the "On-going, In-Progress and MET" check boxes – without any reassessment data or details about progress toward goal – *DENY the page*

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ITP: Reminders Based on Overturned Initial Decisions

- **Physician Signatures:**
  - Physician Signature does not necessarily need to be on the same day as the staff sign ITP
  - Physician Signatures dates are from the ITP not the dashboard
  - Only 1 reassessment is required, but we do need to see documentation of **ALL** physician signatures at initial, at least every thirty days and discharge.

- **Other Core Components:**
  - CHF and angina are not an acceptable OCC for CR; COPD is not acceptable OCC for PR
  - PR **active** OCC must relate to PR, cannot be CR OCC
  - It is ok if OCC is managed/controlled but needs to be active. Smoking 5 years ago would not count as active.

- **Exercise Prescription for PR:**
  - There *must* be <u>prescribed</u> **oxygen flow rate and SPO2 parameters** as part of the Exercise Prescription *or* within the Oxygen Element – this should **NOT** just be a reading of what was measured during 6MWT or with any exercise.

- **Nutrition:** must have assessment, reassessment on Nutrition not just lipid, BG values or weight/BMI

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Additional ITP Considerations

- ITPs need to be a comprehensive document. No other documents should be reviewed if sent such as progress notes, daily session notes, or EMR flow sheet rows.

- If you receive an ITP from EPIC where flow sheet rows are used, or you are not sure of the format, please contact the Program Certification Leadership Team. This is one example below.

- Check boxes on the ITP should **_not_** be an immediate denial – it's ok if they are present and additional details are included. Spend some time looking for comment sections on the ITP to see if the additional detail is available.

2026 EMR ITPs & Signature Compliance (NEW)

Upload:

20251231135452202 (1).pdf

Valid file formats: PDF

PR - Active Core Component:

Tobacco Cessation; Medications/Inhaler

Physician Signatures: Is the ITP from an EMR?*:

Select Physician Signatures: Is the ITP from an EMR?

Reviewer Comments:

Best Practice:

New for 2026: The Program Certification Leadership Team will be reviewing EMR signatures for compliance. Within the ITP review page, you will be asked to identify if the ITP is from an EMR so we can then identify ITPs that need to be reviewed. The question will need to be answered to submit your decision on the page. If you aren't sure if an ITP is from an EMR or not, please reach out to certification@aacvpr.org for assistance.

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2026 Other Core Component Identification Requirement (NEW)

New for 2026: As noted in the 2026 application, we have added the following denial reason – if a program selects an Active Core Component and the component does not meet requirements, the page should be denied, even if another core component that was not identified meets requirements.

- **Active additional core component/risk factor identified by the program in the application platform does not meet requirements.**
  - *For now, also deny if ANY of the selected OCCs do not meet requirement and note which OCC is not in compliance in the Reviewer Comments box.*

Medical Emergencies

- Written **department specific** policies/protocols that may be separate policies or combined into one single policy for the following medical emergencies:

  - Cardiopulmonary Arrest
  - Hypertension
  - Angina
  - Hypotension
  - Acute Dyspnea

  - Hyperglycemia
  - Tachycardia
  - Hypoglycemia
  - Bradycardia

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Medical Emergencies Requirements

- Policy must show to be **in effect during or prior to** the data collection period of 1/1/2025 – 12/31/2025.

- A department specific policy that is addresses the role of the CR/PR staff in managing each of the 9 medical emergencies.

