



AACVPR

American Association of ■ ■ ■ ■ ■ ■ ■
Cardiovascular & Pulmonary Rehabilitation



2026 Program Certification Weekly Reviewer Meeting Monday, April 20, 2026

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

Reviewer Question (Staff Competencies)

Q: On Staff competencies, do these meet minimums? Especially on physical assessment. Does it show competency?

Physical Activity Counseling

Understand and utilize an activity assessment form to set appropriate MET level goal for patients
Establish an exercise prescription based on the MET level goal including mode, frequency, time and intensity
Demonstrate appropriate exercise progression
Understand and write appropriate exercise prescription for High intensity interval training

This learning activity consisted of watching a MET review video by Dr. Greg Curnew. Staff were given 2 patient cases with a start MET value and the assessment form. With this information, the staff designed an exercise plan to meet those goals upon programs end to demonstrate understanding and execution of the objectives. The staff submitted their exercise plan and all plans were reviewed in a staff meeting.

Approved. As the plans were reviewed as part of a staff meeting, this meets minimum requirements.

*Question From S. Dunn (Staff Competencies)

Reviewer Question (Enrollment)

Q: On enrollment, is this a new plan? It sounds like they plan to improve on a plan they are already doing. Is the one week call new? I'm just not sure.

One area we can improve is to strive to have all our inpatients, who are not excluded, scheduled for an initial outpatient rehab appointment upon discharge. If a patient is not ready to schedule, staff will follow up in one week to see if the patient is ready to schedule. We will continue to highlight the benefits of attending outpatient cardiac rehab and supplement the verbal information with the AACVPR Patient Resource handout. Once scheduled for the program, staff will give a reminder call 2-3 business days prior to the scheduled appointment. This will also be beneficial if the patient has to reschedule. If the patient does not call back, or staff is unable to reach by phone, a letter will be sent via Epic and US mail. If still no response, the staff will notify the ordering MD so it can be discussed at a follow-up appointment.

Approved. The reminder call sounds like a new intervention for this plan. This meets the minimum requirements.

*Question From Reviewer S. Dunn (Enrollment)

Reviewer Question (Staff Competencies)

Q: I have a question about the blood pressure management staff competency. They don't really mention blood pressure in the objectives except for # 2 in the second paragraph. It seems more about stroke and metabolic syndrome than blood pressure management, but I understand that blood pressure has a lot to do with those chronic conditions.

Blood Pressure Management

Staff read an article on Metabolic Syndrome in Older Adults. The objectives for staff included: 1) Identify the diagnostic criteria for metabolic syndrome in older adults. 2) Describe the clinical presentation of metabolic syndrome in older adults. 3) Discuss treatment options for metabolic syndrome in older adults 4) List important components of patient education about metabolic syndrome in older adults.

Staff member, Grace Lyons, read an article on Stroke Education. The objectives for staff included: 1) Define stroke 2) Identify the controllable risk factors for stroke including high blood pressure and its parameters 3) Identify the uncontrollable risk factors for stroke 4) Know the symptoms of stroke 5) Know what to do if you witness someone having stroke symptoms.

Upon completion of reading the article, staff took a 10 question multiple choice post test in which a score of 80% or greater was a passing competency. Staff scored 100%.



Denied. Grace's exercise would pass for this one, but the metabolic syndrome in older adults topic for blood pressure management are not appropriate.

*Question From Reviewer R. Wilder (Staff Competencies)

Reviewer Question

(Staff Competencies)

Q: The Staff Competencies listed for both the Exercise Training and The Physical Activity Counseling competencies wording are exactly the same for the objectives and tools. Other rehabs in this system used the exact same thing but put it under the exercise training competency. Only one person completed the physical activity counseling competency. What do I do with this? It really can't be both.

Approved. Objective 3 fits under physical activity counseling, and objectives 2 and 4 fit under exercise training. This can be passed since no single staff member did physical activity counseling and the exercise training activities.

*Question From Reviewer D. Anderson (Staff Competencies)

Learning Objectives:

At the conclusion of this course, participants should be able to:

1. Describe the clinical presentation of a patient after heart transplant;
2. Describe important exercise testing concepts for use in patients who have undergone heart transplant;
3. Structure an appropriate exercise prescription for heart transplant patients; and
4. Identify signs and symptoms that necessitate termination of exercise testing and rehabilitation.

Team members completed the education module "Heart Transplantation and Exercise, in Adults" by Amy Lombara, PT, DPT Michael Granado, PT, ATC, CSCS in the HealthStream Learning Center. This HealthStream module provided education for clinicians regarding heart transplantation and exercise in adults, including clinical presentation of a patient after heart transplant and contraindications and precautions to prescribing an exercise program for a patient who has had a heart transplant, along with treatment goals for the healthcare provider. Information for patients and/or family education was included.

Assessment of each team member's competency included reading the entire article "Heart Transplantation and Exercise, in Adults". Team members completed the entire education/professional development activity with the required score of 80% or higher on the post-test. A certificate of completion was obtained and is on file in each team member's employee file.

Reviewer Question (Adherence)

Q: I have a question about the Adherence performance measure plan. It actually states it is to improve the enrollment performance measure. Do I deny this for that reason?

Approved. The plan does read as an adherence plan, and it's a good plan, so it can be approved.

