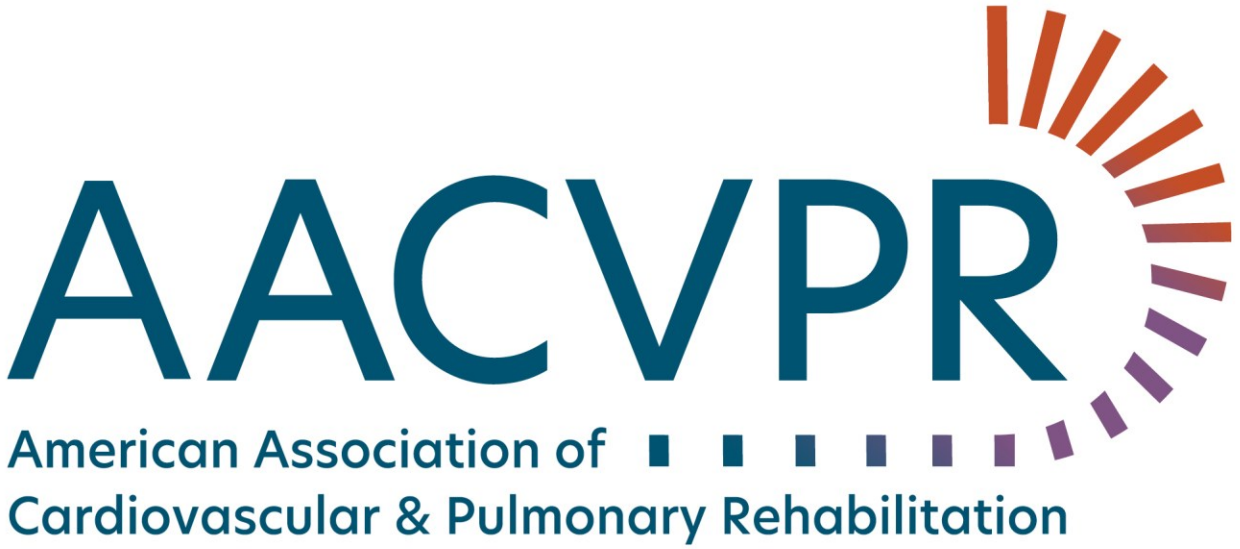

AACVPR
American Association of
Cardiovascular & Pulmonary Rehabilitation

2026 Program Certification Weekly Reviewer Meeting Tuesday, March 24, 2026

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

Instruction for Reviewing Previous Performance Measures

1. Go to the Read Only Queue
2. Switch the Status dropdown to “all”
3. Search for the Program ID and select the 2023 application and then use the “Overview” tab to look at the submitted plans.

Reviewer Question (Medical Emergencies)

Bradycardia Medical Emergency:
After reviewing the nine medical emergencies, I noticed that the bradycardia algorithm only walks through the symptomatic pathway. That made me wonder what the expected action is for a patient who is asymptomatic with a heart rate of 50. In cases like this, would the plan be to send the patient home, refer them to the ED, or direct them to follow up with cardiology? I'm not sure this constitutes a failure, but I do think it could benefit from clearer guidance. Adding a line or branch for asymptomatic bradycardia might help eliminate confusion for staff who are trying to determine the appropriate next step. (Med Emerg pp 4-5)

Answer: Pass – Does meet the minimum requirements.

I noticed that hypoglycemia was addressed thoroughly in both **symptomatic and asymptomatic** scenarios, which provides good clarity for staff. However, this same level of detail wasn't applied to **hyperglycemia and dyspnea**. The current plan only addresses **symptomatic hyperglycemia**, with the recommendation to send the patient to the ED. (Med Emerg p 6)

Answer: Pass – Does meet the minimum requirements.

It may be helpful to expand the algorithm to also include guidance for **asymptomatic hyperglycemia**, like how hypoglycemia is structured. Adding criteria for when to monitor, when to treat on-site, and when to escalate could help create consistency and reduce uncertainty for the team. (Med Emerg p 7)

It is also noted that with Hypertension and Hypotension within the department, that they will call the physician, but nothing about disposal of patient to home, only to ED if symptoms worsened. (Med Emerg p 8)

Answer: Pass – Does meet the minimum requirements.

*Question From Reviewer V. Yandle (Med Emergencies)

Reviewer Question (Staff Competencies)

The objectives don't really talk about blood pressure, and the second paragraph only says Grace Lyons read an article on stroke education and blood pressure and its parameters. Maybe I am being too picky, but it doesn't specifically address blood pressure management in my opinion.

Answer: Deny – Because they use an article on metabolic syndrome for their blood pressure staff competency, but this article has nothing to do with blood pressure. Since there are at least 2 staff members that used this article as one of competencies they are missing a competency.

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.	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%.
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.	

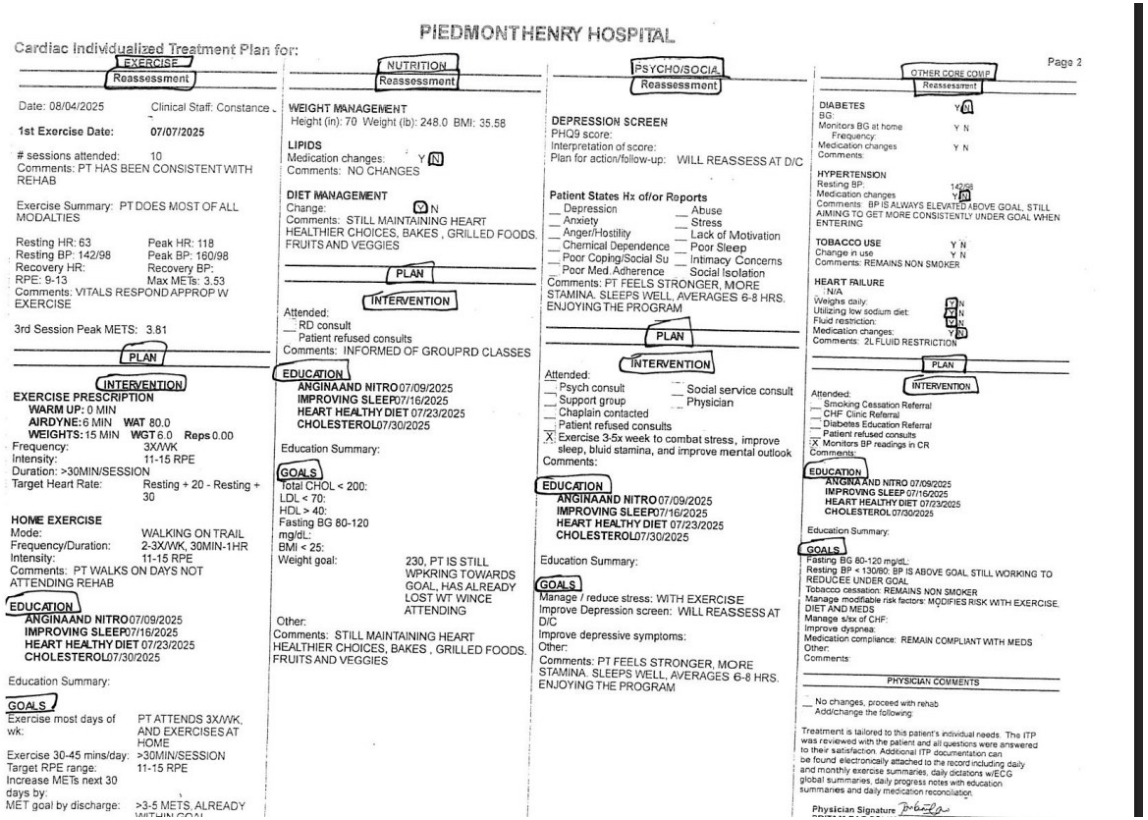
*Question From Reviewer R. Wilder (Staff Competencies)

