



AACVPR

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



2026 Program Certification Weekly Reviewer Meeting Monday, April 13, 2026

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

Reviewer Question (Emergency Preparedness)

Q: The Emergency Prep has four medical emergencies in-services listed. However, They are written more like a staff competency. Should this be approved?

Response: The page should be **Denied**. Written like a competency, but the descriptions include detail on the mock scenario and steps completed for each emergencies **except** for the hypotension in-service, where there are no details about how the emergency is managed. Approve all EXCEPT hypotension, DENY hypotension.

In-Service Emergency Type 1 Hypoglycemia

Date
3/26/2025

Description

Quarterly Cardiac Rehab education with demonstration, discussion, and patient scenarios; completed at the direction of PMC education department. Discussions on policies and procedures for BG checks, contraindications to exercise, and what to do for hypoglycemic episode. Staff complete mock patient scenarios with hypoglycemic episodes, including BG check with monitors. Discussion with question and answer session regarding assessment s/s hypoglycemia, and patient nutritional intake before rehab and during hypoglycemic episode completed. Evaluation and debriefing completed. Completion of online education module with passing rate of 100% for the post test.

In-Service Emergency Type 2 Bradycardia

Date
6/23/2025

Description

Quarterly Cardiac Rehab education with demonstration, discussion, and patient scenarios; completed at the direction/guidance of PMC education department. Cardiac rehab staff given mock scenario of a symptomatic bradycardia patient, staff work through how to assess and treat the patient as the scenario changes; check off also completed on how to use defibrillator/AED if patient remains symptomatic. ALS algorithm and when to call RRT and/or code team reviewed. Evaluation and debriefing are completed at the end. Yearly cardiac rhythm strip test completed, have to pass with 100%.

In-Service Emergency Type 3 Hypotension

Date
9/3/2025

Description

Quarterly Cardiac Rehab education with demonstration, discussion, and patient scenarios; completed at the direction/guidance of PMC education department. Cardiac rehab staff are given mock patient scenarios, and are asked to process through them explaining what they are doing and why. During the scenarios the education department personal is asking questions to see if the staff are knowledgeable to medications, policies, procedures, parameters, and what to do in emergencies. Cardiac rehab personal are to identify causes and actions to improve circulation. Debriefing and evaluation is completed at the end.

In-Service Emergency Type 4 Angina/Chest Pain

Date
9/3/2025

Description

Quarterly Cardiac Rehab education with demonstration, discussion, and patient scenarios; completed at the direction/guidance of PMC education department. Reviewed s/s of chest pain and treatment associated with angina. Discussed stable vs. unstable angina, and what interventions need to be completed based on the patient symptoms. Reviewed when to call RRT and/or code team. Mock patient scenarios completed, and online education completed requiring a 100% pass rate.

*Question From Reviewer P. Dooley (Emergency Preparedness)

Reminder on Reviewing Previous PM Improvement Plans

Steps for checking previous Performance Measures responses:

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.

Note: We should have a better process next year, so you will only need to follow these steps this year.

Reviewer Question (Emergency Preparedness)

Q: When reviewing the one-month verification of readiness for Defib/ oxygen, there is no explanation for dates not verified (only lines are drawn through the dates). Deny?

Response: This should be **DENIED**. No explanation for days that were crossed off.

Year: 2025		H&V Rehab Zoll AED 3 Daily Readiness Checklist						
Month:	Time:	Unit is clean and undamaged	Green status indicator is on with Check Mark	Electrodes/PADs are present, sealed in package and within their expiration date	Cables free of cracks, cuts and exposed or broken wires	Battery is within its expiration date	Staff Signature	
Day: Wed	1 0740	✓	✓	✓	✓	✓	B. Hays	
Thur	2 1020	✓	✓	✓	✓	✓	G. Hammond	
Fri	3 0734	✓	✓	✓	✓	✓	B. Hays	
Sat	4	/	/	/	/	/	/	
Sun	5	/	/	/	/	/	/	
Mon	6 0735	✓	✓	✓	✓	✓	G. Hammond	
Tues	7 0730	✓	✓	✓	✓	✓	Kim A. O'Brien	
Wed	8 0731	✓	✓	✓	✓	✓	B. Hays	
Thurs.	9 0740	✓	✓	✓	✓	✓	B. Hays	
Fri	10 0740	✓	✓	✓	✓	✓	G. O'Brien	
Sat	11	/	/	/	/	/	/	
Sun	12	/	/	/	/	/	/	
Mon	13 0735	✓	✓	✓	✓	✓	Kim A. O'Brien	
Tue	14 0740	✓	✓	✓	✓	✓	Kim A. O'Brien	
Wed	15 0731	✓	✓	✓	✓	✓	B. Hays	
Thur	16 0740	✓	✓	✓	✓	✓	Kim A. O'Brien	
Fri	17 0727	✓	✓	✓	✓	✓	B. Hays	
Sat	18	/	/	/	/	/	/	
Sun	19	/	/	/	/	/	/	
Mon	20 0734	✓	✓	✓	✓	✓	B. Hays	
Tue	21 0732	✓	✓	✓	✓	✓	G. Hammond	
Wed	22 0735	✓	✓	✓	✓	✓	G. Hammond	
Thur	23 0730	✓	✓	✓	✓	✓	B. Hays	
Fri	24 0740	✓	✓	✓	✓	✓	G. Hammond	
Sat	25	/	/	/	/	/	/	
Sun	26	/	/	/	/	/	/	
Mon	27 0730	✓	✓	✓	✓	✓	B. Hays	
Tue	28 0740	✓	✓	✓	✓	✓	Kim A. O'Brien	
Wed	29 0740	✓	✓	✓	✓	✓	G. Hammond	
Thur.	30 0740	✓	✓	✓	✓	✓	Kim A. O'Brien	
Fri	31 0728	✓	✓	✓	✓	✓	B. Hays	