One change that will be made within our program process to improve results for the enrollment performance measure will be to have staff write individual notes to patients 2-4 times per month. This will be to highlight their milestones, and provide motivation for continuing towards their personal goals.

*Question From Reviewer D. Anderson (Adherence)

Reviewer Question (Staff Competencies)

Q: The staff competency objectives are not really written as objectives but just what was talked about. Some of it does apply. Would this be acceptable?

Approved. While it's not well written, the content is aligned with the Staff Competencies document so this can be approved.

Diabetes Management

Our objective was to help the staff understand Diabetes management for those patients that had DM I and II.. A PowerPoint presentation was given discussing the various aspects of Diabetes Management. We reviewed the definition of Diabetes I and II. We also reviewed and educated the staff on the differences between the two. We educated on A1c and fasting Blood glucose levels for normal, Pre-DM, and DM patients. Staff were also educated on the benefits of exercise training, and the ACSM guidelines to properly manage their DM in collaboration with their MD.

A 6–point quiz was administered at the end of the presentation to assess employee understanding of DM management as it relates to the patient's diagnosis of DM I or II. . A passing grade of 100% was required. Those that did not get 100% were educated on the ones they missed and the reasoning behind the correct answer until they could pass the test with 100%.



*Question From Reviewer D. Anderson (Staff Competencies)

Reviewer Question (ITP)

Q: There are comments toward progression on the nutrition, psychosocial, hypertension and exercise. They are all dated the date of the reassessment. But when you read all of them they are all exactly the same wording. It is like they kept it the same and just changed the dates.

I am thinking this could be a denial. Thoughts?

*Question From Reviewer D. Anderson (ITP)

SEP/11/2025/THU 07:33 AM FAX No. P. 003

Bear River Hospital **Individual Cardiac Treatment Plan-Initial Assessment**

Name: _____ D.O.B: _____ Age: _____ FIN#: _____ MRE#: _____ Admit to CR Date: _____

Prim. Dx: Transcatheter Aortic Valve Replacement, Risk Stratification: Low

Sec. Dx: Hypertension Referring Physician: Lindley, Eric

ICD-10 Code: Z95.2 AD on File No DNR

Learning Barriers	NUTRITION INITIAL ASSESSMENT	PSYCHOSOCIAL INITIAL ASSESSMENT
<input checked="" type="checkbox"/> No Barriers <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Literacy <input type="checkbox"/> Cognitive <input type="checkbox"/> Language <input type="checkbox"/> Vision Exp: _____	Weight Assessment Wt: 131.2lb Ht: 51in BMI: 25.28 Rate Your Plate: 53 Special Diet: _____	Psychosocial Test: Tool used: PHQ-9 sym/sev 2 / 8 Psychosocial Test Interpretations: Mild (5-9) <input checked="" type="checkbox"/> Family Support
OTHER CORE COMPONENTS INITIAL ASSESSMENT <input type="checkbox"/> Tobacco use Cessation <input type="checkbox"/> Smoker <input type="checkbox"/> E-sig <input type="checkbox"/> Smokeless tobacco Quit: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months Date started: n/a Date quit: n/a <input checked="" type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Diabetes Management A1C %: _____ <input type="checkbox"/> Diabetes I <input type="checkbox"/> Diabetes II <input type="checkbox"/> CHF <input type="checkbox"/> Exacerbation Prevention/Management EF(%): _____ <input checked="" type="checkbox"/> Medication Management Additional Components _____	Plan for Nutrition Target goals: Increase fruit and vegetable intake. Interventions: Eat vegetables at every meal. Education: Pt educated on the benefits of fruits/veggies and heart health. Comments: Pt plans to add in more vegetables. She does not like fruit because it makes her have a sugar high. Pt said that she was taking some fruit and vegetable type pills. I let her know that she needed to include real veggies and to think of the pills as a good way to get vitamins in but not to solely rely on them.	Plan for Psychosocial Target goals: Increase energy Interventions: CR 3x/day Education: Pt educated on the benefits of exercise on energy levels. Comments: 8/18/2025: She scored a 2 on feeling little interest or pleasure in doing things. She says that it has been that way since her husband passed away. They did a lot together and she hasn't wanted to do as much since. She also scored a 3 on feeling tired or having little energy. She says that its pretty normal for her to feel like that and she doesn't really have a reason for it. struggling nearly everyday with little interest in doing things. She states that this has been a problem long before her recent procedure.
Plan for Other Core Components Target goals: Medication compliance 100% Interventions: Record BP at home. Education: Pt educated on the benefits of exercise on hypertension. Comments: Pt plans on monitoring BP at home.		

Approved. While the comments are repeated for each reassessment, we only require one reassessment, and the comments must be and are different for the initial assessment, one of the reassessments, and the discharge assessment, so it can be approved.

