



AACVPR

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



2026 Program Certification Weekly Reviewer Meeting Monday, April 27, 2026

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

Reviewer Question (Emergency Preparedness)

Q: The program list ACLS renewal for cardiopulmonary arrest in-service-is that acceptable?

A: Deny. It does have to be specific to cardiac and pulmonary rehab. This is just a general ACLS renewal class.

In-Service Emergency Type 4	Cardiopulmonary Arrest
Date	9/19/2025
Description	Staff renewed their Advanced Cardiac Life Support (ACLS) credentials. This is an 8 hour, in person, informational session accredited by the American Heart Association that covers systematic approach/assessment, high-quality BLS, airway management, rhythm recognition, defibrillation, use of rescue medications, cardioversion, and high-performance teams. Staff is required to sit through the informational session, participate in multiple mock code scenarios, demonstrate high quality CPR, and take a written test on rhythm recognition, nursing interventions, and medication administration.

*Question From Reviewer L. Arnold (Emergency Preparedness)

Reviewer Question (Emergency Preparedness)

Q: The program list their Hypertension in-service the same as one of their competencies. Is this acceptable?

A: Approve. Since it does talk about the “out of ranges” and “signs and symptoms” of the emergency.

In-Service Emergency Type 1

Hypertension

Date

1/31/2025

Description

Staff attended a Blood Pressure Management Session led by the Medical Director that detailed normal parameters of blood pressure, signs and symptoms of hypo/hypertension, and how to manage out of range values.

*Question From Reviewer L. Arnold (Emergency Preparedness)

Reviewer Question (Adherence PM)

Q: On the Adherence performance improvement plan I'm not sure why documenting pts did not complete 12 sessions is going to improve things unless it is to make plans to address those barriers for future pts. Maybe I'm not understanding where they are going with this. Thoughts?

A: Deny. This just tracks why a patient quits but doesn't provide a new adherence plan.


Improve documentation of patient exclusion criteria, specifically detailing reasons patients did not complete the full 12 rehabilitation sessions. Ensure follow-up with patients who do not return to rehab and clearly document the reason for non-completion.

*Question From Reviewer L. Arnold – Adherence PM

Reviewer Question (Medical Emergency)

Q. The medical emergencies policies-title says emergencies occurring in SET PAD rehab (is a cardiac rehab program). Is that ok? The policy otherwise meets criteria.

A: Deny. Because they only provide their S.E.T. PAD protocols (which AACVPR does not certify), but not their cardiac rehab protocols.



Lima Memorial
HEALTH SYSTEM
1001 BELLEFONTAINE AVENUE
LIMA, OH 45804

POLICY:	509
ORIGINAL:	12/2021
REVIEWED:	1/2026
DEPT.:	CTC

TITLE: EMERGENCIES OCCURRING IN S.E.T. PAD REHABILITATION

- I. PURPOSE:**
To ensure patient safety in the S.E.T. PAD Program
- II. POLICY:**
 - A. Nurses/Registered Respiratory Therapist/Exercise Physiologist working in the rehabilitation gym will have successfully completed LMHS's Cardiac Dysrhythmia Course and will be current on ACLS.
 - B. The crash cart with defibrillator will be kept in the rehabilitation gym
 - C. The code team will provide assistance when needed
- III. RESPONSIBILITY:**
RN/EP/RRT
- IV. EQUIPMENT NEEDED:**
Crash cart with defibrillator
Oxygen
Glucometer
- V. PROCEDURE:**
 - A. CARDIAC ARREST**
 - 1. RN/EP/RRT will get the patient to the floor or a cart if available
 - 2. Call Code Team at 3000

*Question From Reviewer L. Arnold (Medical Emergency)

Reviewer Question (Staff Competencies)

Q: Could someone please take a look at the staff competencies section. I've approved all other pages on this application.