Reviewer Question (ITP)

I have a question about this programs **ITP:**

Education in each domain contains the same education topics in all of the domains in any given reassessment or discharge. - DENY?
This program could have reorganized exercise education under Education, Nutrition education under Nutrition, Psychosocial education under psychosocial and OCC HTN Education under OCC HTN.

Answer: Pass – Assessment and discharge information are also listed under the education section with corresponding dates.



PIEDMONTHENRY HOSPITAL

Cardiac Individualized Treatment Plan for:

Page 2

EXERCISE
Reassessment

Date: 08/04/2025 Clinical Staff: Constance

1st Exercise Date: 07/07/2025

sessions attended: 10
Comments: PT HAS BEEN CONSISTENT WITH REHAB

Exercise Summary: PT DOES MOST OF ALL MODALTIES

Resting HR: 63 Peak HR: 118
Resting BP: 142/98 Peak BP: 160/98
Recovery HR: Recovery BP:
RPE: 9-13 Max METs: 3.53
Comments: VITALS RESPOND APPROP W EXERCISE

3rd Session Peak METS: 3.81

PLAN

INTERVENTION

EXERCISE PRESCRIPTION
WARM UP: 0 MIN
AIRDYNE: 6 MIN WAT 80.0
WEIGHTS: 15 MIN WGT 6.0 Reps 0.00
Frequency: 3X/WK
Intensity: 11-15 RPE
Duration: >30MIN/SESSION
Target Heart Rate: Resting + 20 - Resting + 30

HOME EXERCISE
Mode: WALKING ON TRAIL
Frequency/Duration: 2-3X/WK, 30MIN-1HR
Intensity: 11-15 RPE
Comments: PT WALKS ON DAYS NOT ATTENDING REHAB

EDUCATION
ANGINA AND NITRO 07/09/2025
IMPROVING SLEEP 07/16/2025
HEART HEALTHY DIET 07/23/2025
CHOLESTEROL 07/30/2025

Education Summary:

GOALS
Exercise most days of wk: PT ATTENDS 3X/WK, AND EXERCISES AT HOME
Exercise 30-45 mins/day: >30MIN/SESSION
Target RPE range: 11-15 RPE
Increase METs next 30 days by:
MET goal by discharge: >3-5 METS ALREADY

NUTRITION
Reasssessment

WEIGHT MANAGEMENT
Height (in): 70 Weight (lb): 248.0 BMI: 35.58

LIPIDS
Medication changes: Y (N)
Comments: NO CHANGES

DIET MANAGEMENT
Change: (Y) N
Comments: STILL MAINTAINING HEART HEALTHIER CHOICES, BAKES , GRILLED FOODS. FRUITS AND VEGGIES

PLAN

INTERVENTION

Attended:
__ RD consult
__ Patient refused consults
Comments: INFORMED OF GROUPRD CLASSES

EDUCATION
ANGINA AND NITRO 07/09/2025
IMPROVING SLEEP 07/16/2025
HEART HEALTHY DIET 07/23/2025
CHOLESTEROL 07/30/2025

Education Summary:

GOALS
Total CHOL < 200:
LDL < 70:
HDL > 40:
Fasting BG 80-120 mg/dL:
BMI < 25:
Weight goal: 230, PT IS STILL WPKRING TOWARDS GOAL, HAS ALREADY LOST WT WINCE ATTENDING

Other:
Comments: STILL MAINTAINING HEART HEALTHIER CHOICES, BAKES , GRILLED FOODS. FRUITS AND VEGGIES

PSYCHO/SOCIAL
Reassessment

DEPRESSION SCREEN
PHQ9 score:
Interpretation of score:
Plan for action/follow-up: WILL REASSESS AT D/C

Patient States Hx of/or Reports
__ Depression __ Abuse
__ Anxiety __ Stress
__ Anger/Hostility __ Lack of Motivation
__ Chemical Dependence __ Poor Sleep
__ Poor Coping/Social Su __ Intimacy Concerns
__ Poor Med Adherence __ Social Isolation
Comments: PT FEELS STRONGER, MORE STAMINA. SLEEPS WELL, AVERAGES 6-8 HRS. ENJOYING THE PROGRAM

PLAN

INTERVENTION

Attended:
__ Psych consult __ Social service consult
__ Support group __ Physician
__ Chaplain contacted
__ Patient refused consults
X Exercise 3-5x week to combat stress, improve sleep, bluid stamina, and improve mental outlook
Comments:

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ANGINA AND NITRO 07/09/2025
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CHOLESTEROL 07/30/2025

Education Summary:

GOALS
Manage / reduce stress: WITH EXERCISE
Improve Depression screen: WILL REASSESS AT D/C
Improve depressive symptoms:
Other:
Comments: PT FEELS STRONGER, MORE STAMINA. SLEEPS WELL, AVERAGES 6-8 HRS. ENJOYING THE PROGRAM

OTHER CORE COMP
Reassessment

DIABETES Y (N)
BG:
Monitors BG at home Y N
Frequency:
Medication changes Y N
Comments:

HYPERTENSION
Resting BP: 142/98
Medication changes Y (N)
Comments: BP IS ALWAYS ELEVATED ABOVE GOAL, STILL AIMING TO GET MORE CONSISTENTLY UNDER GOAL WHEN ENTERING

TOBACCO USE Y N
Change in use Y N
Comments: REMAINS NON SMOKER

HEART FAILURE
N/A
Weighs daily: (Y) N
Utilizing low sodium diet: (Y) N
Fluid restriction: (Y) N
Medication changes: Y (N)
Comments: 2L FLUID RESTRICTION

PLAN

INTERVENTION

Attended:
__ Smoking Cessation Referral
__ CHF Clinic Referral
__ Diabetes Education Referral
__ Patient refused consults
X Monitors BP readings in CR
Comments:

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Education Summary:

GOALS
Fasting BG 80-120 mg/dL:
Resting BP < 130/80 BP IS ABOVE GOAL STILL WORKING TO REDUCE UNDER GOAL
Tobacco cessation: REMAINS NON SMOKER
Manage modifiable risk factors: MODIFIES RISK WITH EXERCISE, DIET AND MEDS
Manage s/sx of CHF:
Improve dyspnea:
Medication compliance: REMAIN COMPLIANT WITH MEDS
Other:
Comments:

PHYSICIAN COMMENTS

__ No changes, proceed with rehab
__ Add/change the following:

Treatment is tailored to this patient's individual needs. The ITP was reviewed with the patient and all questions were answered to their satisfaction. Additional ITP documentation can be found electronically attached to the record including daily and monthly exercise summaries, daily dictations w/ECG global summaries, daily progress notes with education summaries and daily medication reconciliation.

Physician Signature

*Question From V. Pahlad-Singh (ITP)

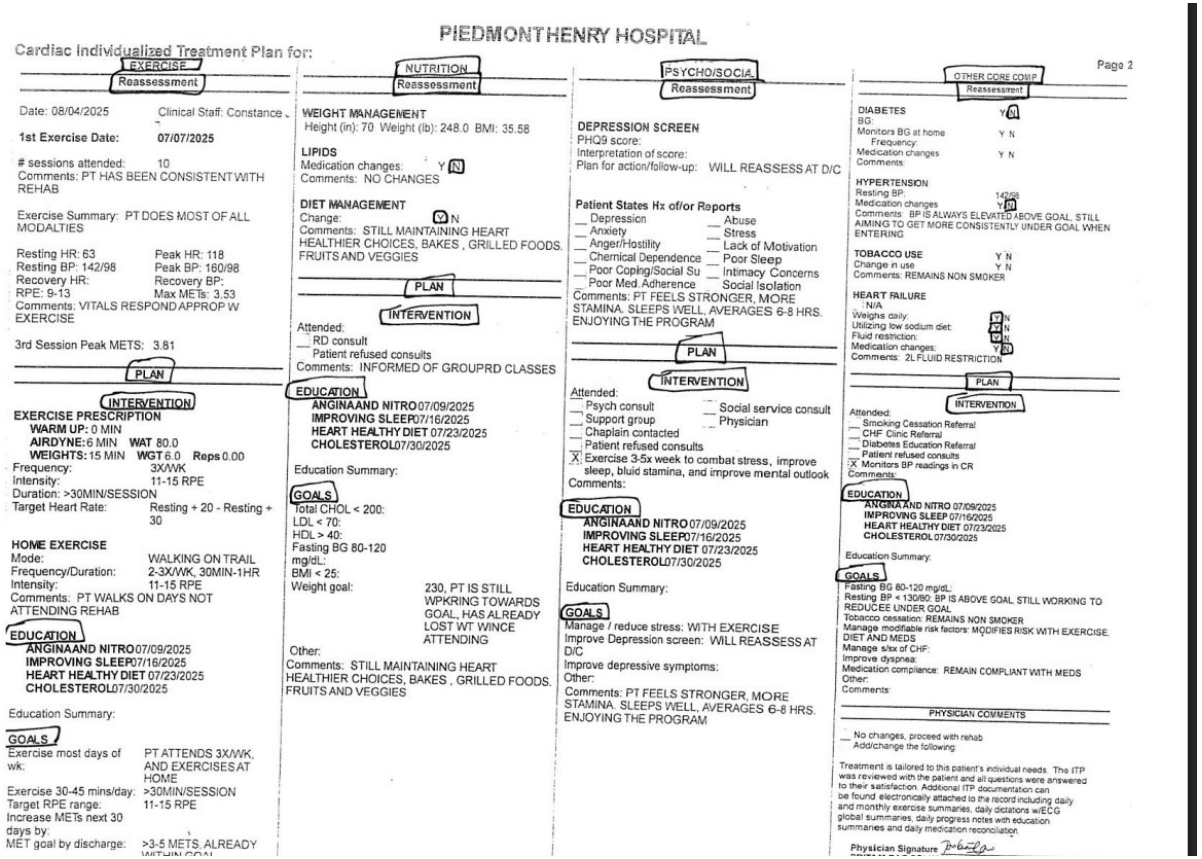
Reviewer Question (ITP cont.)

I have a question about this programs **ITP:**

I am questioning details on progress towards goals. There are comments but not much details on how the patient achieved goals or what he is doing or how staff has helped him achieve his goals. - DENY
Discharge nutrition has no Discharge screening data (RYP). - DENY

Answer: Approve – Program has several reassessments and they had good comments. They indicate in the goals what the patient is doing, and they provide different comments on each assessment.

Additionally, for the nutrition it meets the minimum criteria. No formal rate your plate is required.



PIEDMONTHENRY HOSPITAL

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Comments: NO CHANGES

DIET MANAGEMENT
Change: Y N
Comments: STILL MAINTAINING HEART HEALTHIER CHOICES, BAKES , GRILLED FOODS. FRUITS AND VEGGIES

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Attended:
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Comments: INFORMED OF GROUPRD CLASSES

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Other:
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PHQ9 score:
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Medication changes Y N
Comments:

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Improve dyspnea:
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__ No changes, proceed with rehab
__ Add/change the following:

Treatment is tailored to this patient's individual needs. This ITP was reviewed with the patient and all questions were answered to their satisfaction. Additional ITP documentation can be found electronically attached to the record including daily and monthly exercise summaries, daily dictations w/ECG global summaries, daily progress notes with education summaries and daily medication reconciliation.