Reviewer Question (Medical Emergencies)

Q: When reviewing medical emergencies, it looks like the program included two different sets of policies for the nine required med emergencies. One set of policies takes pt from symptoms to resolution for each med emergency. However, I cannot verify the date. There is another set of included policies that look official with a date included. I do not think that I can verify when first set of medical emergency policies was in place. Would appreciate your input-thanks

*Question From Reviewer P. Dooley (Medical Emergencies)

Texas Health Neighborhood Care and Wellness Willow Park		III-F-1 PUBLICATION THWP
SUBJECT: Emergent and Nonemergent Interventions		DISTRIBUTION: PAGE 1 OF 8
DATE ISSUED: 1/2025		
SECTION 1. PURPOSE		
1.1. To provide safe and effective guidelines for action in the event of accidents, nonemergent and life-threatening situations.		
SECTION 2. POLICY		
2.1. All patients will be routinely screened prior to each exercise session for changes in clinical status.		
2.2. All staff members directly involved with the exercise sessions must be certified in BLS. At least 1 staff member at each exercise session will be certified in ACLS.		
2.3. All staff will review emergency procedures at least quarterly.		
2.4. All staff will follow the department emergency protocols for medical emergencies.		
2.5. All staff will be aware of and watchful for potential problems including any changes in the patient's condition during each exercise session including, but not limited to, the following:		
2.5.1. New or changing pattern of angina		
2.5.2. New or changing patterns of arrhythmias		
2.5.3. Symptomatic brady-arrhythmias		

**Texas Health Neighborhood Care and Wellness
Willow Park
Cardiac Rehabilitation**

Protocols for Medical Emergencies

Cardiac Arrest
Establish unresponsiveness and attempt to arouse the patient with a shake or shout.
Call for Help.
1. If no other staff members are available, direct someone else to call a code blue, push code blue button in area, utilize vocera, Group page #01335000 state an arrest situation and location.
2. First responder: Begin BLS.
3. Second responder: Take a crash cart to the patient. Place patient on defibrillator monitor and assess cardiac rhythm. Following the appropriate algorithms according to ACLS guidelines.
4. Third responder: Direct remaining patients to another area. Direct and control incoming traffic. Obtain extra supplies and equipment. Act as the recorder of events until patient is transported to ER.
5. Notify family of situation.
6. Call Cardiologist, or Primary Care Physician and Medical Director.

Symptomatic Bradycardia
If the patient develops symptomatic bradycardia while exercising, the patient should immediately stop exercise. Try to assist patient to a comfortable position, sitting or lying.

Denied. The official policy does not have resolution for hypotension and hyperglycemia, and the other materials submitted do not appear to be dated.

Reviewer Question (Adherence)

Q: I am on the fence on this one. 3 of the 4 actions listed are what they are currently doing. I can't tell if the part about adding volunteers is new or something they already do.

To improve program adherence our program

- Has restructured rehab session times to add staggered session times to facilitate increased choice for session attendance.
- Staff reaches out to patients who miss 2 or more scheduled sessions to determine reasons and encourage return to program.
- Add volunteer position to greet patients, check them in and remind them of upcoming appointments. Will contact non attending patients to determine reason and encourage consistent attendance.
- Provides phone discharge instructions for those who are unable to return to the program.

Approved. The third bullet does seem to be a new plan, so this can be approved. It's ok to include what they are already doing as long as they provide a new plan as well.

*Question From Reviewer L. Hahne (Adherence)


Reviewer Question (Medical Emergencies)

Q: I'm confused about their cardiopulmonary arrest policy. If it is on page 11 "Emergency Plan", under Procedure 5 it says the first responder needs to follow the policy on "Treatment of lethal arrhythmias during absence of physician" , but I don't see that attached.

If it is supposed to be on page 1 under Guidelines for Intervention, this says that management will be according to the hospital's Response to Medical Emergency Codes policy (page 14). In looking at that policy, it appears this states what the rapid response team will do in case of emergency. It doesn't say what the CR staff will be doing.

Denied. Includes instructions to follow the lethal arrhythmias, but did not include it. Should be denied for failure to attach all referenced policies.

Status Active PolicyStat ID 17418375

 Effective 9/22/1998 Policy Area Cardiopulmonary Rehab
Approved 2/11/2025
Last Revised 2/11/2025
Expiration 2/11/2026

Emergency Plan

DOCUMENT TYPE:
Departmental

PURPOSE:
To provide an organized systematic approach to management of medical emergencies within the Cardiopulmonary Rehabilitation Department.


POLICY:

- All staff should be knowledgeable regarding their responsibility during an emergency situation.
- All personnel in the Cardiopulmonary Rehabilitation department should be trained in basic cardiac life support (BLS). It is recommended that all licensed and certified personnel be trained in advanced cardiac life support (ACLS).

PROCEDURE:

- Follow Cardiopulmonary Rehabilitation Standing Orders for all patient emergencies.
- For medical emergencies dial *25555. To report a fire use to closest pull station (hallway next to stairwell). To call hospital security dial 904-702-6999.
- The program staff will practice a mock drill on a quarterly basis and document on mock drill form.
- The following emergency equipment will be immediately available in the department:
 - AED / Monitor
 - Oxygen
 - Oralpharyngeal airways

Status Active PolicyStat ID 18772378

 Effective 8/31/2015 Policy Area Nursing
Approved 12/16/2025
Last Revised 12/16/2025
Expiration 12/16/2026

Response to Medical Emergency Codes

Response to Medical Emergency Codes

Document Type:
Interdisciplinary

PURPOSE:
To provide specific guidelines to medical staff and hospital personnel for activation and response to emergency codes.