Q: Approve all the objectives, and tools meet the requirements

Exercise Training Evaluation	To assess that cardiac rehab staff have the proper knowledge and understanding of normal and abnormal responses to exercise, risk stratification, contraindications for exercise and indications to terminate and exercise session.	Cardiac rehab staff spend time at the designated monthly meeting reviewing the exercise prescription policy focusing on appropriate, safe and effective exercise evaluation and training. Mock scenarios are created to practice developing exercise prescriptions including modes, intensity, duration, frequency and progression for a wide variety of patients with heart disease. Risk stratification guidelines are reviewed, common symptoms of exercise intolerance are discussed as well as contraindications to exercise and termination criteria. Staff is assessed by return demonstration and discussion.
Required		
Patient Assessment	To assess the cardiac rehab staff have the proper knowledge and understanding of cardiovascular anatomy, physiology and pathophysiology of the heart and application skills to provide evidence based care.	At the designated monthly meeting, staff does yearly competency tests covering topics including cardiovascular anatomy and physiology, common cardiac conditions, diagnostic techniques and procedures and EKG rhythm recognition. Staff is also observed by the department supervisor conducting a patient orientation which consists of skills including obtaining a comprehensive history, physical examination, goal setting, ITP development and progression follow up. Patient charts are audited by the department supervisor to identify proper assessment, re-assessment, intervention and follow-up and outcomes management measuring and reporting is verified. Competency is assessed by return demonstration and post test evaluation.

*Question From Reviewer C. Coppenrath (Staff Competencies)

Reviewer Question (Staff Competencies)

Q: The competencies outlined below appear to function more as a return demonstration or check-off station rather than a comprehensive assessment of competency. As written, they do not provide sufficient detail or evidence to fully demonstrate ongoing competency. Additional information would be needed to validate that competency has been achieved and maintained. Based on this, I believe the submission does not currently meet the requirements and should be considered for denial. I welcome your thoughts and any additional perspective.

A: Deny. All of the objectives meet the minimum requirements, but the Tobacco tool does not demonstrate how they are competent.

Blood Pressure Management	To apply correct sized cuff per patient's arm circumference, to know blood pressure perimeters to exercise in the rehab setting per policy, to properly use a dinamap when needed to confirm audible blood pressure readings, perform proper cleaning of blood pressure cuffs, to know how to order/replace blood pressure cuffs, to be able to state s/s of hypo/hypertension in patients and address with PCP or cardiologist. Have knowledge related to blood pressure medications and refer to pharmacist for any questions not able to answer. To know where to properly chart on medication compliance and to reconcile medication list each session.	Each staff had to apply the proper cuff size on each other and state the proper cleaning of cuffs. Staff had to voice how to order replacement cuffs. Policy related to Hypo/hypertension reviewed among staff and when to contact PCP or cardiologist for change in plan of care, if needed. Question and answer period was held among staff regarding common blood pressure medications and where to find information on these medications, if needed. Staff able to state perimeters of blood pressures to exercise in the program per policy and where to find this policy..
Required		
Diabetes Management	To be able to properly use a glucometer machine, measure controls and obtain a patient's blood glucose level while using proper safety measures. To perform proper disposal of blood products and contaminants. Express knowledge related to department policy regarding perimeters of blood sugars to allow exercise and proper documentation. Explains critical values and required follow-up actions per policy. To know when to replace test strips and controls per expiration date or supplies.	Each staff member performed controls and did an accu chek on each other, verbalised checking expiration dates on vials and strips and where to replenish supplies,. Staff was able to state where to find the policy on hypo/hyperglycemia and contacting PCP or cardiologist for any change in plan of care. Staff was able to properly clean the accu chek per protocol.

Psychosocial Management	Be familiar with the PHQ9 assessment tool, interpretation of results and to be able to explain the survey to patients. . Knowledge of available resources to aid patient's scoring high on this assessment, be able to identify those patient's in need of psycho social interventions and how to address accordingly. To properly chart in patient's record any changes in their psycho social status and interventions available or taken to address this change and follow-up	Staff reviewed previously completed PHQ9 surveys and verbally stated how they would address the score and what resources are available to patients. Staff also stated what they tell their patients on orientation before giving out the PHQ9 survey, and were critiqued on this by other staff present.
Required		
Tobacco Cessation	To be able to state what resources are available for tobacco cessation for patients, have knowledge on how to address a patient's readiness to quit use of tobacco, and verbalise proper charting regarding follow-up weekly.	Review smoking cessation packet and available resources in community for smoking or tobacco cessation, proper charting and follow-up if patient does want to quit tobacco usage.

Question from Reviewer v. Tanate (Staff Competencies)

Reviewer Question (Emergency Preparedness)

Q: The program did provide several calendar months of documentation but left some of the spaces blank on CLOSED DAYS without signature. I may be a little nit picky, but they should have drawn a line through the entire day. Not sure if this is a denial, but I wanted to double check.