Physician Signature

*Question From V. Pahlad-Singh (ITP)

Reviewer Question (HRQOL Performance Measure)

For the outcome plans- 2-3 plans are listed for each area. Under HRQOL:

Discuss 30 Day progress with patients and determine further needs, PLB (used under dyspnea) and referral for anxiety/stress management. I thought "30-day ITP progress update" was most appropriate for this outcome. The problem is that the program also listed "CarePlan review" and positive feedback under adherence. They included a graduation certificate-but it sounds like they are already doing this. They also mentioned a T shirt for graduation which they have not yet started. They have multiple possible plans under each category- Which do I use??

Answer: Pass – The adherence plans meet the minimum requirements.

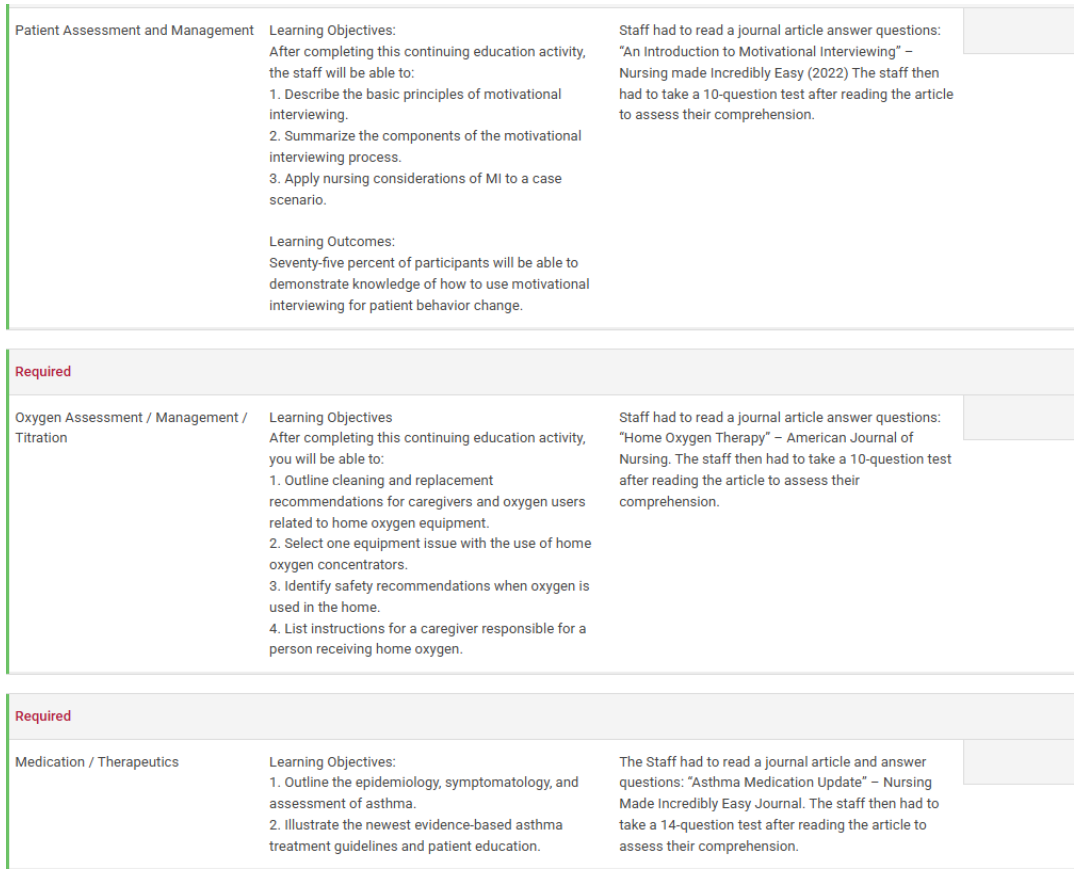
Title	2026 Pulmonary Page 8 Improvement in Health-Related Quality of Life
Activity Description	
Selection	COPD Assessment Test (CAT)
Answer	
Numerator	11
Numerator 2	
Denominator	29
Percent Increase	**37.93**
Answer	Making to sure to address stress and anxiety and offer referral when needed. Discussing with patients while sitting privately with them in detail their ITP every 30 days so they feel involved in their care. Teaching pts the proper technique of pursed lip breathing to expand lungs.

*Question From Reviewer J. Pierce (Quality of Life PM)

Reviewer Question (Staff Competencies)

Is stating that staff took an “x” number of questions test to assess their comprehension considered to be evidence that staff are competent. I think it’s missing details to fulfill this requirement. Please advise.

Answer: Deny – The program doesn’t indicate what staff needs to do show competency. They only note they take a quiz, but don’t explain what score is required to show passing.