SCOPE:
Except as otherwise noted, defined teams shall respond to emergency codes located in:

- All areas of the hospital.
- All hospital outpatient departments located in the medical office building including current locations (Outpatient Wound Care, Intensive Outpatient Behavioral Health Program, Pet Scan, Cardiopulmonary Rehabilitation) and future locations should any be added.
- Hospital property including the parking lot, sidewalk and driveway or hospital departments that are located within 250 yards of the hospital.

The Code BERT team does not respond to crisis calls in the parking lot or follow patients outside of the building. 911 must be contacted for any such circumstance.

HCA Florida Memorial Hospital uses plain language standardized health care emergency alerts.

DEFINITIONS/INDICATIONS:

- Rapid Response:** Signs of imminent clinical deterioration
- Medical alert: Rapid Response Team 1 or 2 + Location**

*Question From Reviewer L. Hahne (Medical Emergencies)

Reviewer Question (ITP)

Q: When reviewing the ITP, in the initial nutrition assessment under "target goals" it does not list nutrition goal. However, continuing to review nutrition plan it does state they will educate pt on heart healthy strategies..."

I do not think this meets minimum requirement, but I would appreciate your input.

Approve. There is a statement that says "will educate pt. on heart healthy diet strategies and reading food labels" so this can be approved as it meets the minimum requirements.

Med Center Health **Cardiac Rehabilitation Individual Treatment Plan** Date: Friday, August 22, 2025

Name: [REDACTED] D.O.B.: [REDACTED] **Initial Assessment** Date of Event: 7/17/2025 Risk Stratification: Low

Prim. Dx: STENT Referring Provider: [REDACTED] MR#: [REDACTED] Session #: 1

EXERCISE Stages of Change: Preparation THR: 91-137 Risk for Falls: Yes No Assistive device: Cane Wheel chair Walker Learning Barriers: NONE

6-MWT walked ft: 664ft max HR: 101 O2 l/m: SP02: 99 RPE: 13 MET level: 1.9 Resistance train Wt Reps

Exercise Prescription Frequency: 3 times/week Duration: 30-60 min Intensity: RPE 11-15, THR 81-137

Intervention/Education Self Pulse Medication HR/BP Equip. Orient/Cleaning 8/22/25

Phys. Active RPE scale 8/22/25 Exercise Safety 8/22/25 Warm up/Cool down 8/22/25

Home ex. encouraged 8/22/25 S/S to report 8/22/25

Target Goal: Follow individual exercise Rx, aerobic exercise, 30+ min 5x/week including home exercise

Exercise Notes: Pt has severe knee problems and wears a brace, arthritis. Pt is limited in his movement due to this. Pt is back to work- farming- and gets up and down in big trucks and equipment multiple times per day. Pt's goal is to get some strength built back up. Pt needs knee surgery if he can lose enough weight. Encouraged pt to increase his home activity to 30 minutes daily. Pt to increase his time, distance, and intensity here at CR.

Type of Exercise:
Legs: RB, RS
Arms: RS, AE

****Sternal Precaution 5 weeks Post-Op**

Week #	Warm Up	Leg	Arm	Cool Down	Duration
1	5 min	15 min	6 min	5 min	31 min
2	5 min	15 min	9 min	5 min	34 min
3	5 min	17 min	10 min	5 min	37 min
4	5 min	20 min	10 min	5 min	40 min

Other Core Components: Stages of Change: Preparation Hypertension Resting BP: 118/84 Diabetes Tobacco Use: Yes No Date quit/lat

Intervention/Education Mod. Compliance CAD s/s hypo/hyperglycemia Related DM to CAD CHF:

Cardiac A/P Risk Factors Angina S/S NTG use Tobacco Cessation/Relapse Prevention

Target Goal: Increase knowledge of risk factors, CAD, CHF, and smoking cessation

Core Components Notes: Pt is 100% compliant with his medications. Never smoked. Pt weighs himself occasionally and will take his BP occasionally as well. Encouraged to start checking his home BP daily and to weigh himself. Will educate pt on heart healthy lifestyle and diet strategies.

Counseling: NA
Pharmacotherapy: NA
Refer to Treatment Program: NA

NUTRITION Stages of Change: Preparation Lipids: Total Cholesterol: 125 HDL: 28 LDL: 77 Trig: 111 Drug therapy: Yes No Rate Your Plate Score: 55

Weight Mgmt: Ht: 73in Wt: 334lb Waist Circ: 55in % Fat: 42.5 BMI: 44.06 Alcohol Use: NONE Intervention: Dietitian consult Nurse/patient discussion Diet class

Education: Eating Healthy Reading food labels **Target Goal: LDL below 70, HDL above 40, BMI <25, Waist Circ. <40 in Male <35 in Female**

Nutrition Notes: Pt has lost 70 lbs this past year- has been told to drink a high protein drink for two meals and eat a healthy meal once daily- usually does this at night. Pt has been put on Ozempic as well. Pt states he has been eating lots of baked/grilled chicken and vegetables. Pt states they use an air fryer for many things. Pt states they do not add alot of salt to foods. Will educate pt on heart healthy diet strategies and reading food labels.