A: It's clear that the line through the dates closed is meant to go all the way across. AACVPR also does not require a signature for dates closed.

DEPARTMENT Candler + Palm Bay Rehab CARDIAC MONITOR AND DEFIBRILLATOR CHECKLIST HW-093 Highlands DuBois

MONTH December YEAR 2025

DATE	LOOK # Of Dates Verified	Correct Time Verified	External Cart Charge Defibrillator Pads	Quick Cardio Pads	Electrodes	Gloves	N7 Pads	Station Location Properly Labeled	Shore Containers < 1/2 Full	Backboard	Ambu bag	O2 Tank Full (in green)	Defibrillator Joules	Big Defibrillator/Unplugged Defibrillator	Ready to use (initials)	Signature
1	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
2	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
3	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
4	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
5	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
6																
7																
8	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
9	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
10	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
11	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
12	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
13																
14																
15	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
16	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
17	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
18	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
19	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
20																
21																
22	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
23	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
24																
25																
26																
27																
28	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
29	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
30	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson
31	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	200J	✓	MS	Wenderson

10-18-10 Revised: 1-5-15 11/24/15 Only change is logo 3/15 P-1 Review 12/17

*Question From Reviewer V. Yandle (Emergency Preparedness)

Reviewer Question (Functional Capacity)

Q: This program submitted initiatives but NEVER stated the initiatives were for this year (I'm giving them grace and will let that slide). However, the initiatives they included such as standardizing patient flow in the hallway during walk testing; clearly communicating starting and ending points; and completing same-day assessments to identify any respiratory or orthopedic concerns prior to the 6MWT; represent foundational practices that should be consistently implemented. Therefore, I think a denial is appropriate. Do you agree?

A: Deny. This description is all standard things that the program should already be doing. This plan does not show what new measures they will be doing to improve the patient's functional capacity.

Answer

Making sure patient's walk to the right of the hallway to avoid oncoming traffic in hall while performing the walk. Making sure patient knows starting and end point of walk. Assess patient day of walk to make sure they are not experiencing any respiratory or orthopedic issues to prevent walking to full potential.

*Question From Reviewer V. Yandle (Functional Capacity)

Reviewer Question (Emergency Preparedness)

Q: I may be being too picky but want to make sure. For their one-month verification of Defibrillator/AED readiness there are 2 days that are not checked. Could you tell me if you would pass this?

A. Deny. The program left the defibrillator column blank, and this information is required.

RIVERSIDE Medical Center										
Crash Cart & Emergency Equipment Check Form "R" Series										
Month		Year								
Date	Crash Cart Seal #	Oxygen Tank PSI*	Defib Check: ✓ if test is done and OK using Operator's Checklist	Crash Cart: Date of 1st Item to Expire	Resp Box: Date of 1st Item to Expire	Stemi Box: Date of 1st Item to Expire	Peds Box: Date of 1st Item to Expire	Date and Time Correct on Defib Printout	Staff Initials	Comments (ex. Why tag changed? Resp notified for less than 500 PSI, etc.)
1	1431313	Full	✓	12-31-25	10-31-26	NA	NA	6:17:32	12/15/25	
2	1431313	Full	✓	12-31-25	10-31-26	NA	NA	7:31:01	12/15/25	
3	1431313	Full	✓	12-31-25	10-31-26	NA	NA	8:37:18	12/15/25	
4	1431313	Full	✓	12-31-25	10-31-26	NA	NA	7:15:22	12/15/25	
5	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:07:35	12/15/25	
6	Closed									
7	Closed									
8	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:10:14	12/15/25	
9	1431313	Full	✓	12/31/25	10/31/26	NA	NA	7:12:35	12/15/25	
10	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:10:01	12/15/25	
11	1431313	Full	✓	12/31/25	10/31/26	NA	NA	7:05:32	12/15/25	
12	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:10:11	12/15/25	
13	Closed									
14	Closed									
15	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:06:12	12/15/25	
16	1431313	Full	✓	12/31/25	10/31/26	NA	NA	7:18:59	12/15/25	
17	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:18:23	12/15/25	
18	1431313	Full	✓	12/31/25	10/31/26	NA	NA	7:15:42	12/15/25	
19	1431313	Full	✓	12/31/25	10/31/26	NA	NA	6:19:54	12/15/25	
20	Closed									
21	Closed									
22	1431313	Full		12/31/25	10/31/26	NA	NA	6:07:12	12/15/25	
23	1405397	Full		06/30/26	10/31/26	NA	NA	7:17:43	12/15/25	
24	Holiday									
25	Holiday									
26	1465397	Full	✓	6/30/26	10/31/26	NA	NA	7:40:52	12/15/25	
27	Closed									
28	Closed									
29	1465397	Full	✓	6/30/26	10/31/26	NA	NA	7:26:18	12/15/25	
30	1405397	Full	✓	06/30/26	10/31/26	NA	NA	7:06:10	12/15/25	
31	1465397	Full	✓	6/30/26	10/31/26	NA	NA	6:25:21	12/15/25	