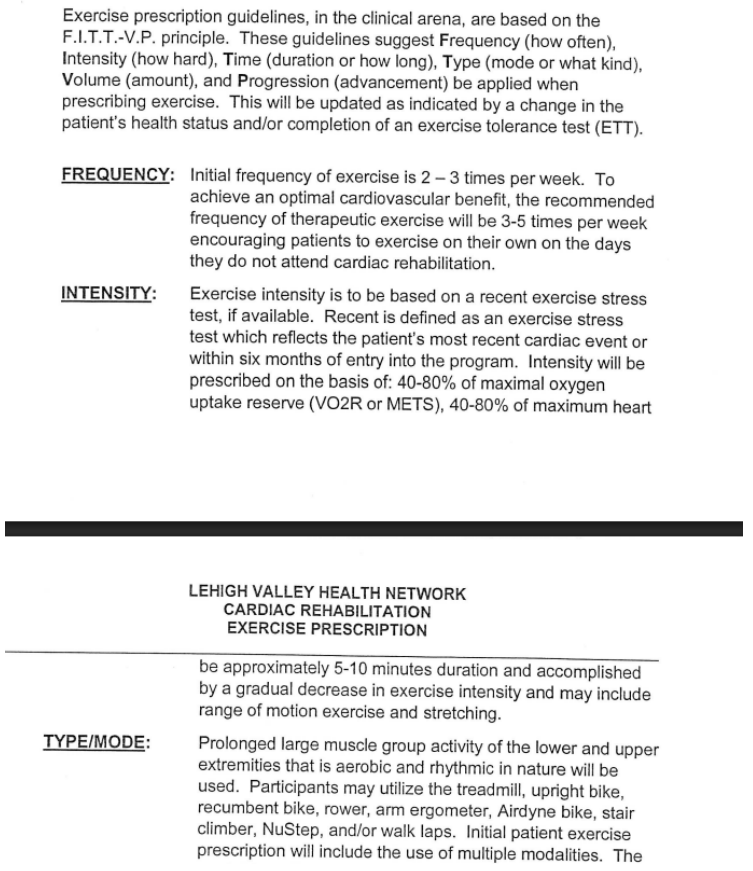
Patient Assessment and Management	Learning Objectives: After completing this continuing education activity, the staff will be able to: 1. Describe the basic principles of motivational interviewing. 2. Summarize the components of the motivational interviewing process. 3. Apply nursing considerations of MI to a case scenario. Learning Outcomes: Seventy-five percent of participants will be able to demonstrate knowledge of how to use motivational interviewing for patient behavior change.	Staff had to read a journal article answer questions: “An Introduction to Motivational Interviewing” – Nursing made Incredibly Easy (2022) The staff then had to take a 10-question test after reading the article to assess their comprehension.	
Required			
Oxygen Assessment / Management / Titration	Learning Objectives After completing this continuing education activity, you will be able to: 1. Outline cleaning and replacement recommendations for caregivers and oxygen users related to home oxygen equipment. 2. Select one equipment issue with the use of home oxygen concentrators. 3. Identify safety recommendations when oxygen is used in the home. 4. List instructions for a caregiver responsible for a person receiving home oxygen.	Staff had to read a journal article answer questions: “Home Oxygen Therapy” – American Journal of Nursing. The staff then had to take a 10-question test after reading the article to assess their comprehension.	
Required			
Medication / Therapeutics	Learning Objectives: 1. Outline the epidemiology, symptomatology, and assessment of asthma. 2. Illustrate the newest evidence-based asthma treatment guidelines and patient education.	The Staff had to read a journal article and answer questions: “Asthma Medication Update” – Nursing Made Incredibly Easy Journal. The staff then had to take a 14-question test after reading the article to assess their comprehension.	

*Question From Reviewer C. Chavez (Staff Competencies)

Reviewer Question (Exercise Prescription Policy)

It looks like a page of the exercise prescription policy is missing-it leaves sentence unfinished on page 2 regarding intensity and the sentence on the next page is not a continuation of previous sentence. I don't readily see duration discussed-under volume it mentions total of 150 minutes per week, and in attachments they breakdown duration based on risk stratification. However, since attachments are not to be included in the application and not really part of the policy, is this a denial?

Answer: Deny - Appears a page is missing from the exercise prescription document so not enough information to pass. Also, attachments provided can't be used because they are not referred to within the exercise prescription policy.



Exercise prescription guidelines, in the clinical arena, are based on the F.I.T.T.-V.P. principle. These guidelines suggest **F**requency (how often), **I**ntensity (how hard), **T**ime (duration or how long), **T**ype (mode or what kind), **V**olume (amount), and **P**rogression (advancement) be applied when prescribing exercise. This will be updated as indicated by a change in the patient's health status and/or completion of an exercise tolerance test (ETT).

FREQUENCY: Initial frequency of exercise is 2 – 3 times per week. To achieve an optimal cardiovascular benefit, the recommended frequency of therapeutic exercise will be 3-5 times per week encouraging patients to exercise on their own on the days they do not attend cardiac rehabilitation.

INTENSITY: Exercise intensity is to be based on a recent exercise stress test, if available. Recent is defined as an exercise stress test which reflects the patient's most recent cardiac event or within six months of entry into the program. Intensity will be prescribed on the basis of: 40-80% of maximal oxygen uptake reserve (VO2R or METS), 40-80% of maximum heart

LEHIGH VALLEY HEALTH NETWORK
CARDIAC REHABILITATION
EXERCISE PRESCRIPTION

be approximately 5-10 minutes duration and accomplished by a gradual decrease in exercise intensity and may include range of motion exercise and stretching.

TYPE/MODE: Prolonged large muscle group activity of the lower and upper extremities that is aerobic and rhythmic in nature will be used. Participants may utilize the treadmill, upright bike, recumbent bike, rower, arm ergometer, Airdyne bike, stair climber, NuStep, and/or walk laps. Initial patient exercise prescription will include the use of multiple modalities. The

*Question From Reviewer L. Arnold (Exercise Prescription Policy)

Reviewer Question (ITP)

I have a PR program's ITP here.
Under exercise plan, there are:
-goals (documented)
-intervention --> exrx (documented)
-education _____(the box is there but nothing is documented in it, it's completely blank)

Also, the OCC they chose was pulm hygiene AND altered sleep. Do I recall right that they need to address both of those in the intervention and education now since they chose two?

Under the intervention and education, all they wrote was "provide bronchial hygiene education". (so why even mention the sleep?)

Answer regarding ITP: Can't provide a pass or deny decision because the program ID was not provided to review the ITP. Just remember that as long the plan meets the minimum criteria it can pass.

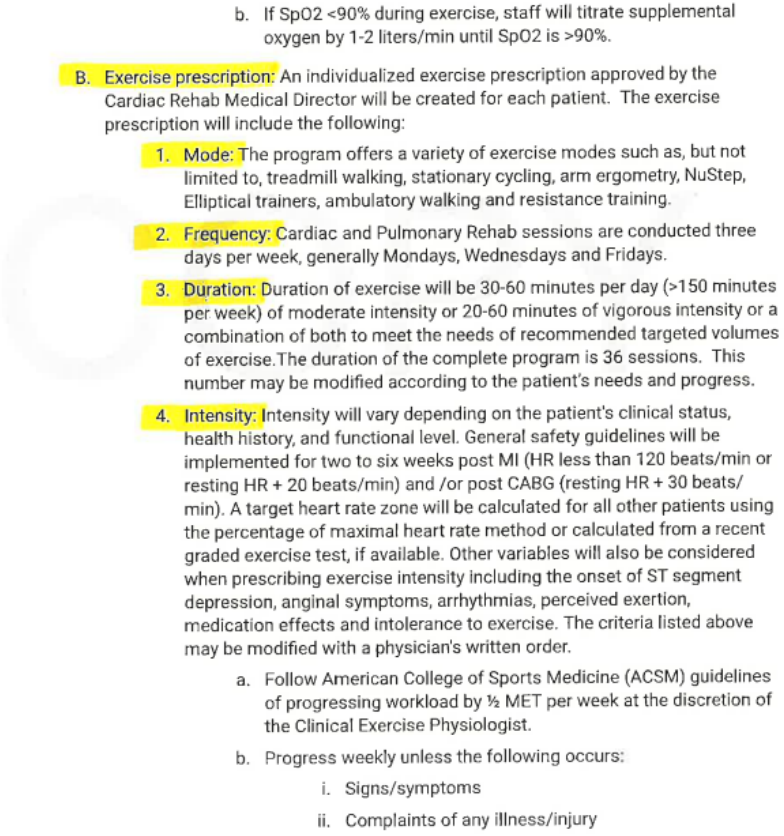
Answer regarding OCC: Deny – Since the program provided two OCC but only provided details for one (bronchial hygiene and not sleep) they don't meet all of the criteria.