PSYCHOSOCIAL Stages of change: Preparation Psychosocial Test Score: 0 Intervention: Psych Consult Physician referral

Education: Relaxation Technique S/S of depression Coping Tech **Target Goal: Utilize Coping Techniques, Decreased Stress Levels**

Psychosocial Notes: PHQ-9 score is 0. Pt states he does have some stress due to being a farmer. Pt has a very supportive family. Pt states he plans to attend CR to get some strength built up. Pt states he does not have many hobbies other than TV and internet viewing. Will review stress reduction strategies with pt and how to deal with depression.

No Changes, proceed with rehab
 Please add/change the following:

Physician Signature/Date/Time: [Signature] 8/22/25 Rehab Staff Signature/Date: [Signature] 8/22/25

*Question From Reviewer P. Dooley (ITP)

Reviewer Question (Medical Emergencies)

Q: For the Emergency Policy they have “Dysrhythmia” labeled as a policy and within it they specify Brady/Tachycardia. Can that pass because it does have all of the elements?

Approve. As long as all emergencies are addressed from onset to resolution, it’s ok if the bradycardia and tachycardia policies are combined as long as the necessary info is there.

**HMH Network - Cardiac & Pulmonary Rehabilitation -
Emergency Intervention Cardiac Dysrhythmia**

COPY

Cross Reference
HMH NETWORK - Emergency Room Transfer
HMH - Medical Alert - Adult Code

Policy Statement:
It is the policy of the Cardiac & Pulmonary Rehabilitation Department to establish and maintain optimum health care to patients referred for rehabilitation through preparation for a clinical emergency and to facilitate optimum response to patient with Cardiac Dysrhythmia.

Scope:
This policy applies to all Cardiac & Pulmonary Rehabilitation medical team members.

Key Points:
Personnel:
All clinical staff working in the cardiac & pulmonary rehabilitation department are trained in Basic Life Support and RT's and RNs are trained in Advanced Cardiac Life Support (ACLS) according to the standards of the American Heart Association (AHA). It is preferred for EPs to be ACLS certified. Record

HMH Network - Cardiac & Pulmonary Rehabilitation - Emergency Intervention Cardiac Dysrhythmia. Retrieved 02/2026. Official copy at <http://hnh.policystat.com/policy/17855376/>. Copyright © 2026 Hackensack Meridian Health Inc. Page 1 of 4

*Question From Reviewer M. Chang (Medical Emergencies)

Reviewer Question (Emergency Preparedness)

Q: Emergency Preparedness: the AED/Crash cart checklist has 2 days crossed out without a reason, should I deny this?

Denied. No explanation for the 5th and 6th - dates that were crossed out without being marked as "closed" or something else to explain the status.

CODE CART CHECKLIST MONTH / YEAR: April 2025

Code Carts must be checked once a day (if an outpatient area, indicate days that unit is closed). Write in an expiration date where indicated or place a "✓" in the column to verify items present and not expired and equipment functional. RN/Designee signature (DS) must be put in the signature box to identify the individual responsible for completing the checklist as well as the lock number (lock #) of the cart.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Code cart lock intact	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
2. Expiration dates recorded for:															
a. Medications (mo/day/yr)	9/30/25	9/30/25	9/30/25	9/30/25			9/30/25	9/30/25	9/30/25	9/30/25	9/30/25			9/30/25	9/30/25
b. Materials / supplies (mo/day/yr)	7/31/25	7/31/25	7/31/25	7/31/25			7/31/25	7/31/25	7/31/25	7/31/25	7/31/25			7/31/25	7/31/25
c. EKG Electrodes (mo/day/yr)	3/12/26	3/12/26	3/12/26	3/12/26			3/12/26	3/12/26	3/12/26	3/12/26	3/12/26			3/12/26	3/12/26
d. Defib/Pacing Pads (mo/day/yr)	6/30/25	6/30/25	6/30/25	6/30/25			6/30/25	6/30/25	6/30/25	6/30/25	6/30/25			6/30/25	6/30/25
3. Defibrillator monitor check:															
a. Battery check completed	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
b. EKG cables attached to monitor	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
c. Defib/Pacing cables attached to monitor	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
4. External contents present:															
a. Latex free gloves	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
b. EKG paper	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
c. Splash mask	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
d. Non-Rebreather Face Mask	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
e. Ambu bag	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
f. Pressure infusion bag	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
g. Code binder	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
5. CPR board present	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
6. FULL oxygen tank present	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓
7. Transvenous Pacer Equip. present (CCU, ED, 5W, PACU, and CCL only)	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A			N/A	N/A
8. Pacemaker insertion kit (✓ expiration) (CCU, ED, 5W, PACU, and CCL only)	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A			N/A	N/A
KEY:															
RN = Nurse Signature															
DS = Designee Signature															
# = Code Cart Lock Number															
Revised: June 2024															

*Question From Reviewer M. Chang (Emergency Preparedness)

Reviewer Question (Depression PM)

Q: For Depression is the NEW plan of reinforcing consistency too vague? The other items seem to already be in place and are not new.

Data was obtained from AACVPR registry. We plan to reinforce consistency as frequent exercise is directly tied to depression improvement. We have created a check in card to ask about mood and stress level and have educated staff to assess and look for social withdrawal or decreased engagement during patient exercise sessions. Staff has also created display board with available resources for depression/anxiety/stress.

Approved. This meets minimum requirements, as frequent exercise can help improve depression, and encouraging consistency with exercising makes sense.