** Notify Respiratory if Oxygen is lower than 500 psi

Initials	Signature	Initials	Signature
AW	[Signature]		
AS	[Signature]		
AS	[Signature]		

*Question From Reviewer R. Wilder (Emergency Preparedness)



Reviewer Question (ITP)

Q: Would you consider this a nutrition assessment?
Patient has not completed the RYP and it says they assessed their nutrition status, but it just has their current diet listed. Would you pass this?

A. Approve. The nutrition assessment is in their comments. They focus on a verbal recall with the patient, and within the intervention they talk about the patient's snacking. It focuses on on what the patient needs to work on.

Riverside Medical Center	Individual Pulmonary Treatment Plan v4.0	
Name:	Initial Assessment Admit to Rehab: 5/14/2025	
D.O.B.:	Referring Physician: ALMEIDA, ROSELLE	MR#:
Diag: CENTRILOBULAR EMPHYSEMA	Primary Care Physician: KHANNA, SAMRAT	Acct #:
<u>NUTRITION ASSESSMENT</u>		
Alcohol: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> social <input checked="" type="checkbox"/> none	Type: amt:	
Weight Management		
Wt: 300lb	Ht: 77in	BMI: 35.57
Wt goal:		Wt goal:
Wt goal:		
Wt goal:		
Rate Your Plate		
Current Diet: standard american-unbalanced, meat/potatoes, occ. fruit/veggies; unhealthy snacks		
<input type="checkbox"/> Previous wt. loss attempts		
Nutrition Plan		
Education:		
✓ 5/14/25-Reviewed Rate Your Plate assessment and sent home with patient to complete and return-SJ		
Goals:		
✓ 5/14/25-Develop healthy diet and improve portion sizing, Improve Rate Your Plate score-SJ		
Interventions:		
✓ 5/14/25-Assessed patient's nutrition status; Current appetite: too good at times, meals/day-2 and snacking all day, standard american, more meat and potato, occasional fruit/vegetables, chips, candies, cookies, pastries, Obtain weight at each session, Staff to educate patient on proper nutrition for lung disease-SJ		

*Question From Reviewer R. Wilder (ITP – Nutrition Assessment)

Reviewer Question (ITP)

Q: The program selected Hypertension for their other core component but it doesn't seem like an "active" core component and the same BP is recorded at every reassessment resting and max until the final discharge assessment and BPs are all within normal range. The patient does however have tobacco cessation as an active component so even though they didn't list that as the active component I feel it meets the requirements better. Is it okay to explain that and approve?

A. Approve. They do provide detail about BP in the initial, reassessments and the discharge. It meets the minimum criteria. **Note if BP didn't meet the criteria, you wouldn't be able to use tobacco because it wasn't selected.*

Individual Cardiac Treatment Plan-Initial Assessment Order #: Page # 2

MR#: Name: Referring Physician: Phillips, Wendall Assessment Date 6/5/25 D.O.B.: Age: 64 Admit to Rehab: 06/04/2025 Prim. Dx: CABG Acct #: Provider ID: Allergies: penicillians

Risk Stratification: Low Medication Diet: BP Meds metoprolol

Other Core Components INITIAL ASSESSMENT

High BP Hx No Resting BP: 125/70 Peak Exercise BP: 145/72

Diabetes No Diabetes medication: FBS: HbA1c: 5.5 Monitors BS at home

Tobacco Use: Yes No Smoker Quit: <6 months >6 months

Atrial Fibrillation: A-fib No A-fib CHF No CHF

Rate Control Yes No HF S/S: EP%: 55 Date: NA

Weighting Daily? Yes No HF Medication:

Other Core Components Plan INTERVENTIONS

Education: Reviewed ways to reduce modifiable risk factors associated with CV disease with diet, exercise, and taking medications as prescribed. Reviewed Chapter 5, Managing Specific Risk factors pgs 43-52. Reviewed his current medication list and referenced Chapter 5 in the Krames pt Ed book- Taking Medications pgs 35-42.