Electrode Pads Expire: 7/8/28 Back up Electrode Pads Expire: 4/14/28 Battery Expires: 5/30/29

*Question From Reviewer P. Dooley (Emergency Preparedness)

Reviewer Question (Emergency Preparedness)

Q: This is the second program that wrote the four medical emergency in-services like staff competencies. Deny?

Response: **Approved.** While it is written like a competency, the language includes a clear description of how the emergency is handled so this can be approved.

In-Service Emergency Type 1 Hypoglycemia
Date 10/16/2025
Description This was a webinar that staff completed which provided a thorough understanding of hypoglycemia in diabetes management, particularly in individuals on insulin or at high risk for hypoglycemia. The session will explore strategies to assess, prevent, and treat hypoglycemia effectively. It also focused on clinical strategies, including prescribing glucagon and educating about its use, to improving patient outcomes. Through case studies and practical applications, the staff gained insights for improving care and mitigating the risks associated with hypoglycemia. LEARNING OBJECTIVES: *Recall the fundamentals of severe hypoglycemia, including its definition, causes, classifications, patient profiles of different age groups, and clinical characteristics associated with increased risk, particularly in those undergoing diabetes treatment. *Recall appropriate clinical codes to use for addressing hypoglycemia in clinical care. *Identify effective strategies in adjusting diabetes medications and mitigating the risk of severe hypoglycemia. *Demonstrate effective communication techniques with patients across their lifespan to support diabetes prevention and treatment. *Recognize regular screening practices for high-risk patients, including the role of glucagon in reducing risk. Staff completed the webinar course and a review of our Diabetes Management policy. The teach back method for policy review was performed and staff were able to adequately describe the appropriate actions to be taken in these mock scenarios for hypoglycemia. A quiz on all of the medical emergency policies was given to staff which included questions from our diabetes management policy. This quiz was completed by all staff with a passing score of 100%.
In-Service Emergency Type 2 Tachycardia
Date 10/14/2025
Description All staff participated in a system presentation on Tachyarrhythmias given by one of our cardiology nurse practitioners. Objectives: *Identify types of tachyarrhythmias and treatment options. *Review EKG for Sinus Tach, A-Fib, A-Flutter, SVT, V-fib, V-Tach. *Review stable versus unstable tachycardia. * Review Symptoms and how to treat tachycardia with hypotension, hypoxemia, hyp/hyperthermia. * Review ACLS algorithms for tachycardia with and without a pulse. *Review our policy and our program staff's expectations in a code. The teach back method for policy review was performed and staff were able to adequately describe the appropriate actions to be taken in these mock scenarios. A quiz on all of the medical emergency policies was given to staff which included questions from our tachycardia policy. This quiz was completed by all staff with a passing score of 100%.
In-Service Emergency Type 3 Cardiopulmonary Arrest

*Question From Reviewer P. Dooley (Emergency Preparedness)

Reviewer Question (Staff Competencies)

Q: When reviewing the staff competencies for exercise training evaluation, the tool used was "a credible podcast". Is this an appropriate tool? Unsure if the tool used and description would verify staff competency. Would appreciate your input- thanks!

Response: Denied. It's not clear how the staff is deemed competent from the description.

Exercise Training Evaluation	Assess patient risk stratification accurately. Able to initiate and build on exercise prescriptions with knowledge of exercise tolerance, impact of co-morbidities and medications, and physical monitoring changes (blood pressure, telemetry, SpO2, etc) Identify appropriate exercise prescription for different patients: valve surgery, CABG, cardiomyopathy, HF, stable angina. Also, knowing when to terminate exercise. Using THR as one tool for exercise training	Staff listened to credible podcast regarding use of target heart rate and updated data to educate patients. Accurate review of material learned during group discussion following viewing. Staff discuss a current patient from each risk stratifications category and successfully identify the qualifying factors. Each staff was required to develop an exercise prescription and education for a mock patient with individual conditions.
------------------------------	---	---

*Question From Reviewer P. Dooley (Staff Competencies)

Reviewer Question (ITP)

Q: I do not see a nutrition or psychosocial assessment on the initial ITP. All the values (initial and discharge) are on the discharge ITP it appears.