- Medical emergency policies must be detailed beyond calling 911 or ACLS algorithms

- Medical emergency policies must address the treatment of the patient from onset of signs and symptoms until resolution of the emergency (transfer to ED, hospital admission, resolution of symptoms, discharge home, etc)
  - Contacting physician/calling 911/sending to emergency department is considered transfer to the next level of care

- If policy refers to hospital-wide policy, submit all related policies. (i.e. Code Blue Policy, Hospital Glucose Policy)

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Medical Emergencies: Reminders Based on Overturned Initial Decisions

PolicyStat ID:	9871442
Origination:	04/2015
Effective:	05/2021
Last Approved:	05/2021
Last Revised:	05/2021
Next Review:	05/2022

Medical Emergencies Notes:

- For policies, the effective date just needs to be no later than the end of the data collection period of 12/31/2025. Earlier is fine.
  - No current requirement for annual review or revisions / updates.
- Do not deny for blacking out program name.
- Policies may be called something else – job aids, statements of work/care, protocol, etc – this is ok, as long as you can verify that it is currently in place.
- We only need to see full referenced policies if the original policy says they need to follow the steps outlined in the referenced policy. If a secondary policy is only listed as a reference, it does not need to be attached.

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Emergency Preparedness Requirements

- **Part 1:** One (1) month's documentation of daily verification of the readiness of the Defibrillator/AED and Portable Oxygen for each day the program is in operation with evidence of a specific method of readiness.
  - There should be an explanation provided for any missing dates (closed, holiday, etc.)

- **Part 2:** Attestation to having Defibrillator/AED and portable oxygen available.

- **Part 3:** Dates and description of four (4) different department medical emergency in-services from the NINE (9) medical emergencies. In-services must be specific to CR / PR and completed between 1/1/2025 through 12/31/25. Submitted in-services may include an education or training session, a mock scenario or a review of an actual emergency

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Emergency Preparedness: Reminders Based on Overturned Initial Decisions

- **In-services:**
  - Should contain details on how the in-service covered the selected medical emergency.

  - Do **NOT** have to be mock codes, can be learning sessions but needs to be specific to which medical emergency.

  - Within the description, it should be clear how the medical emergency was covered as part of the in-service activity. Just noting an in-service took place without a description of how the in-service was conducted is not acceptable.

  - Do not deny for clearly fake names used in scenarios

  - Programs should **NOT** submit competency documentation (quizzes/check-off lists, or policies) as part of the in-service documentation.

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Emergency Preparedness: Reminders Based on Overturned Initial Decisions

- **Readiness Requirements**
    - O2 Tank "Full" is acceptable for demonstrating readiness

    - Stating only the number of O2 tanks present in the program is not verifying readiness. We need to know if they're ready to use/have oxygen in them.

    - Defib / AED and O2 verifications must be **DAILY,** <u>not</u> weekly.

    - Confirming completion of auto readiness check/green check is ok, but it needs to be clear on the sheet that this is happening

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Exercise Prescription and Oxygen Titration Policy Requirements

- A written policy must be in place that details how an initial exercise prescription for cardiac and pulmonary rehab is developed, modified and advanced toward the patient's discharge goals.

- The policy must contain all required elements of the exercise prescription: mode, frequency, duration and intensity. Progression guidelines can be included in the policy, but it is not a required component for Program Certification

- Pulmonary Rehab programs must also include an oxygen saturation and titration policy. This policy must detail the assessment and treatment of oxygen saturation **at rest AND during exercise**

- The policy must be in place during the data collection period. We do not have requirements for how often the policies need to be reviewed or updated.

Look Out for these Key Items
Exercise Rx and Oxygen Policy

- Must be in effect during the data collection period.

- Must include details on how the exercise prescription is developed, modified and advanced toward the patient's goals.

- It must include all required exercise prescription components including: mode, frequency, duration and intensity. Progression guidelines are recommended but for Program Certification, they are not required.

- The components of ExRx policy need to be specific and provide detail. Example: Just stating "aerobic equipment" or "number of days" is not enough.

- Pulmonary Rehab programs must also submit oxygen saturation and titration policy. It must address management of oxygen **at rest and during exercise.**

Medical Emergency, Exercise Prescription and 02 Policies: Reminders Based on Overturned Initial Decisions

- The effective date just needs to be during or prior to the collection period – it must be no later than 12/31/2025.

- There is no current requirement for annual review/updates.