*Question From K. Lee (ITP)

Reviewer Question (Exercise Prescription)

Exrx Policy: (For both programs) The information seems to be present, but I can't tell if this is the entire policy, and since there are no dates, I don't know if it is in effect.

Answer: Pass – The exercise prescription can cover both the CR and PR programs. Although they are taking snippets of their policy, as long as it covers all the emergency protocols and has the dates listed it meets the minimum criteria. The dates are visible at the bottom of the page.



b. If SpO2 <90% during exercise, staff will titrate supplemental oxygen by 1-2 liters/min until SpO2 is >90%.

B. Exercise prescription: An individualized exercise prescription approved by the Cardiac Rehab Medical Director will be created for each patient. The exercise prescription will include the following:

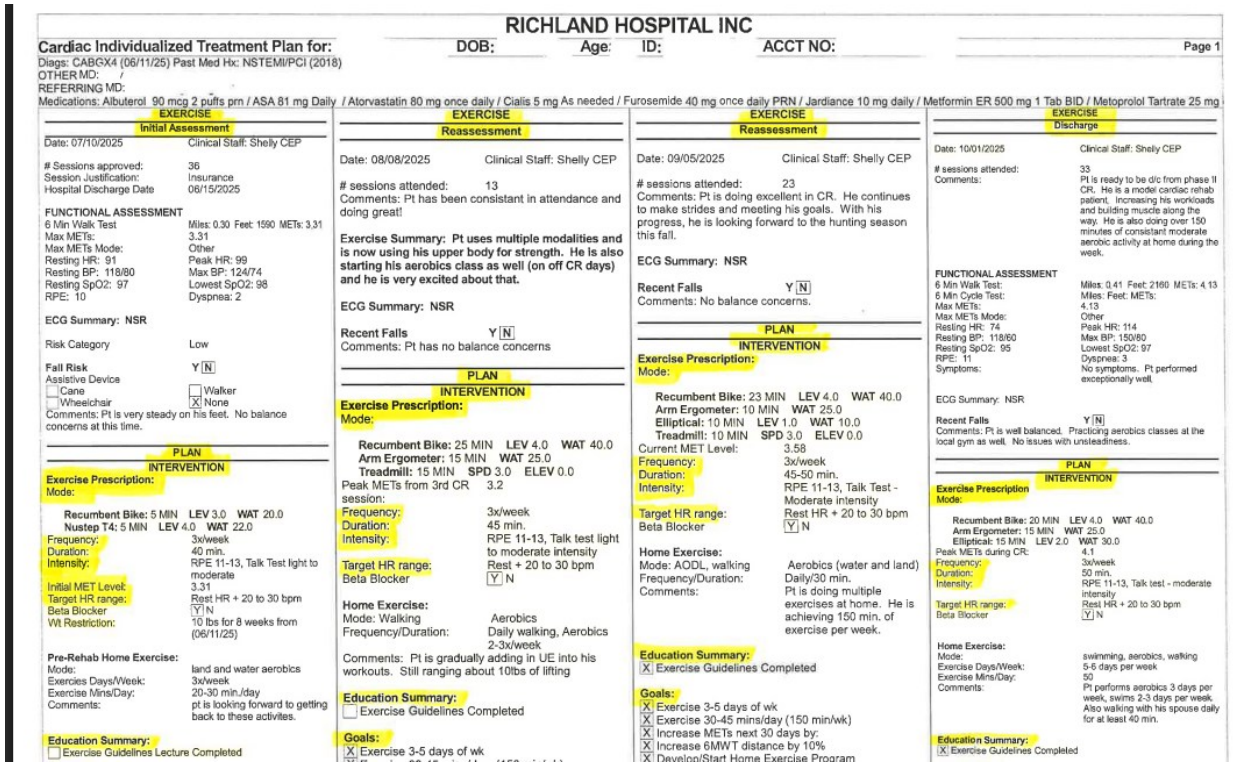
1. Mode: The program offers a variety of exercise modes such as, but not limited to, treadmill walking, stationary cycling, arm ergometry, NuStep, Elliptical trainers, ambulatory walking and resistance training.
2. Frequency: Cardiac and Pulmonary Rehab sessions are conducted three days per week, generally Mondays, Wednesdays and Fridays.
3. Duration: Duration of exercise will be 30-60 minutes per day (>150 minutes per week) of moderate intensity or 20-60 minutes of vigorous intensity or a combination of both to meet the needs of recommended targeted volumes of exercise.The duration of the complete program is 36 sessions. This number may be modified according to the patient's needs and progress.
4. Intensity: Intensity will vary depending on the patient's clinical status, health history, and functional level. General safety guidelines will be implemented for two to six weeks post MI (HR less than 120 beats/min or resting HR + 20 beats/min) and /or post CABG (resting HR + 30 beats/min). A target heart rate zone will be calculated for all other patients using the percentage of maximal heart rate method or calculated from a recent graded exercise test, if available. Other variables will also be considered when prescribing exercise intensity including the onset of ST segment depression, anginal symptoms, arrhythmias, perceived exertion, medication effects and intolerance to exercise. The criteria listed above may be modified with a physician's written order.
    a. Follow American College of Sports Medicine (ACSM) guidelines of progressing workload by ½ MET per week at the discretion of the Clinical Exercise Physiologist.
    b. Progress weekly unless the following occurs:
        i. Signs/symptoms
        ii. Complaints of any illness/injury

*Question From R. Hornby (Exercise Prescription)

Reviewer Question (ITP)

ITP: Signature question: (for both programs): Has a handwritten MD signature, but the date and MD name are typed. Is that considered an electronic signature as well?
Otherwise, the ITP Looks good

Answer: Pass – Signature is acceptable because it is the electronic manual signature and has the date, it was was just done on a pad.