I do not see an assessment/reassessment for diabetes (their chosen OCC) nor progress to goals for diabetes or psychosocial (it is the same all the way through). There is progress shown for exercise and a tiny bit for nutrition. Thoughts?

Cardiac Rehab Individualized Treatment Plan	
CR Individualized Treatment Plan	Start: 01/06/25 14:33
Freq: Q30D	Status: Active
Protocol:	
Document: 01/06/25 14:33 JCF (Rec: 01/06/25 15:42 JCF CREHABPC101)	
Individualized Treatment Plan	
Program Information	
Initial Month	January
Cardiac Referral Reason	Cardiac Surgery
Cardiac Details	CABG X3 LIMA to LAD, SVG to OMS, SVG to RCA
Rehab Diagnosis	Cardiac Surgery
Referring Physician	BOYD
Patient Received Education Booklet?	Yes
Risk Stratification	High Risk
Risk Stratification Level	Maximal function capacity < 5.0 METs
Stress Test	High
Stress Test Modality	Treadmill
Maximal MET performance (speed, level, incline, total METs)	2.0 mph @ 6%, 4.1 METs
Duration	8 min
Exercise Prescription	
Exercise Mode	Treadmill, Recumbent Bike, Row Machine, Arm Ergometer, Stair Stepper, NuStep, Arm Ergometer, Strength Training Exercise, Flexibility Exercises, Spin Bike
Frequency	Monday, Wednesday
Duration	30
Intensity	Moderate
Progression	As tolerated by patient, 5-10 minutes every 1-2 weeks for

Response: **Denied.** No nutrition assessment, no psychosocial assessment, no diabetes assessment. No psychosocial reassessment and progress towards goals, diabetes reassessment and progress towards goals.

*Question From Reviewer S. Dunn (ITP)

Reviewer Question (Emergency Preparedness)

Q: The in-service trainings do not seem to address the topic.

Tachycardia - addressed rhythms and respiratory issues

Chest pain - addressed some CP but then focused on HF

Hypotension - addressed hypotension I think maybe well enough to meet minimum

Hypoglycemia - addressed a little of hypoglycemia then switched to rhythms (aflutter and afib)

I do not feel there is enough here to meet the minimum. Thoughts?

Response: Approved - These are ok. There are some additional details that are not needed, but they do talk about what they'll do for the specific selected emergency so this can pass.

In-Service Emergency Type 1

Tachycardia

Date

11/12/2025

Description

This in-service focused on interpreting cardiac rhythms relevant to emergency management, including bradycardia, tachycardia, and irregular rhythms commonly seen during monitored exercise. Staff practiced evaluating telemetry strips, identifying unstable rate abnormalities, and determining appropriate steps for managing symptomatic patients. The session also covered pulmonary emergencies, including acute dyspnea, bronchospasm, and sudden respiratory distress during activity. Staff practiced obtaining immediate vital signs, delivering oxygen when appropriate, coaching breathing techniques, and determining criteria for escalating to rapid response. Emphasis was placed on differentiating pulmonary versus cardiac causes in the rehab setting.

In-Service Emergency Type 2

Angina/Chest Pain

Date

8/27/2025

Description

This in-service included role-play and case-based learning on the recognition of angina and potential myocardial infarction during supervised exercise. Staff practiced assessing chest pain characteristics, reviewing telemetry, administering nitroglycerin when indicated, and determining when symptoms warrant calling EMS. A second component addressed heart failure-related deterioration and dehydration, focusing on patients presenting with increased dyspnea, fluid overload, dizziness, or orthostatic symptoms. Staff discussed exercise-related triggers, how to identify when HF symptoms become unsafe, and clinical indicators requiring session termination or medical evaluation. This training reinforced the importance of early recognition of subtle symptom changes commonly encountered in cardiac rehab patients.

In-Service Emergency Type 3

Hypotension

Date

2/25/2025

Description

This in-service consisted of a hands-on code cart scavenger hunt integrated with medical emergency management focused on blood pressure abnormalities. Staff located emergency supplies, reviewed medication drawers, and practiced accessing equipment used during hemodynamic instability. The discussion portion addressed recognition and management of both hypertension and hypotension during exercise. Staff reviewed symptoms such as dizziness, visual changes, headache, and pre-syncope, and practiced protocols for safely stopping exercise, repositioning patients, reassessing vitals, and determining when to activate rapid response or Code. Emphasis was placed on frequent BP monitoring in cardiac rehabilitation and interventions appropriate for sudden drops or dangerous elevations.

*Question From Reviewer S. Dunn (Emergency Preparedness)

Reviewer Question (Emergency Preparedness)

Q: On the emergency preparedness, it looks like they just put a note on the crash cart check list that they are closed on the weekends. It was not written in on the sheet itself. Does that work?

Response: **Approved** – This is ok as there is an explanation of the dates included on the checklist.