Education Planned: See To The Right

Target Goals and Progression:

Maintain B/P of < 130/80
Accurately verbalize his current medications name, dosage, dosage, frequency and purpose for use
Take accurate B/P and HR readings at home (he is buying a new B/P machine today)

Individual patient goals:
get back to work and normal activities, feel better

Educational Classes:
Individual Patient Education during the initial evaluation with discussion and reference to the Krames Patient Education Manual on Related Topics of Healthy Eating, B/P management. Medications Handouts in the CR ed packet: Let us know Krames Patient Education Manual Cholesterol Highway DASH diet What is Cardiac Rehab? Understanding High Blood pressure

Drug Class:
aspirin 81 mg
atorvastatin 40 mg
Plavix 75 mg
metoprolol 12.5 mg bid -hold if B/P < 100 systolic

Taking meds as prescribed
If no, why ?

of Session Approved: 36

Staff Signature/Date:
S. Counahan RN 6/5/25 11:30

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

MD/Physician Signature/Date:
S. Counahan RN 6/5/25 11:30

INITIAL EXERCISE PRESCRIPTION

Modality	METs	Load	Duration
1 Rest	- Mets		00:00
2 Session Warm Up	- Mets		05:00
3 Treadmill	- Mets		10:00
4 Arm Ergometer	2Mets	16Watts	04:00
5 Recumbent Bike	- Mets		10:00
6 Final Cooldown	- Mets		05:00
7 Rest	- Mets		00:00

*Question From Reviewer R. Wilder (ITP – OCC Hypertension)

Reviewer Question (Emergency Preparedness)

Q: The emergency preparedness checklist does not include a month, just the year. It pains me to deny it. Thoughts?

A. Approve. The form has a month of 31 days, and each day is filled out.

Cardiac and Pulmonary Rehabilitation
Daily AED Checklist

Month/Year: 2025 Location: AIW Cardiac Rehab

Date	Oxygen Tank Full	AED check OK	Signature
1	✓	✓	A. Aniskey
2	✓	✓	A. Aniskey
3	✓	✓	A. Aniskey
4	✓	✓	A. Aniskey
5	✓	✓	A. Aniskey
6	Closed		
7	Closed		
8	✓	✓	A. Aniskey
9	✓	✓	A. Aniskey
10	✓	✓	A. Aniskey
11	✓	✓	A. Aniskey
12	✓	✓	A. Aniskey
13	Closed		
14	Closed		
15	✓	✓	A. Aniskey
16	✓	✓	A. Aniskey
17	✓	✓	A. Aniskey
18	✓	✓	A. Aniskey
19	✓	✓	A. Aniskey
20	Closed		
21	Closed		
22	✓	✓	A. Aniskey
23	✓	✓	A. Aniskey
24	✓	✓	A. Aniskey
25	Closed		
26	Closed		
27	Closed		
28	Closed		
29	✓	✓	A. Aniskey
30	✓	✓	A. Aniskey
31	✓	✓	A. Aniskey

*Question From Reviewer C. Coppenrath (Emergency Preparedness)

Reviewer Question (Functional Capacity PM)

The performance measures are all process improvements. I felt I could approve the Enrollment, Adherence and Tobacco but the others I don't think pass. Could I get a second opinion on that please? **Functional Capacity PM**

A. Approve. The program explains how they will educate staff on peak MET which will help them then educate the patients.

Answer

Verifying exercise modality used on third session for estimated exercise session peak met is also used during discharge exercise session for proper calculation. Writing the 40% goal number within the ITP for staff to know, due to rotating staff members working with patients. This will allow us a better opportunity to mapwork where their MET level needs to be along the way and if they are on track to completing the estimated exercise session peak met goal for functional capacity.