RICHLAND HOSPITAL INC

Cardiac Individualized Treatment Plan for: DOB: Age: ID: ACCT NO: Page 1

Diags: CABGX4 (06/11/25) Past Med Hx: NSTEMI/PCI (2018)
OTHER MD: /
REFERRING MD:
Medications: Albuterol 90 mcg 2 puffs prn / ASA 81 mg Daily / Atorvastatin 80 mg once daily / Cialis 5 mg As needed / Furosemide 40 mg once daily PRN / Jardiance 10 mg daily / Metformin ER 500 mg 1 Tab BID / Metoprolol Tartrate 25 mg

EXERCISE — Initial Assessment

Date: 07/10/2025 Clinical Staff: Shelly CEP

Sessions approved: 36
Session Justification: Insurance
Hospital Discharge Date 08/15/2025

FUNCTIONAL ASSESSMENT
6 Min Walk Test Miles: 0.30 Feet: 1590 METs: 3.31
Max METs: 3.31
Max METs Mode: Other
Resting HR: 91 Peak HR: 99
Resting BP: 118/80 Max BP: 124/74
Resting SpO2: 97 Lowest SpO2: 98
RPE: 10 Dyspnea: 2

ECG Summary: NSR

Risk Category Low

Fall Risk Y [N]
Assistive Device
[ ] Cane [ ] Walker
[ ] Wheelchair [X] None
Comments: Pt is very steady on his feet. No balance concerns at this time.

PLAN — INTERVENTION

Exercise Prescription:
Mode:

Recumbent Bike: 5 MIN LEV 3.0 WAT 20.0
Nustep T4: 5 MIN LEV 4.0 WAT 22.0
Frequency: 3x/week
Duration: 40 min.
Intensity: RPE 11-13, Talk Test light to moderate
Initial MET Level: 3.31
Target HR range: Rest HR + 20 to 30 bpm
Beta Blocker [Y] N
Wt Restriction: 10 lbs for 8 weeks from (06/11/25)

Pre-Rehab Home Exercise:
Mode: land and water aerobics
Exercises Days/Week: 3x/week
Exercise Mins/Day: 20-30 min./day
Comments: pt is looking forward to getting back to these activites.

Education Summary:
[ ] Exercise Guidelines Lecture Completed

EXERCISE — Reassessment

Date: 08/08/2025 Clinical Staff: Shelly CEP

sessions attended: 13
Comments: Pt has been consistant in attendance and doing great!

Exercise Summary: Pt uses multiple modalities and is now using his upper body for strength. He is also starting his aerobics class as well (on off CR days) and he is very excited about that.

ECG Summary: NSR

Recent Falls Y [N]
Comments: Pt has no balance concerns

PLAN — INTERVENTION

Exercise Prescription:
Mode:

Recumbent Bike: 25 MIN LEV 4.0 WAT 40.0
Arm Ergometer: 15 MIN WAT 25.0
Treadmill: 15 MIN SPD 3.0 ELEV 0.0
Peak METs from 3rd CR session: 3.2
Frequency: 3x/week
Duration: 45 min.
Intensity: RPE 11-13, Talk test light to moderate intensity
Target HR range: Rest + 20 to 30 bpm
Beta Blocker [Y] N

Home Exercise:
Mode: Walking Aerobics
Frequency/Duration: Daily walking, Aerobics 2-3x/week
Comments: Pt is gradually adding in UE into his workouts. Still ranging about 10lbs of lifting

Education Summary:
[ ] Exercise Guidelines Completed

Goals:
[X] Exercise 3-5 days of wk

EXERCISE — Reassessment

Date: 09/05/2025 Clinical Staff: Shelly CEP

sessions attended: 23
Comments: Pt is doing excellent in CR. He continues to make strides and meeting his goals. With his progress, he is looking forward to the hunting season this fall.

ECG Summary: NSR

Recent Falls Y [N]
Comments: No balance concerns.

PLAN — INTERVENTION

Exercise Prescription:
Mode:

Recumbent Bike: 23 MIN LEV 4.0 WAT 40.0
Arm Ergometer: 10 MIN WAT 25.0
Elliptical: 10 MIN LEV 1.0 WAT 10.0
Treadmill: 10 MIN SPD 3.0 ELEV 0.0
Current MET Level: 3.58
Frequency: 3x/week
Duration: 45-50 min.
Intensity: RPE 11-13, Talk Test - Moderate intensity
Target HR range: Rest HR + 20 to 30 bpm
Beta Blocker [Y] N

Home Exercise:
Mode: AODL, walking Aerobics (water and land)
Frequency/Duration: Daily/30 min.
Comments: Pt is doing multiple exercises at home. He is achieving 150 min. of exercise per week.

Education Summary:
[X] Exercise Guidelines Completed

Goals:
[X] Exercise 3-5 days of wk
[X] Exercise 30-45 mins/day (150 min/wk)
[X] Increase METs next 30 days by:
[X] Increase 6MWT distance by 10%
[X] Develop/Start Home Exercise Program

EXERCISE — Discharge

Date: 10/01/2025 Clinical Staff: Shelly CEP

sessions attended: 33
Comments: Pt is ready to be d/c from phase II CR. He is a model cardiac rehab patient. Increasing his workloads and building muscle along the way. He is also doing over 150 minutes of consistant moderate aerobic activity at home during the week.

FUNCTIONAL ASSESSMENT
6 Min Walk Test: Miles: 0.41 Feet: 2160 METs: 4.13
6 Min Cycle Test: Miles: Feet: METs:
Max METs: 4.13
Max METs Mode: Other
Resting HR: 74 Peak HR: 114
Resting BP: 118/60 Max BP: 150/80
Resting SpO2: 95 Lowest SpO2: 97
RPE: 11 Dyspnea: 3
Symptoms: No symptoms. Pt performed exceptionally well.

ECG Summary: NSR

Recent Falls Y [N]
Comments: Pt is well balanced. Practicing aerobics classes at the local gym as well. No issues with unsteadiness.

PLAN — INTERVENTION

Exercise Prescription
Mode:

Recumbent Bike: 20 MIN LEV 4.0 WAT 40.0
Arm Ergometer: 15 MIN WAT 25.0
Elliptical: 15 MIN LEV 2.0 WAT 30.0
Peak METs during CR: 4.1
Frequency: 3x/week
Duration: 50 min.
Intensity: RPE 11-13, Talk test - moderate intensity
Target HR range: Rest HR + 20 to 30 bpm
Beta Blocker [Y] N

Home Exercise:
Mode: swimming, aerobics, walking
Exercise Days/Week: 5-6 days per week
Exercise Mins/Day: 50
Comments: Pt performs aerobics 3 days per week, swims 2-3 days per week. Also walking with his spouse daily for at least 40 min.