Community HOSPITAL
RESUSCITATION CART CHECKLIST – MONTH / YEAR February 2025 **CART LOCATION** CPR #8
REVISED 12/1/23

MAKE ENTRIES ON THIS DOCUMENT ONCE DAILY

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Defibrillator Checked (Auto or Manual)	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Pads plugged in? (Not paddles)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O2 (psi)	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800	1800
Suction Container functional?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stock Check	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Red Break-Away Tag #	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051	9524051
Signature of staff checking cart	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

Closed weekends Feb: 1, 2, 8, 9, 15, 16, 22, and 23

**Defibrillator will daily self-check, but needs a manual check once a week on Mondays

*Question From Reviewer S. Dunn (Emergency Preparedness)

Reviewer Question (Functional Capacity PM)

Q: Does this qualify as a plan – states that the patient will be spoken to monthly about the goal inc. by 40%

Response: **Approved** – while we don't love the plan, talking about and sharing goals can help motivate patients to meet the goals so this meets the minimum.

Presently, MET levels are reviewed by staff on a monthly basis when reviewing a patient's Individualized Treatment Plan. We are also documenting their current MET levels as well as the 40% increase MET goal in the patient's progress note. Going forward, one change that we can make in our rehab process to help increase the percentage of patients who increase their estimated exercise session peak METs by at least 40% would be to share this 40% MET increase goal with the patient on a monthly basis. This will remind the patient of the program goals for improvement in functional capacity and educate patients that meeting this goal may prove increased overall cardiovascular health in the future.

*Question From R. Hornby (Functional Capacity PM)

Reviewer Question (ITP)

Q: Blood Pressure is not under OCC but under exercise - is that ok?

Response: **Denied** – Other Core Component is addressed elsewhere on the ITP. Hypertension is under Exercise instead of OCC.

Hospital of Central Connecticut- BMC **Individual Cardiac Treatment Plan-Initial Assessment**

Name: _____ D.O.B.: _____ Admit to Rehab: 3/13/2025 CSN #: _____
Prim. Dx: CABG X 4 (12/2/24) Age: _____ Referring Physician: _____ MR#: _____
Risk Stratification: Moderate

EXERCISE INITIAL ASSESSMENT Date: 3/13/25

Stages of Change: be physically active:
 pre-contemplation contemplation
 act prep maint relap
 Submax Stress Test Stress test NuStep TM

walked ft: _____ max HR: 121 BPM
RPE: 12 SP02: 96%
EF (%): 45 METS: 2.1
Rhythm: SR-ST, BBB, FREQUENT PVC

Exercise Prescription/Plan
Mode: TM B Arm Ergo NuStep
Orthopedic Limitations: BACK PAIN, SOME BALANCE ISSUES, SHOULDER PAIN
Frequency- Days/Wk: 3 X PER WEEK
Duration- Minutes: 30-35 MIN
Intensity-RPE: RPE 11-13, 1.4 METS
Progression: 35-40 MIN, 1.8 METS
SESSION #3 METS: 1.4 (3/17/25)

Resistance train Wt# _____ Reps _____
 Angina with ex THR: Rest+30
Hypertension High BP Hx
 Medication Diet
Resting: 138/82 Peak Exercise: 162/82
BP Meds: METOPROLOL SUCC, LISINAPRIL, LOSARTAN, MONONITRATE, LISINAPRIL

INTERVENTION PLAN
Home exercise:
Type: NONE Frequency: _____
Duration: _____
 Resistance training

EDUCATION PLAN
PROVIDE EDUCATION THROUGH CARDIAC REHAB EVERY WEDNESDAY WHICH INCLUDES LESSONS ON COMMON CARDIAC MEDICATIONS, CAD RISK FACTORS, HIGH BP CAD RISK FACTORS, INACTIVITY, CARDIAC TESTS & PROCEDURES, TAKING MEDICATIONS.

Target goals:
PT'S PROGRAM GOALS TO ESTABLISH A HOME EXERCISE PLAN AND TO MONITOR BLOOD PRESSURES AT HOME TO HELP BETTER UNDERSTAND BLOOD PRESSURE CHANGES THROUGHOUT THE DAY.

Exercise Plan:
PT PLANS TO START WALKING ON HIS HOME TREADMILL SOON AND TO RESUME SWIMMING IN HOME POOL ONCE WEATHER TEMPERATURE IMPROVES. PT WILL START TO MONITOR HOME BP FOR APPROPRIATE BP MANAGEMENT.