*Question From Reviewer M. Chang (Depression PM)

Reviewer Question (Staff Competencies)

- Competencies Questions
 - DM: Would these meet the minimum requirements and align with “understanding type I and type II diabetes”?
 - Ex Training: This does not seem to have enough information to pass. Thoughts?
 - Physical Activity Training: Would this match “current recommendations for intensity, frequent and duration for regular physical activity in persons with CVD”?

Approved. These objectives do relate to each of the topic areas, so this can be approved. It’s ok as long as they are related, it doesn’t need to be the same exact language.

Diabetes Management	For staff to understand Novel Therapeutics for Type 2 Diabetes, Obesity and Heart Failure. Identify pharmaceutical classes and their effects on Diabetes, Obesity and Heart Failure.	JCR Article review: “Novel Therapeutics for Type 2 Diabetes, Obesity, and Heart Failure.” Each staff member read the article and then took a posttest consisting of multiple choice, true or false and short answer questions. A score of 80% or higher was considered passing. Anyone not scoring 80% was to meet with the HVI pharmacist for more discussion and explanation and then retest until they achieve a passing score.
Required		
Exercise Training Evaluation	Understand what Sports Cardiology is and the physiologic changes of the athletic heart from pathology. Identify Sports Cardiology population and cardiac rehab adaptations for this athletic population.	ACC Article review “What is Sports Cardiology” Each staff member read the article and took a posttest consisting of short answer, multiple choice and true or false questions. Article and answers discussed in group setting. A score of 80% was considered passing. If scored less than 80%, met with Sports Cardiologist for discussion and retested until a passing score achieved.
Required		
Physical Activity Counseling	Understand the effects of exercise post myocardial infarction and any contraindications/precautions during cardiac rehab.	Presentation on Myocardial Infarction and Exercise was given to the group followed by discussion. Each staff member was given a posttest consisting of multiple-choice questions, true or false questions, and short answer. A test score of 80% or higher is considered passing. Posttest review of questions with presenter and further discussion for any score less than 80% and retested until passing score achieved.
Required		
Psychosocial Management	Understand relationship between cardiac rehab and heart/mental health. Understand how stress, depression and anxiety can affect cardiovascular disease and the purpose of the screening tool.	Group article review of “Cardiac Rehab Can Improve the Bidirectional Relationship between Heart Health and Mental Health” with discussion. True/False posttest given. Passing score of 80% to be achieved. Any score less than 80% prompted more discussion and then retest until 80% achieved.

*Question From Reviewer M. Chang (Staff Comp)

Reviewer Question (ITP)

Q: The Exercise prescription does not match the exercise grid. If the exercise grid is true, the patient is exercising >60 min when the Ex Rx says 30-45min. Do these need to match?

Approved. This is ok. The ExRx on the top left meets minimums, so this is ok.

Plan for Exercise				
Exercise Prescription				
Mode:	<input checked="" type="checkbox"/> Treadmill	<input checked="" type="checkbox"/> Bike	<input checked="" type="checkbox"/> Rec. Bike	
	<input checked="" type="checkbox"/> Arm Erg.	<input checked="" type="checkbox"/> Recumbent Step	<input checked="" type="checkbox"/> Weights	
	<input checked="" type="checkbox"/> Elliptical/Sciffit Row/Rower	<input checked="" type="checkbox"/> Strength Training		
Frequency:	3 days/week			
Duration:	30-45 min			
Intensity:	RPE 4-7			
	THR: 90-106			
Method	60-80% APHRR w/beta; RHR 64			
Target goals:				
Be able to do household chores w/o needing to rest during or between chores				
Improve breathing				
Build up stamina to exercise at least 150 mins per week				
Intervention/Education				
Pt had his surgery at UC on 9/10/25. MDs note said no more than 10lbs x 6-8 weeks. At pt's l/u w/the surgeon's office, the note said pt is able to participate fully in cardiac rehab. Pt will be 8 weeks on 11/5/25.				
Therapist reviewed S/S to report and stressed importance of pt communicating w/his therapist about how he is feeling. Therapist reviewed benefits of exercise.				
Educated on importance of medication adherence				
Patient given education class schedule.				
Pocket Medications List given				
Reviewed signs and symptoms to report.				
Staff Notes:				
10/31/25 Pt came in today for his cardiac rehab orientation. Therapist reviewed pt history, the program details, and toured the facility w/the pt. Therapist reviewed emergency procedures. Pt completed his 6MWT w/o complaints. First full day of exercise planned for 11/3/25.				
Initial Exercise Data:				
Exercise Prescription Cardiac Protocol				
	Modality	METs	Load	Duration
1	Rest	- Mets		03:00
2	Upright bike	- Mets		10:00
3	Recumbent Bike	- Mets		10:00
4	Treadmill	- Mets		10:00
5	Arm Ergometer	- Mets		05:00
6	NuStep 4000	- Mets		10:00
7	Six Minute Walk	- Mets	500Distance	06:00
8	rec. elliptical	- Mets		10:00
9	Weights	- Mets		05:00
10	Recovery	- Mets		00:00
# of Sessions Approved: 24				
<input checked="" type="checkbox"/> No changes, proceed with rehab as outlined in the ITP with the exercise prescription as written and agree with the psychosocial plan				
Cardiac Therapist Signature				
Prepared By: Kimberly Hoskins, M.Ed. Exercise Physiologist				
Signed on: Friday, October 31, 2025 at 3:09:30 PM				
Date sent to MD: 10/31/25				
See Physician Signature in EPIC				

*Question From Reviewer M. Chang (ITP)

Reviewer Question (Medical Emergencies)

Q: The Emergency polices look good except they reference another document for LVADs which is not provided. LVADs are not required but it is referenced. Should this be denied?