*Question From Reviewer C. Coppentrath (Functional Capacity PM)

Reviewer Question (Tobacco Use PM)

The performance measures are all process improvements. I felt I could approve the Enrollment, Adherence and Tobacco but the others I don't think pass. Could I get a second opinion on that please? **Tobacco Use PM**

A. Approve. They achieved 100% and mention what they are going to “continue” to do.

Answer

With achieving 100%, we plan to keep respiratory therapy highly involved with our tobacco patients to help provide them the education and support they need, as well and keeping strong lines of communication with the patients PCP throughout their time in the program.

*Question From Reviewer C. Coppentrath (Tobacco Use PM)

Reviewer Question (Depression PM)

Q: The performance measures are all process improvements. I felt I could approve the Enrollment, Adherence and Tobacco but the others I don't think pass. Could I get a second opinion on that please? **Improvement in Depression**

A: Approve. The program explains how they are going to put in place a goal reminder and provide a mid-term PHQ-9 to lower scores and track improvement going forward.

Answer

With not reaching 100%, we will implement a goal reminder within our staff to bring patient PHQ-9 scores down one category. This will not only help us to try and lower scores, but to have a goal PHQ-9 score. Instead of just providing a discharge score, on those who are at mild or more, we will provide a mid-term PHQ-9 to see where they are at and what we can do to reach a category lower.

*Question From Reviewer C. Coppentrath (Depression PM)

Reviewer Question (Adherence PM)

Q: I feel like the Adherence PM does not actually improve patient's adherence to cardiac rehab. This plan is to help staff schedule rehab sessions better around planned medical procedures. This improves their numbers, but did it actually help patients achieve a higher adherence rate or change what staff is doing? I would appreciate your thoughts.

A: Approve. The program is trying to show how they can get patients to come.

Answer

Our rehabilitation team has identified challenges with patient adherence related to ongoing health issues or the need for additional procedures or surgeries. As a result, many patients attend fewer than 12 sessions before discontinuing the program. To address this, our staff can engage patients more in-depth discussions regarding their medical history and any anticipated or planned procedures. With this information, we can better time program enrollment to begin after these events, improving the likelihood of consistent attendance, and overall adherence to the rehab program.

*Question From Reviewer P. Dooley (Adherence PM)

Reviewer Question (Performance Measures)

Q: Program with 3 Performance Measures all scored at 100%: Adherence, Depression, and Tobacco?

A: Forwarding to the Quality Care Committee for Review.

Numerator	53
Numerator 2	
Denominator	53
Percent Increase	100
Answer	Phone call to make contact with patient after one missed session. Provider notification after subsequent missed sessions. Continue to education patient on the importance of program attendance.

Numerator	55
Numerator 2	
Denominator	55
Percent Increase	100
Answer	continue to work with patient's Primary care provider for medication management and provide education on counseling services.

Numerator	1
Numerator 2	
Denominator	1
Percent Increase	100
Answer	Continue to screen/identify patients who are smokers and provide Smoking cessation education as well as work with Primary Care provider for nicotine replacement therapy if needed.

*Question From Reviewer R. Hornby (PMs)

Reviewer Question (Emergency Preparedness)

Q: The mock code described for cardiac arrest -is more indicative of angina or bradycardia - looks like never lost consciousness and was paced ...

A: Deny. A rhythm issue versus cardiac arrest. They're not doing everything you would do for cardiac arrest. There is no CPR started, there is no defibrillation.

In-Service Emergency Type 1	Cardiopulmonary Arrest
Date	9/10/2025
Description	Mock code: Patient complains of weakness and chest pain. Patient presentation is pale and diaphoretic. Exercise was stopped. Patient was placed in a lying position. Patients B/P 60/40, CBG 110, O2 Sat 98%. Monitor shows 3rd degree heart block with ST elevation. Crash cart in room. Pacing pads-defibrillator placed on patient and Code 7(cardiopulmonary arrest) called. Medical director notified. Orders received to bolus patient with 250 cc NS. Staff demonstrated pacer function on defibrillator. Set rate at 60 until 100% capture, then increased MA for safety net. BP now 110/80 and patient transported to Cardiac Cath Lab for emergent cath.

*Question From Reviewer R. Hornby (Emergency Preparedness)

Reviewer Question (Medical Emergencies)

Q: On the Med Emergencies: Tachy/Brady very generic - follow algorithm. Hyper/Hypoglycemia - general information but doesn't go into an emergency? Should it pass?

A: Deny. Tachycardia/Bradycardia do not give all the details through resolution. Also deny hyperglycemia and hypoglycemia because it doesn't ever talk about what they will do in an emergency.