Allergies:
GRASS, POLLEN

Detailed Medications:
3/13/25
METOPROLOL SUCCINATE 50 MG BID
LOSARTAN MONONITRATE 50 MG DAILY
LISINAPRIL 2.5 MG DAILY
INSULIN GLARGINE-YFGN 48 UNITS DAILY
INSULIN LISPRO 10 UNITS TD SLIDING SCALE
TYLENOL 325 MG PRN
OXCODONE 8 MG PRN
ROSIUASTATIN 20 MG DAILY
BUCICAM-GLUCOPYRROL-FORMOTEROL INHALE 2 PUFFS BID
ALLOPURINOL 300 MG DAILY
ALBUTEROL INHALE 2 PUFFS PRN
ASA 81 MG DAILY
ZYRTEC 10 MG DAILY

Taking meds as prescribed
If no, why? _____

Staff Signature/Date: 3/13/25
Ota, M.S., CCP
of Sessions Approved: MEDICAL NECESSITY
 No changes, proceed with rehab
 Please add/change the following:
FIRST EXERCISE SESSION: 3/13/25
Physician Signature: 3/13/25
Raylene G. Hornby

Exercise Prescription Cardiac Protocol

Modality	METS	Load	Duration
1 Pre-exercise	- Mets		00:00
2 Treadmill	2.1Mets	1.7mph	00:00
3 Recumbent Stepper	- Mets		00:00
4 Recumbent Bike	- Mets		00:00
5 Weights	- Mets		00:00
6 Post exercise	- Mets		00:00

*Question From R. Hornby (ITP)

Reviewer Question (Staff Competency)

Q: All 4 of the tools have the following:

A 50 question, written examination was developed and administered by a cardiac rehabilitation staff member who was designated by the program director to assess accurate .BP/Diabetes etc... - is that ok? Exercise Training objective: is very generic: OBJECTIVE: Accurate exercise training evaluation.

Response: Denied - Blood pressure and diabetes tools are approved as there is a follow-up observation exam. Deny exercise training evaluation and lipid management for tool as it is not clear how the staff is deemed competent. Objectives wording that is included in the tool should also be moved to the objectives section.

Competency	Objectives	Tools
Required		
Blood Pressure Management	Accurate blood pressure (BP) determination and management.	<p>A 50 question written examination was developed and administered by a cardiac rehabilitation staff member who was designated by the program director to assess accurate BP determination and management. A portion of the exam content included the following: signs of hypotension and hypertension; normal range of BP at rest and during exercise; principals of accurate BP measurements; importance and efficacy of sodium restriction, weight management, physical activity and exercise, smoking, alcohol intake, and medication in the control of BP; and recognition of significant BP deviations from the expected range or targeted outcomes.</p> <p>A practical (observation) examination was administered by a Cardiac Rehabilitation staff member who was designated by the program director to assess accurate BP determination. The exam was conducted using a teaching stethoscope and sphygmomanometer and simultaneous confirmation of accurate BP results.</p>

*Question From R. Hornby (Staff Competencies)

Reviewer Question (Emergency Preparedness)

Q: I was going to deny but wanted to verify first.

CRASH CART CHECK SHEET 2025

2021	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1											CL	CL
2											CL	CL
3											CL	CL
4											CL	CL
5											CL	CL
6											CL	CL
7											CL	CL
8											CL	CL
9											CL	CL
10											CL	CL
11											CL	CL
12											CL	CL
13											CL	CL
14											CL	CL
15											CL	CL
16											CL	CL
17											CL	CL
18											CL	CL
19											CL	CL
20											CL	CL
21											CL	CL
22											CL	CL
23											CL	CL
24											CL	CL
25											CL	CL
26											CL	CL
27											CL	CL
28											CL	CL
29											CL	CL
30											CL	CL
31											CL	CL
CrashCart Check											CL	CL

CARDIAC REHAB CRASH CART CHECK

Daily defibrillator check that Cardiac Rehab is in session.
Verify that two O2 tanks are available for use with at least 2000 PSI when rehab is in session
Check Crash cart monthly for outdates

CL= Cardiac Rehab is not in session

Response: **Approved** – they’re initialing that the defib is checked each day and that o2 has oxygen available, and CL indicates program closure, so this meets minimum requirements.

*Question From R. Hornby (Emergency Preparedness)

Reviewer Question (ITP)

Q: I was reviewing an ITP with Kara, and we thought this was a good example of a program appropriately utilizing *sleep management* as another core component and wanted to share.

Response: **Approved** – This a good use of a non-standard OCC. Confirmed diagnosis, clear goals and plan defined.

Flowsheet Row	Nurse Only from 4/10/2025 in Saint Luke's Hospital	
Sleep Assessment	Other Core Component	
<u>Sleep</u>		
Hours of sleep:	-2 hrs	Assessment
Snore?	Yes	
Sleep Apnea	Apnea	
Do you feel rested when you wake up?	No	
Caffeine (amount per day)	1 cup coffee every few days	
<u>Sleep</u>		
Plan/Intervention		
Sleep	Treatment compliance	Plan/Intervention
Plan/Intervention		
Sleep Interventions comments:	Pt has appointment July 17th with sleep doctor for CPAP assessment	
Sleep Goals - Initial		
Sleep Goals	Treatment of sleep apnea, RLS, or significant insomnia	Goal
Sleep Education - Initial		
Sleep Education	Sleep and CAD	Education
Patient's Response	Verbalizes Understanding	

*Question From Reviewer R. Salstrand (ITP)

Reviewer Question (ITP)

Q: I just had a few questions about the ITP.

