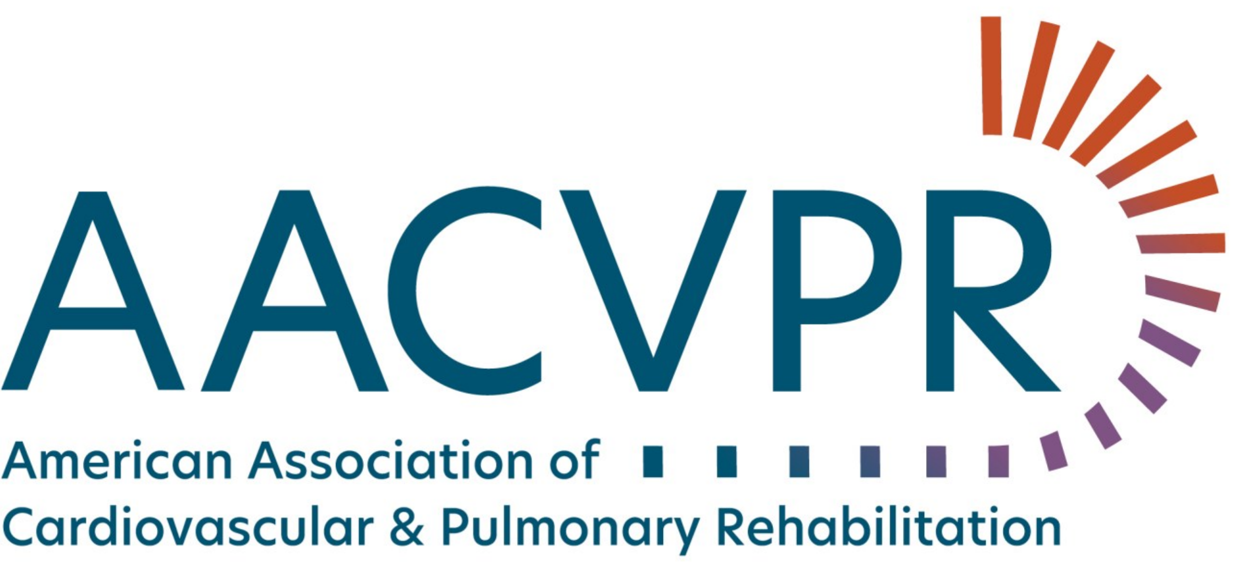
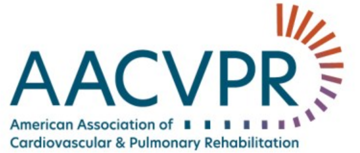