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MEMORIAL HERMANN HEALTH SYSTEM
MEMORIAL HERMANN MEMORIAL CITY MEDICAL CENTER PROCEDURE

PROCEDURE TITLE: HVI - Cardiac Rehab: Procedure for Managing a Cardiac Arrest in the Cardiac Wellness Center

PUBLICATION DATE: 09/21/2024
LAST REVIEW DATE: 08/31/2021
VERSION: 3

PROCEDURE PURPOSE:

To establish clear roles and responsibilities for effective and efficient management of a cardiac arrest situation in the Cardiac Wellness Center. All Cardiac Wellness Center Staff will become familiar with roles and responsibilities required to be fulfilled in the event of a Cardiac Arrest in the Wellness Center.

SCOPE:

This procedure applies to Heart and Vascular Institute at Memorial Hermann Memorial City Medical Center.

PROCEDURE:

RESPONSIBLE PARTY	ACTION
Cardiac Wellness Center Staff	<ol style="list-style-type: none">1. Identify patient unresponsiveness and determine if breathing absent or abnormal.2. Call out for help.<ol style="list-style-type: none">a. If no one responds to assist go to nearest phone and dial 7000. Request the Man Down Team for a Code Blue. Get the Defibrillator/Automatic External Defibrillator (AED) and attach to patient. Ensure the defibrillator is in the AED mode. Follow the prompts from the AED and commence Basic Life Support (BLS).b. If no other staff member is available, direct a rehabilitation participant to dial 7000. Specific directions are posted beside each phone.c. If second responder available to assist, that person should dial 7000 to activate the

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Policy, Procedure, and Guideline Management System prevails.

*Question From Reviewer R. Hornby (ITP)

Reviewer Question (ITP)

Q: MD signatures are confusing. It looks like a Scottcare ITP without any signatures was scanned into EMHR and signed as a progress note? Then they've attached a session report.

A: Approve. Because there is a note that the provider will sign the document and the documenter # is redacted but has the MD Signature.