Under the Exercise plan - do the modes need to be specific to what equipment will be used?

I. EXERCISE	date: 4/2/2025 session # 13	date: 5/2/2025 session # 26	date: 5/28/2025 session # 36
<p>EXERCISE ASSESSMENT</p> <p>Functional Capacity (pre - performance measure) 6 MWT total distance: 1570 Achieved 11.3 METs on stress test.</p> <p>EXERCISE PLAN: Goals / Intervention / Education</p> <p>Exercise Intervention: Establish an exercise program including the following:</p> <p>Intensity: Patient will begin exercising at an intensity of resting heart rate plus 30, with the use of perceived exertion and symptoms</p> <p>(optional) Stress test: Completed on 2/24/25 and THR is 103-120. Awaiting approval prior to implementation.</p> <p>Duration: Depending on the patient's individual response to exercise, duration will be gradually increased from 10 minutes to 30 minutes within the target heart range</p> <p>Mode: Activity must be aerobic in nature, with the use of the larger muscle groups, and allow the patient to be monitored by telemetry</p> <p>Frequency: 3 times per week to a max of 36 sessions as insurance dictates. A home exercise program will be added as tolerated</p> <p>Progression: Advance workloads (intensity and duration) as patient shows signs of conditioning and improvement in functional capacity. Any RPE less than 4 requires advancement of workloads</p> <p>Exercise Education: Complete Exercise lectures as they come up in the teaching rotation.</p> <p>Exercise Goals: (Includes both program and individual goals) Orient to all exercise equipment as appropriate. Perform accurate rest pulse-taking.</p>	<p>EXERCISE REASSESSMENT</p> <p>Exercise Plan review 1: include: Functional cap / Ex Rx</p> <p>THR (103-120) approved by Dr. Trovato 3/4/25. Exercising within THR Max exercise METs today = Step Bench 3.5 NuStep 3.6 Monark 3.7 Evolution Comp 5.1 Rower 5.9 Treadmill 6.6</p> <p><i>(See last pg for detailed table exercise workloads, durations, heart rates, blood pressures)</i></p> <p>Exercise Education 1 Completed the following Exercise lectures in the past 30 days: Arthritis & exercise Balance training Exercise concepts -- part 1 Exercise concepts -- part 2 Flexibility/stretching Tips & tricks of exercise</p> <p>Exercise Goals review 1: Met: Orient to all exercise equipment as appropriate. Perform accurate rest pulse-taking.</p> <p>Exercise Goals updated 1: New goal(s): Develop a home exercise plan incorporate core exercises into daily program.</p>	<p>EXERCISE REASSESSMENT</p> <p>Exercise Plan review 2: include: Functional cap / Ex Rx</p> <p>Exercising within THR. Exercise Intervention unchanged.</p> <p><i>(See last pg for detailed table exercise workloads, durations, heart rates, blood pressures)</i></p> <p>Exercise Education 2 Completed the following Exercise lectures in the past 30 days: Exercise concepts -- part 1 Exercise concepts -- part 2 Tips & tricks of exercise</p> <p>Exercise Goals review 2: Met: Develop a home exercise plan incorporate core exercises into daily program.</p> <p>Exercise Goals updated 2: New goal(s): Start home exercise on non-class days.</p>	<p>DISCHARGE / FOLLOW-UP</p> <p>Exercise Plan review 3: include: Functional cap / Ex Rx (post - performance measure)</p> <p>6 MWT total distance: 2200 feet. (40% increase)</p> <p>Home exercise program Cardio- Achieve a min. of 150 minutes/week. Upwards of 300 minutes can be beneficial. Pay attention to your breathing, if you start breathing real hard, lower the intensity to maintain 12-13 exertion. Maintain a heart rate of 103-120. Plans to use the stationary bicycle and treadmill when not walking outdoors. Resistance training- Achieve a min. of 2 days/week emphasizing large muscle groups, 10-15 reps, 2-3 sets Stretching- Achieve a min. of 3 days/week. Upwards of 7 days. Emphasis on large muscle groups, 30 seconds holds, 3 sets, both sides of the body.</p> <p><i>(See last pg for detailed table exercise workloads, durations, heart rates, blood pressures)</i></p> <p>Exercise Education 3 Completed the following Exercise lectures in the past 30 days: Arthritis & exercise Balance training Flexibility/stretching</p> <p>Exercise Goals review 3: Met: Start home exercise on non-class days.</p> <p>Exercise Goals updated 3: Continue at home. Exercise 3-5 days per week for 30-45 minutes at THR and/or RPE of 12-13.</p>

Response: Denied – does not include specific equipment used for patient. Missing mode component of ExRx.

*Question From Reviewer L. Hahne (ITP)

Reviewer Question (ITP)

Q: I feel like the OCC hypertension goals are pretty vague. Are these 2 goals ok?