Approved. This is ok. There is documentation on LVADs provided in the policy upload, so this is ok.

St. Elizabeth HEALTHCARE		Cardiac Rehabilitation Policy/Procedure	
Title: EMERGENCY CARE ORDERS			
		Page: 1 of 9	
Approved By: Vera Hall, SVP /Chief Nurse Executive		Policy No.:	CR-08
Responsible Party: Laurie Conkright, VP/CNO Susan Bohl, AVP HVI Kim Wolfe, Director Cardiovascular Services. Robert Strickmeyer MD, Medical Director		Originated:	12/2011
		Revised:	12/2013, 8/2015, 12/2016, 12/11/17, 3/2020, 1/7/21, 4/8/22; 7/1/22; 6/20/24; 2/5/25, 12/31/25
		Reviewed:	12/2012, 12/2014, 12/2019; 12/13/2021, 11/8/2022; 12/30/24
Interdisciplinary Review: <u>Cardiac Rehab: All locations</u>			
POLICY:			
It is the policy of the Cardiac Rehabilitation departments that any patient exercising in the facility experiencing adverse symptoms will be treated by trained staff, according to department emergency care orders that are approved by the Medical Director.			
PURPOSE: To provide safe care to all Cardiac Rehab participants			
DEFINITIONS: ACLS-Advanced Cardiac Life Support (AHA standards); BP-blood pressure; LVAD – Left Ventricular Assist Device; EDG- Edgewood; FTT- Ft. Thomas; DBN- Dearborn			
PROCEDURE:			
CARDIAC ARREST			
<i>*If patient has a Left Ventricular Assist Device, reference VAD Emergency Protocol (HFC - 11)</i>			
1 st Cardiac Rehab Responder			
<ul style="list-style-type: none">• Assess patient.• Establish unresponsiveness per American Heart Association BLS protocol.• Call for help.• Begin BLS.			
2 nd Cardiac Rehab Responder			
<ul style="list-style-type: none">• EDG -Call 911 and Supervising Physician (during hours on call).• FTT & DBN- Push code blue button or dial 22222 from the nearest phone to alert the hospital code team.• Notify other staff of situation and need for assistance.• Get crash cart and bring to scene.• Put defibrillator monitor pads on patient and assess cardiac rhythm and assist with BLS.			
3 rd Cardiac Rehab Responder (if available)			
<ul style="list-style-type: none">• Get Crash cart while 2nd responder is calling Code/911.• Begin ACLS protocol.			
4 th and 5 th Cardiac Rehab Responder (if available)			

*Question From Reviewer M. Chang (Medical Emergencies)

Reviewer Question (Performance Measures)

Q: I do not think any of the performance measures meet the minimum requirements. Should I deny?

- Tobacco: The plan is “Review AACVPR certification metric on tobacco use intervention at daily huddle. I want to deny it and ask to provide more clarity on how this will be implemented. Will this be at EACH daily huddle? Thoughts? (14236 has the same PM plans)
- Enrollment: “Our Cardiac Rehab is located on the 1st floor of our largest Heart and Vascular building. Working with the cardiovascular surgeons and cardiologists to have their patients stop in after their follow up appointment to see the facility and sign up. We can schedule for our sister sites as well. Relook at the effectiveness of our Phase I program and reevaluate if inpatient visits or phone calls once they are home are more beneficial.” Should I ask them to clarify what their NEW plan is? (14236 has the same PM plans)
- BP: “Review the metric with all Cardiac Therapists so they are aware of the goal. Put post it notes on the patient's workout card on their last day asking them to wait until all the other patients have left the education room, where the BPs are taken, sitting quietly with legs uncrossed and feet flat on the floor. Also have calming scene videos playing on the big screen in the room.” I think it meets requirements as a NEW plan but it is not a good plan. They should be communicating with the patient throughout the whole program not just on the last day. Should I pass this but give suggestions for best practice?

Tobacco Plan Denied.
Tobacco plan is not acceptable. It's not clear how reading the metric will impact the patients.

Enrollment Plan Approved.
This is acceptable.

Blood Pressure Plan Denied.
More focused on administering the BP reading correctly vs. doing something that will actually help the patients reduce blood pressure.

*Question From Reviewer M. Chang (Performance Measures)

Reviewer Question (Staff Competencies)

Q: For the Staff Competency for Patient Assessment: They wrote “Define Sarcopenia, identify symptoms and remedies. Understand how it affects exercise tolerance.” Sarcopenia is not listed in the Competency document, should this be denied?

Patient Assessment

Define Sarcopenia, identify symptoms and remedies.
Understand how it affects exercise tolerance.

Article review "Sarcopenia: What you need to know". Each staff member read the article followed by group discussion. Each staff member took a Multiple choice and True/False posttest. A score of 80% was considered passing. If scored less than 80%, more discussion and retested until a passing score achieved.