- Do not deny for blacking out program name.

- Policies may be called something else – job aids, statements of work/care, protocol, etc – this is ok, as long as you can verify that it is currently in place.

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Performance Measures

Pulmonary Rehabilitation

- Improvement in Functional Capacity
- Improvement in Dyspnea
- Improvement in Health-Related Quality of Life
- Enrollment in Pulmonary Rehab
- Adherence to Pulmonary Rehab

Cardiac Rehabilitation

- Optimal Blood Pressure Control
- Improvement in Functional Capacity
- Improvement in Depression
- Tobacco Use Intervention Performance Measure
- Enrollment in Cardiac Rehab
- Adherence to Cardiac Rehab

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Performance Measure Requirements

- For each measure, if indicated, programs should identify the tool used

- Indicate the numerator and denominator for the measure

- Calculate the Percent Increase *(should display on the page based on numerator and denominator entered by program)*

  - NOTE: **Programs do not need to meet specific number requirements or percent increases for the performance measures.**

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Performance Measure Requirements – 2026 Clarifications

- If your program did not achieve 100% for this measure, what is one change the rehab team will implement to help improve the percentage? The change must be something CR/PR staff can provide to/for the patient and the description must explain how the change will impact that outcome for the patient/program. **(Clarified for 2026)**

    - **Clarification for 2026:** Recertifying programs should NOT use the same improvement plan as was used for previous application cycles.
    - **New for 2026:** Programs can review their prior results and previously reported improvement plans from previous application cycles in the application platform

- If you achieved 100%, how do you plan to maintain your percentage as you continually work to improve your patient/program outcomes? **(Clarified for 2026)**

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Performance Measure Reminders:

- Programs are **NOT** evaluated on the number of patients included in their numerator or denominators, and they are NOT evaluated based on their percentage increase.

- Programs are only evaluated on their plan to improve their results or the plan to maintain if they are already at **100%** for a measure.

- The plan for improvement must be **directly implemented** by staff and should relate directly to the performance measure.

- Reach out to certification@aacvpr.org if it is noted:
  - a program has 100% improvement on **more** than one measure
  - If the accuracy of the program numerator, denominator and / or the % improvement does not look correct as these programs may be contacted by the QCC for further review / discussion.

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Performance Measures: Reminders Based on Overturned Initial Decisions from 2025

- Programs are **NOT** denied for: the number of patients, the percentage change or if the math is incorrect

- The plan must be relevant to directly improving patient outcomes

- Programs cannot change the specifications of the performance measure as part of their improvement plan

- It's ok for programs to mention their current process if a new improvement plan is also mentioned

- If you review a program that receives 100% on more than one measure, reach out to certification@aacvpr.org

Sample Application Review Feedback

Sample Review Survey

- Sample review exercise conducted each year to identify areas for further guidance/feedback to returning reviewers

- 2026 Average Score:
  - 92% or 10.1/11 questions correct

- 2025 Average Score:
  - 85% or 8.5/10 questions correct

- 2024 Average Score:
  - 74% or 7.4/10 questions correct

Toughest Question

Please review the ITP component below and indicate if this ITP should be approved or denied.

Note: for the purpose of this exercise, the approved data collection period is 1/1/2025- 12/31/2025.

Physician
Signature Date:
10/13/25

Physician
Signature Date:
11/10/2025

Physician
Signature Date:
12/8/2025

Physician
Signature Date:
1/2/2026

Answer: DENY. The final physician signature is outside of the stated data collection period.

Difficult Question

Please review the nutrition assessment, reassessment, and discharge assessment below and determine if the content would be approved or denied.

Answer: DENY. Lack of progress towards goal, reassessment only includes weight and BMI information. Diet class listed as intervention only addended by end of class.