II. OTHER CORE COMPONENTS / RISK FACTORS	REASSESSMENT	REASSESSMENT	DISCHARGE / FOLLOW-UP
<p>ASSESSMENT / INTERVENTION:</p> <p>Tobacco (pre-performance measure) Quit smoking 1984. Pt states that he/she remains tobacco-free.</p> <p>Hypertension: Yes. Being medically treated. Patient reports medication compliance.</p> <p>Dyslipidemia: Yes. Being medically treated. Patient reports medication compliance.</p>	<p>Tobacco 1: Pt states that he/she remains tobacco-free.</p> <p>Hypertension Yes. Being medically treated. Patient reports medication compliance. BP within normal limits, 111/63 during session #13. Will continue to monitor each session.</p> <p>Dyslipidemia: Yes. Being medically treated. Patient reports medication compliance.</p>	<p>Tobacco 2: Pt states that he/she remains tobacco-free.</p> <p>Hypertension Yes. Being medically treated. Patient reports medication compliance. BP within normal limits, 123/69 during session #26. Will continue to monitor each session.</p> <p>Dyslipidemia: Yes. Being medically treated. Patient reports medication compliance.</p>	<p>Tobacco (post-performance measure) Pt states that he/she remains tobacco-free.</p> <p>Hypertension Yes. Being medically treated. Patient reports medication compliance. BP within normal limits, 121/67 during session #36. Patient instructed to continue to monitor at home and was instructed on how to use at home BP machine.</p> <p>Dyslipidemia Yes. Being medically treated. Patient reports medication compliance.</p>
<p>OTHER CORE COMPONENTS / RISK FACTORS PLAN: GOALS / EDUCATION</p> <p>Other Core Components / Risk Factor Education: Complete Other Core Components lectures as they come up in the teaching rotation.</p> <p>Other Core Components / Risk Factor Goals: <i>(includes both program and individual goals)</i></p> <p>Demonstrate having list of meds on self at all times (wallet or phone). Verbalize compliance with medications.</p>	<p>Other Core Components / Risk Factor Education 1</p> <p>Completed the following Other Core Components lectures in the past 30 days: Recovery from MI – part 1 Recovery from MI – part 2 Sex and Intimacy Sleep disorders Warning signs</p> <p>Other goals review 1: Met: Demonstrate having list of meds on self at all times (wallet or phone). Verbalize compliance with medications.</p> <p>Other goals updated 1: New goal(s): State symptoms of angina and describe emergency plan of action.</p>	<p>Other Core Components / Risk Factor Education 2</p> <p>Completed the following Other Core Components lectures in the past 30 days: Cardiac meds Dyslipidemia Heart Failure – part 1 Heart Failure – part 2 Hydration Hypertension – part 1 Hypertension – part 2 Managing meds Smoking</p> <p>Other goals review 2: Met: State symptoms of angina and describe emergency plan of action.</p> <p>Other goals updated 2: New goal(s): Name personal risk factors for heart disease.</p>	<p>Other Core Components / Risk Factor Education 3</p> <p>Completed the following Other Core Components lectures in the past 30 days: Sex and Intimacy Sleep disorders Heart Failure – part 1 Heart Failure – part 2</p> <p>Other goals review 3: Met: Name personal risk factors for heart disease.</p> <p>Other goals updated 3: Follow up with PCP or Cardiologist to address Core Components / Risk Factors identified or goals not met</p>

Response: Approved –
compliance with hypertension medications is a good goal to help manage hypertension.

*Question From Reviewer L. Hahne (ITP)

Reviewer Question (ITP)

Q: Under Nutrition there isn't any sort of assessment "diet" score. Is this a requirement?

Response: **Approved** – do include a summary of the patient’s nutrition habits (pt reports balanced diet including lean protein, fruits and vegetables.) This is ok.