Approved. This is related to what is covered in patient assessment, so this can be approved. It's a bit out of the box but it works!

*Question From Reviewer M. Chang (Staff Competencies)

Reviewer Question (Blood Pressure PM)

Q: The Blood Pressure PM seems to not effect the pt. Should I deny?

All cardiac rehab sites will hold quarterly meetings to review and share blood pressure (BP) data, ensuring continued focus on improving patient outcomes. These meetings will foster regular discussions among clinicians to refine education topics and enhance presentations, ultimately driving improvements in BP values across all sites.

Approved. This seems appropriate – it sounds like they’ll be sharing tips on education topics that they present to the patients on BP – this could be a great way to share tips and expand on education.

*Question From Reviewer M. Chang (Blood Pressure PM)

Reviewer Question (Staff Competencies)

Q: When reviewing staff competencies, I do not feel that the program explained how staff was deemed competent. I would appreciate your input - Thanks!

Denied. It's not clear how the staff are deemed to be competent, particularly for the BP measure.

Blood Pressure Management	1. Review and update Blood Pressure Guidelines for our Standing Emergency Treatment Plan. 2. Clearly state the numbers for when blood pressure is too low or too high to exercise. 3. Review treatment for hypotension and hypertension.	Staff reviewed our emergency treatment plan compared with the current blood pressure guidelines to ensure numbers matched. Staff reviewed emergency scenarios where hypotension or hypertension were the cause of the patient's distress.	
Required			
Diabetes Management	To learn more about the newer diabetic medications and how they impact blood sugar during exercise.	The dietician from the Diabetes Education Center came to present the information about the updated medications. She had several hand outs that compared the medications. Staff reviewed the hand outs during the presentation and clarified information as needed.	
Required			
Exercise Training Evaluation	1. To clarify how staff are documenting and evaluating exercise training/progression. 2. Update and revise ITP to have a more clear, concise exercise prescription.	Staff reviewed current ITP and exercise prescription. We discussed what was helpful and what was not. We also reviewed what was needed to ensure compliance. ITP and exercise prescription were revised base upon this discussion as well as input from our medical director.	
Required			
Nutritional Counseling	1. To update nutritional knowledge especially in regards to heart failure. 2. To better understand the information the dietician is covering in her two nutrition classes.	The dietician from the Heart Failure clinic came to present to staff. Staff were given hand outs to review during her presentation. Staff reviewed the information and clarified information as needed.	

*Question From Reviewer P. Dooley (Staff Competencies)

Reviewer Question (Staff Competencies)

Approved. While it's a bit unusual that only one staff member is providing direct patient care, they do have a low volume of patients, and we don't have a denial reason that relates to the number of staff providing direct patient care.

Q: Only one staff member is listed who provides direct patient care; they are a CCRP. No staff competencies are listed, which makes sense. I just struggle with them not having any other staff who provide direct patient care - what if she's sick or on vacation? Technically this section meets criteria I think, just seems odd.

*Question From Reviewer J. Mahoney (Staff Competencies)

Reviewer Question (Emergency Preparedness)

Q: Is there enough detail to technically pass the emergency scenarios listed?

Approved. While minimal, there are some details so it can be passed.

In-Service Emergency Type 1	Acute Dyspnea
Date	12/9/2025
Description	Mock scenario and education: Mock scenario envisioned "patient exercising in OPT CR room who experienced acute dyspnea" then educational review of our OPT CR p&p "Dyspnea" to reinforce how to recognize, assess, and manage that scenario in OPT CR setting.
In-Service Emergency Type 2	Angina/Chest Pain
Date	9/5/2025
Description	Mock scenario and education: Reviewed our OPT CR p&p "Angina" for education. Then envisioned mock scenario "patient exercising in OPT CR room who experienced angina", with overview again of steps in the p&p to reinforce how to recognize, assess, manage that scenario in OPT CR setting.
In-Service Emergency Type 3	Bradycardia
Date	5/23/2025
Description	Training session and education: At this time period, we had 4 new patients in our OPT CR Program that have implanted rhythm management devices. Educational review of our OPT CR p&p "Cardiac Arrhythmias" to reinforce how to recognize, assess, and manage cardiac rhythm issues in the OPT CR setting. Also read p. 162 - 165 in 6th ed GCR AACVPR as well as p. 241 - 243 in ACSM Guidelines for Exercise Testing and Prescription (specific to PMs and ICDs) as part of training session.
In-Service Emergency Type 4	Cardiopulmonary Arrest
Date	2/19/2025
Description	Training session and education: Reviewed contents of the crash cart (via hands-on locating them by scavenger hunt method in the annual nursing skills fair Code Blue booth). Then educational review of our OPT CR p&p "Code Blue" to remind/review steps to recognize, assess, manage code blue in the OPT CR setting.

*Question From Reviewer J. Mahoney (Emergency Preparedness)

Upcoming Reviewer Q&A Sessions

Monday, April 27, 2026, from 12:00pm to 1:00pm Central Time

*Tuesday, May 5, 2026, from 12:00pm to 1:00pm Central Time (Extra call if needed)

Reminder – Timeline for Review

- ~~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 – Initial review cycle closed and all programs are notified of their status

August – September 2026 – Remediation for denied application begins

Contact Information

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