***Note: Flagged for EMR review**

MR#: _____ Acct #: _____		Individual Cardiac Treatment Plan		Order #: _____	Page # 2
Name: _____		D.O.B.: _____	Age: _____	Admit to Rehab: 7/14/2025	Allergies: NKA
Prim. Dx: STEMI		Provider: CTHGCR		Attending Physician: _____	
Risk Stratification: High		Hospital visits: _____		Cardiologist/Pulmonologist: ZEB, JAHAN	
(Check all that apply) Date: 7/22/25 EXERCISE Initial Assessment <input checked="" type="checkbox"/> 6-MWT <input type="checkbox"/> Stress test Other: DASI: _____ Max METs: 2.7 6-Minute cycle distance: _____ 6-minute walk distance: 1173ft Peak METs during CR: 2.7 RPE: 11 SPO2: 99 max HR: 99 Fall risk assessed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Assistive device: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker Exercise Rx./Plan & Intervention Mode: <input type="checkbox"/> TM <input checked="" type="checkbox"/> RB <input checked="" type="checkbox"/> NS <input checked="" type="checkbox"/> AE <input type="checkbox"/> EL <input type="checkbox"/> TB Frequency: MWF Duration: 30-60 MIN Intensity: 11-14 BORG SCALE Progression: 3-5MIN, 3-5#/WK <input type="checkbox"/> Angina with ex <input checked="" type="checkbox"/> Aerobic Exercise <input checked="" type="checkbox"/> Resistance train Wt# _____ Reps 30 THR: 120 Home exercise: Type: STRETCHING Frequency: DAILY Duration: 5 MIN <input type="checkbox"/> Resistance training Education: (Checks indicate scheduled. Date) <input checked="" type="checkbox"/> Equip orient 7/22/25 <input checked="" type="checkbox"/> Ex safety 7/22/25		(Check all that apply) EXERCISE Exercise Prescription/Plan & Intervention Re-Assessment 8/19/25 Re-Assessment 9/16/25 Re-Assessment 10/13/25 Mode: <input type="checkbox"/> TM <input checked="" type="checkbox"/> RB <input checked="" type="checkbox"/> NS <input checked="" type="checkbox"/> AE <input type="checkbox"/> EL <input type="checkbox"/> TB Frequency: MWF Duration: 59:04 Intensity: 11-14 BORG SCALE Progression: 3-5 MIN; 3-5 LBS/WK <input type="checkbox"/> Angina with ex <input checked="" type="checkbox"/> Aerobic Exercise <input checked="" type="checkbox"/> Resistance train Wt# 40 Reps 30 THR: 116 Home exercise: Type: STRETCHING AT HOME Frequency: DAILY Duration: 10-15 MIN <input type="checkbox"/> Resistance training Additional Comments: 7/22/25 INITIAL EXAM HEART RRR LUNGS CTA BILATERAL PULSE 2+ BILATERAL AND EQUAL EDEMA NONE INCISION NONE PATIENT WILL INITIALLY DO TRACK WALKING IN PLACE OF TREADMILL, HE MAY WANT TO DO THAT IN THE FUTURE Discharge Plan: Patient will continue to get 30-60 min of aerobic exercise 3 x / wk (indicate completed)		(Check all that apply) Date: 10/20/25 EXERCISE Follow-up/Discharge <input checked="" type="checkbox"/> 6-MWT <input type="checkbox"/> Stress test Other: DASI: _____ Max METs: 7 6-Minute cycle distance: _____ 6-minute walk distance: 1725ft Peak METs during CR: 7 RPE: 12 SPO2: 97 max HR: 100 Exercise Rx./Plan & Intervention Mode: <input type="checkbox"/> TM <input checked="" type="checkbox"/> RB <input checked="" type="checkbox"/> NS <input checked="" type="checkbox"/> AE <input type="checkbox"/> EL <input type="checkbox"/> TB Frequency: MWF Duration: 1:07:16 Intensity: 11-14 BORG SCALE Progression: 3-5 MIN; 3-5 LBS/WK <input type="checkbox"/> Angina with ex <input checked="" type="checkbox"/> Aerobic Exercise <input checked="" type="checkbox"/> Resistance train Wt# 453 Reps 30 THR: 95 Home exercise: Type: STRETCHING AT HOME/ WALKING Frequency: DAILY Duration: 20-30 MIN <input type="checkbox"/> Resistance training	
Target Goal: Initial *Individual exercise Rx *Aerobic active 30+ min 5 days per week Additional Goals/Progression: GAIN STRENGTH AND ENDURANCE IMPROVE FIT SCORE >4		Target Goal: Re-Assessments *Individual exercise Rx *Aerobic active 30+ min 5 days per week Additional Goals/Progression: 8/19/25 Pt has increased to level 3, 5.3 mets for 10 min on nustep, no new scores to assess 9/16/25 Pt has increased to level 4, 7.5 mets for 10 min on nustep, no new scores 10/13/25 Pt has increased to level 5, 7 mets for 10 min on nustep, no new scores to assess		Target Goal: Discharge *Individual exercise Rx *Aerobic active 30+ min 5 days per week Additional Goals/Progression: 10/20/25 Pt increased to level 5, 7 mets for r10 min on nustep, Fit score improved >36	

*Question From Reviewer R. Hornby (ITP)

Reviewer Question (Emergency Preparedness)

Q: For Emergency Prep, this program submitted two documents showing readiness, one for oxygen and one for the crash cart, which I think is okay, but they are for different months – does that matter?

A: Deny. Program is required to give one month, but instead the program provided two different months, with two different documents (oxygen cart and crash cart).

MARCH 2025							Oxygen cart
SUN	MON	TUE	WED	THU	FRI	SAT	
						closed	1
closed	O2 full	Closed	O2 full	O2 full	O2 full	closed	8
2	3	4	5	6	7		
closed	O2 full	Closed	O2 full	O2 full	O2 full	closed	15
9	10	11	12	13	14		
closed	O2 full	O2 full	O2 full	O2 full	O2 full	closed	22
16	17	18	19	20	21		
closed	O2 full	O2 full	O2 full	O2 full	O2 full	closed	29
23	24	25	26	27	28		
closed	O2 full	O2 full	O2 full	O2 full	O2 full		
30	31						
closed	O2 full						
30	31						

Holidays and Observances: 17: St. Patrick's Day

*Question From Reviewer K. Fernholz (Emergency Preparedness)

Upcoming Reviewer Q&A Sessions

***Update: Last Q&A Call Scheduled for:
Wednesday, May 6, 2026, from 3:00 PM to 4:00 PM Central Time**

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

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