Cardiac Rehabilitation Individual Treatment Plan			
Prim. Dx: Stent			
<p>III. NUTRITION</p> <p>NUTRITION ASSESSMENT / INTERVENTION</p> <p>Diabetic / Weight / BMI N/A. Not dx'd with diabetes. Weight = 157.2 lbs / BMI = 26.5 Pt reports balanced diet including lean protein, fruits, and vegetables. No significant nutrition deficits identified</p> <p>NUTRITION PLAN: GOALS / EDUCATION</p> <p>Nutrition Education: Complete all Nutrition lectures as they come up in the teaching rotation.</p> <p>Nutrition Goals: (includes both program and individual goals) Drink water throughout exercise session. To lose 2-5 lbs over next 30 days. (Achieve a BMI of 18.5-24.9)</p>	<p>NUTRITION REASSESSMENT</p> <p>Weight / BMI 1 156.4/26.3</p> <p>Diabetic 2 N/A. Not dx'd with diabetes.</p> <p>Nutrition Education 1 Completed the following Nutrition lectures in the past 30 days: Diet & nutrition Reading food labels -- part 1 Reading food labels -- part 2 No new nutrition concerns identified</p> <p>Nutrition goals review 1: Met: Drink water throughout exercise session. Not met: To lose 2-5 lbs over next 30 days.</p> <p>Nutrition goals updated 1: Continue with: To lose 2-5 lbs over next 30 days. (Achieve a BMI of 18.5-24.9) New: Calculate and review estimated daily caloric expenditure for weight loss</p>	<p>NUTRITION REASSESSMENT</p> <p>Weight / BMI 2 151.1/25.5</p> <p>Diabetic 3 N/A. Not dx'd with diabetes.</p> <p>Nutrition Education 2 Completed the following Nutrition lectures in the past 30 days: Diabetes & CAD No new nutrition concerns identified</p> <p>Nutrition goals review 2: Met: To lose 2-5 lbs over next 30 days. Calculate and review estimated daily caloric expenditure for weight loss</p> <p>Nutrition goals updated 2: Continue with: To lose 2-5 lbs over next 30 days. (Achieve a BMI of 18.5-24.9)</p>	<p>DISCHARGE / FOLLOW-UP</p> <p>Weight / BMI 3 154.1/26</p> <p>Diabetic 4 N/A. Not dx'd with diabetes.</p> <p>Nutrition Education 3 Reviewed caloric expenditure previously discussed and how many calories to intake for weight loss.</p> <p>Nutrition goals review 3: Not met: To lose 2-5 lbs over next 30 days.</p> <p>Nutrition goals updated 3: Continue with: To lose 2-5 lbs over next 30 days. (Achieve a BMI of 18.5-24.9)</p>
	<p>PSYCHOSOCIAL REASSESSMENT</p> <p>Depression 1 PHQ-9 score (if completed) = 4 Pt states that he is doing much better now after starting up the program and is no longer interested in meeting with Sue Lee.</p> <p>Psychosocial Education 1 Completed the following Psychosocial lectures in the past 30 days: Guided relaxation Habits Stress & depression</p> <p>Psychosocial goals review 1: Met: Name two strategies for managing stress: (prayer, exercise, music, breathing techniques) QOL & Stress assessment completed QOL: 8/10 Stress: 5/10 PHQ-9 Not met: Schedule and complete appointment with Social Work. (no longer needed.)</p> <p>Psychosocial goals updated 1 Continue with:</p>		

*Question From Reviewer L. Hahne (ITP)

Reviewer Question (ITP)

Q: Overall, I feel the updating on goals each month aren't very detailed. They just say "Met" or Not Met" along with what the goal was. Could you please let me know what you think?

Response: **Approved** – up above the education section, there are details on the progress towards goals. As long as it's present, it should be counted. This is ok.

REASSESSMENT	REASSESSMENT	DISCHARGE / FOLLOW-UP
<p>Tobacco 1: Pt states that he/she remains tobacco-free.</p> <p>Hypertension Yes. Being medically treated. Patient reports medication compliance. BP within normal limits, 111/63 during session #13. Will continue to monitor each session.</p> <p>Dyslipidemia: Yes. Being medically treated. Patient reports medication compliance.</p>	<p>Tobacco 2: Pt states that he/she remains tobacco-free.</p> <p>Hypertension Yes. Being medically treated. Patient reports medication compliance. BP within normal limits, 123/69 during session #26. Will continue to monitor each session.</p> <p>Dyslipidemia: Yes. Being medically treated. Patient reports medication compliance.</p>	<p>Tobacco (post-performance measure) Pt states that he/she remains tobacco-free.</p> <p>Hypertension Yes. Being medically treated. Patient reports medication compliance. BP within normal limits, 121/67 during session #36. Patient instructed to continue to monitor at home and was instructed on how to use at home BP machine.</p> <p>Dyslipidemia Yes. Being medically treated. Patient reports medication compliance.</p>

Other Core Components / Risk Factor Education 1	Other Core Components / Risk Factor Education 2	Other Core Components / Risk Factor Education 3
<p>Completed the following Other Core Components lectures in the past 30 days: Recovery from MI – part 1 Recovery from MI – part 2 Sex and Intimacy Sleep disorders Warning signs</p> <p>Other goals review 1: Met: Demonstrate having list of meds on self at all times (wallet or phone). verbalize compliance with medications.</p> <p>Other goals updated 1: New goal(s): State symptoms of angina and describe emergency plan of action.</p>	<p>Completed the following Other Core Components lectures in the past 30 days: Cardiac meds Dyslipidemia Heart Failure – part 1 Heart Failure – part 2 Hydration Hypertension – part 1 Hypertension – part 2 Managing meds Smoking</p> <p>Other goals review 2: Met: State symptoms of angina and describe emergency plan of action.</p> <p>Other goals updated 2: New goal(s): Name personal risk factors for heart disease.</p>	<p>Completed the following Other Core Components lectures in the past 30 days: Sex and Intimacy Sleep disorders Heart Failure – part 1 Heart Failure – part 2</p> <p>Other goals review 3: Met: Name personal risk factors for heart disease.</p> <p>Other goals updated 3: Follow up with PCP or Cardiologist to address Core Components / Risk Factors identified or goals not met</p>

*Question From Reviewer L. Hahne (ITP)

Upcoming Reviewer Q&A Sessions

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