Education Summary:
[X] Exercise Guidelines Completed

*Question From R. Hornby (ITP)

Reviewer Question (Emergency Preparedness)

Emergency Preparedness: (Pulmonary) - all 4 pulmonary in-service scenarios state that it is a cardiac rehab patient. I know last year that was a denial - is it still even though the inservice was good? (I'm pretty sure these should deny)

Answer: Deny – The program used the exact same scenarios for their CR and PR staff but never changed patient to match the corresponding track. Used CR patient in their PR application so they don't meet the criteria.

Bradycardia

1/21/2025

Emergency In-Service: Scenario reads a 72-year-old female patient reports for phase II CR with c/o severe fatigue and states she almost didn't come today but her husband encouraged her to. Patient denies chest pain or SOB. Staff asks she had any medication changes. Patient states no changes, but can't remember if she took her correct dosages this morning. Vitals revealed; BP 88/50 and rhythm was sinus bradycardia with rate in the 30s. Patient was given water to drink and was laid down; crash cart was obtained. Discussion was made if we would immediately transfer the patient to ED, in which staff would, however for the purpose of the scenario we discussed how to treat the patient in the rehab area. Scenario now states that BP is 80/48 and patient is feeling worse. IV access is obtained, and patient is in need of atropine at 0.5 mg. The BP continues to drop and staff then recognizes the patient is in need for pacing at this time. Pacing procedure of the LifePak was discussed and how to use the rate and current to capture a rhythm. Staff discussed the importance of using the femoral pulse during pacing and possibilities of using dopamine and epi drips as effective tools as well. Staff is comfortable with ACLS algorithm and proper treatment if it arises, but we discussed the need for immediate transport of the patient to the ED if they are still responsive. It was a great review of pacing, using the pads and the leads.

Hypoglycemia

4/8/2025

Emergency In-service: Scenario reads a 73-year-old male presents to phase II CR with c/o fatigue. VSS. BP 110/72, Telemetry reads NSR 78 bpm. After 5 minutes of walking on the treadmill, patient c/o dizziness. Treadmill is stopped by staff and checks his BP, good at 116/74. Staff has patient sit down as he c/o now of nausea and diaphoresis. Staff recognizes s/s of hypoglycemia and checks BS. It is 32. Staff calls for help. Patient becomes extremely nauseated and is unable to eat or drink. Further help and more staff arrive. IV access is attempted but not successful. For the purpose of this scenario, ED is busy and unable to take patient at this time. Staff discusses the need to use I/O access, after many attempts of IV access failed. Location of I/O was discussed. Hands on use of the I/O device was practiced as well as the practice using IV dextrose. Although requiring I/O access would be rare, staff felt the hands-on experience and practice was extremely useful.

*Question From R. Hornby (Emergency Preparedness)

Reviewer Question (Staff Competencies)

Staff Competencies: (Both Programs) - Pt. assessment - the objective is very vague not really aligning with core competencies,
Cardiac: BP and Lipids Objectives: May loosely meet core competency guidelines.
Pulmonary - Psychosocial -Objectives - I don't think that this one aligns

A: Pass – Both the CR and PR staff competencies meet the minimum requirements.

Required		
Psychosocial Management	Objectives: This competency allowed staff members to learn the primary requirements of the AACVPR core components in regards to psychosocial management. Staff members learned about possible services for psychosocial management. Staff also became familiar with several psychosocial factors that are risk factors for poor outcomes in secondary prevention.	Tool: AACVPR Staff Competencies of Core Components: Psychosocial Assessment (Bundle). Staff were able to watch a video and download a PowerPoint presentation for guidance in this competency. A 15-question quiz was then completed to complete the course. Each staff member was also rewarded with 1 AACVPR credit.

*Question From R. Hornby (Staff Competencies)

Reviewer Question (Chat Questions)

Question: Initial ITP was not completed prior to the first billable session should this ITP be denied?

Answer: Pass – AACVPR program certification does not require the MD signature before the first billable session. For certification we are looking at the first date it was signed and every thirty days after that.

Question: Program noted in their Adherence Plan that they will be charging for no shows. Is this acceptable?

Answer: Deny – Can't charge if the patient doesn't exercise. Will review at Chair Review.

Question: If a crash cart checklist states the AED is ready when checked and plugged in is this ok? No other explanation was given.

Answer: Pass if it shows that they are checking it everyday and they are noting it is ready to use.

Question: If they didn't indicate if the program was closed or open, do we fail?

Answer: Deny – We can't assume they were opened if they didn't indicate it.

Question: Staff competency question regarding program only writing demonstration and written assessment given.

Answer: Deny– Doesn't explain how the staff is competent. No explanations are given how they passed.

Reviewer Question (Chat Questions)

Question: Staff Competency indicates that a quiz was given and the staff had to pass with 80%. Is this enough or do they also have to provide remediation requirements if they didn't pass.

Answer: Pass – The explanation of providing and staff needing to pass with 80% meets minimum requirements.

Question: Program noted in their Adherence Plan that they will be charging for no shows. Is this acceptable?

Answer: Deny – Can't charge if the patient doesn't exercise. Will review at Chair Review.

Question: AED question about oxygen readiness.

Answer: Deny - No explanation of what oxygen readiness means.

Question: Emergency In Service has the wrong track listed.

Answer: Deny - because the wrong patient track is listed. PR program but they used a CR patient in their example.

Question: Medical Emergencies states activate rapid response team and then notify provider to give a report. Is this transferring to the next level care?

Answer: Pass - The rapid response team is the next level of care. Meets the minimum requirements.

Upcoming Reviewer Q&A Sessions

Tuesday, April 7, 2026, from 12:00pm to 1:00pm Central Time
Monday, April 13, 2026, from 1:00pm to 2:00pm Central Time
Monday, April 20, 2026, from 12:00pm to 1:00pm Central Time
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

Review Team Chair

Julie Dunagan, MS, CCRP, FAACVPR
Director, Cardiac & Pulmonary Rehab
Baylor Scott & White – The Heart Hospital
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

AACVPR Certification Center

Kate Maude, Certification Manager
kmaude@aacvpr.org
Toya Davis, Certification Coordinator
certification@aacvpr.org


THANK YOU