Difficult Question

Please determine if the objectives and tools below are appropriate for the Diabetes Management Staff Competency:

Topic: Diabetes Management
Objective: Staff will be able to demonstrate comprehensive knowledge of diabetes management.
Tool / Method: Self-learning packet with post-test in which the staff gain competency of diabetes management consisting of gathering history of complications including hypo/hyperglycemia frequency and triggers, assess patient nutritional habits, discuss medications with patient, identify symptoms of hypo and hyperglycemia and describe appropriate actions for the management of both, how to refer patients to a diabetes educator, and measure/report outcomes at the conclusion of the program.

Answer: DENY. Objectives are vague – better outlined in the tool/method section. The tool/method also does not confirm how staff are confirmed to be competent – no passing score noted or review of correct post-test answers.

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Final Reminders & Resources

Reviewer Score Sheet

<u>2026 APPLICATION SCORE SHEET</u>   *Reviewer Name*_____

Cardiac // Pulmonary   **Certification // Recertification**   **Approve // Deny**

Application Unique ID#_____ Facility Name: _____

PLEASE NOTE: This checklist is designed to be a guide for reviewers but should not be the only resource referred to while reviewing applications. Make sure to review the full applications for all requirements and denial reasons and check out the additional resources on the Program Certification Reviewer Page here for frequently missed items.

☐ 1. <u>STAFF COMPETENCIES</u>

Four (4) different competencies **specific to the Core Competencies Documents** for each listed staff member that provides direct patient care, unless they have the CCPR certification for cardiac or the AACVPR Pulmonary Certification completed for pulmonary? **Yes No**

- **PR Core Competencies Document**
- **CR Core Competencies Document**

Are the objectives directly related to the relevant Core Competencies document?   **Yes   No**

Did the program demonstrate how competency is determined for staff within the tools section?   **Yes   No**

- **Reminder: this can take a number of forms, including a set passing score for a quiz/test, post-test answer review or discussion, or a demonstration of a skill with corrections/results/feedback provided to staff.**

Competency dates fall between January 1, 2025 and December 31, 2025?   **Yes   No**

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Reviewer Summary

- The review cycle will begin on March 5th. You should start to see applications show up on your dashboard on this date. You may start reviewing them immediately.
- Reviewer Team call schedules will be released in the next few days. If you are unable to attend the calls, the call will be recorded and posted on the Reviewer Resource page.
- Please submit application review questions to **certification@aacvpr.org** by at least one day before each call.
- Try to complete one application before moving to the next application. This will assist you in keeping organized and not having multiple applications opened simultaneously
- Feel free to contact the Leadership Team if you have questions that, after utilizing all of your resources, you are unable to answer

AACVPR Program Certification Team: **1-312-321-5146** or
www.certification@aacvpr.org

Reviewer Leadership Partner

- Each first-year reviewer has been assigned to a Leadership Team member

- This person will be reaching out to you within the first week of reviews

- We feel that this resource is helpful as you progress through the application reviews. We want you to make decisions but also want to help in clarifying your decisions as needed.

- Any other reviewers who would like to be assigned to a Leadership Team member can submit their request to **kmaude@aacvpr.org**.

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Reviewer Q&A Calls

- Tuesday, March 24, 2026, at 1:00pm CT

- Tuesday, April 7, 2026, at 12:00pm CT

- Monday, April 13, 2026, at 1:00pm CT

- Monday, April 20, 2026, at 12:00pm CT

- Monday, April 27, 2026, at 12:00pm CT

Send questions in to certification@aacvpr.org at least a day prior to the call for inclusion. All calls will be recorded. More calls may be added after mid-April.

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Application Review Timeline

Initial review timeline:

March 5 - Review begins

April 1 -   25% complete

April 15 - 50% complete

April 29 - 75% complete

May 15 - 100% complete

June - July 2026 - Chair reviews of denied apps & Board

grants final decision for approved programs

August 1, 2026 - Cycle is closed and all programs are

notified of their status

August-September 2026 – Remediation for Denied Applications

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Contact Information

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Questions?

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Thank you!