AACVPR
American Association of
Cardiovascular & Pulmonary Rehabilitation

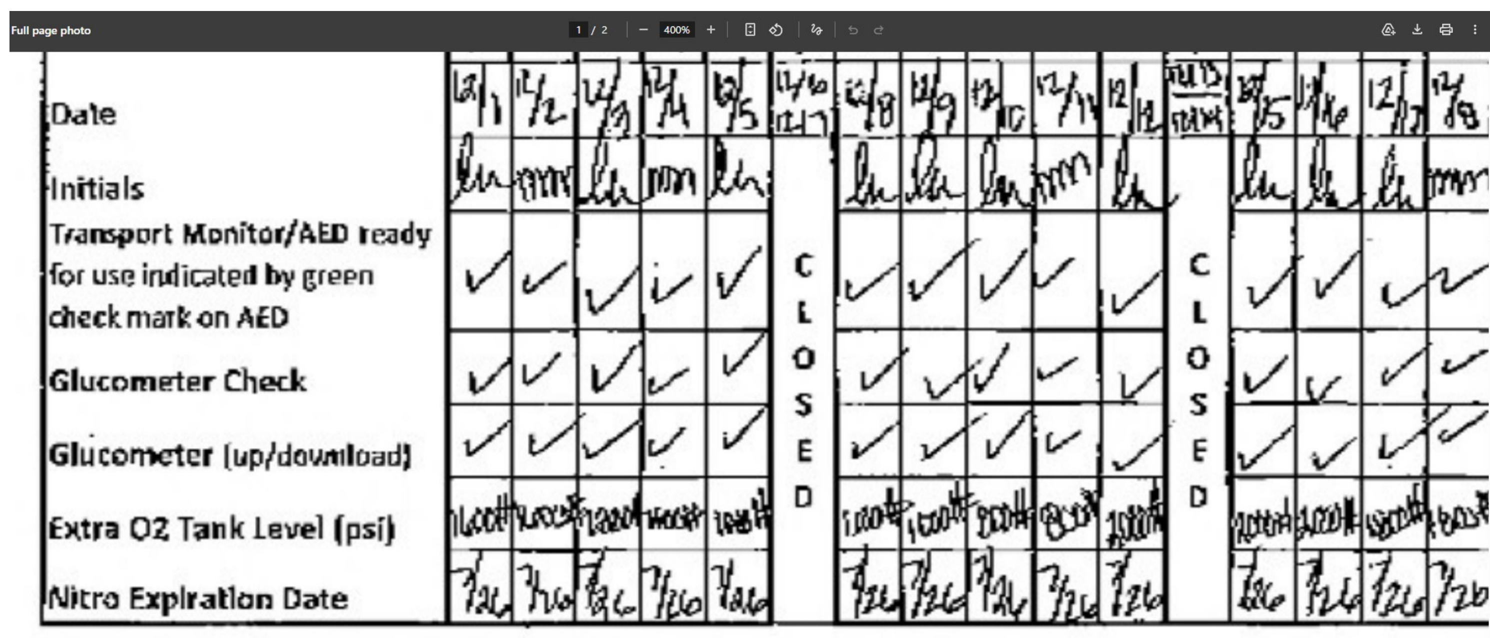


2026 Program Certification Weekly Reviewer Meeting Wednesday, May 6, 2026

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

Reviewer Question (Emergency Preparedness)

Q: I am having trouble reading the O2 tank PSI on this one. Do you have a clearer copy? If not, is that a reason for denial?



Date	12/1	12/2	12/3	12/4	12/5	12/6 12/7	12/8	12/9	12/10	12/11	12/12	12/13 12/14	12/15	12/16	12/17	12/18
Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	CLOSED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	CLOSED	[illegible]	[illegible]	[illegible]	[illegible]
Transport Monitor/AED ready for use indicated by green check mark on AED	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓
Glucometer Check	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓
Glucometer (up/download)	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓
Extra O2 Tank Level (psi)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]
Nitro Expiration Date	7/26	7/26	7/26	7/26	7/26		7/26	7/26	7/26	7/26	7/26		7/26	7/26	7/26	7/26

Approve – when zoomed in, it's hard to read but it does look like all of the listings are above 800 PSI, so this can be approved.

*Question From Reviewer S. Dunn (Emergency Preparedness)

Reviewer Question (Medical Emergency Policy)

Q: On page 3 (Cardiac arrest), under "Procedure" it states "cardiac rehab patient". Throughout the "Procedure" I only see "cardiac patient", I do not see anything about a pulmonary patient. However, under "Scope" it says, "Cardiac and Pulmonary Rehab Rehabilitation (CR/PR) units", and under "Purpose" it says "...to the unresponsive cardiac or pulmonary rehabilitation patient".

Can I pass this because of the use of Pulmonary in the Purpose and Scope? All of the other policies specify "patient" or "CR/PR patient" and seem specific to PR. (The sister hospital has the same policy)

OhioHealth	POLICY & PROCEDURE	
	TITLE: Cardiopulmonary Arrest	**NUMBER:**
	ISSUE DATE:	**EFFECTIVE DATE:** 12/4/2015
	DEVELOPED / REVISED BY: Cardiac Rehabilitation Policy Committee	
	REVIEWED BY: Cardiac Rehabilitation Policy Committee	**DATE REVIEWED:** 12/4/2015
	APPROVED BY: Julie S. Cantrell, MD Reviewed and re-approved 10/6/2025, JSC	

SCOPE
This policy is in effect for the following Central and Regional Ohio OhioHealth system Cardiac and Pulmonary Rehabilitation (CR/PR) units, including but not limited to:
Berger Hospital, Doctors Hospital, Dublin Methodist Hospital, Grady Memorial Hospital, Grant Medical Center, Grove City Methodist Hospital, McConnell Heart Health Center, New Albany Medical Campus, Pickerington Methodist Hospital, Westerville Medical Campus

PURPOSE
To effectively respond and provide appropriate care to the unresponsive cardiac or pulmonary rehabilitation patient. Cardiopulmonary arrest is a potential risk during exercise. Staff will be trained and certified in the management of cardiac arrest.

POLICY
Cardiopulmonary arrest.

PROCEDURE

CODE ASSIST:

- In the event that the cardiac rehab patient becomes symptomatic, the first-responding staff member will follow the department-specific policy for managing that symptom. If there is no resolution of symptoms, staff will activate emergency response per location specific policy, and inform the operator of the "code assist", as well as the specific location of the emergency.

Approve – While we don't love it, since it's labeled as cardiac and pulmonary in the purpose and the scope, it can be approved.

*Question From Reviewer M. Chang (Medical Emergency)

Reviewer Question (Performance Measures)

Q: Functional Capacity/Dyspnea: The F.C. is (7/10) and Dyspnea is (32/53). These denominators should be similar, correct? There was a similar question on the last Q&A call, so I have passed this because they provided a NEW plan to improve. I also added in the comments for them to review the exclusion criteria. Should I do something different?

Numerator	7
Numerator 2	
Denominator	10
Percent Increase	**70.0**
Answer	We plan to use high intensity interval training more consistently during exercise sessions. We will also add balance training with our strength training routine. We feel these changes will help patients achieve a higher exercise capacity to reduce their overall risks.

Approve – While we'd like it to be similar, we don't grade on the results provided. Sometimes PR programs have issues with patients completing either the intake or discharge 6MWT, so that may explain the discrepancy. The plans are new so this can be approved.

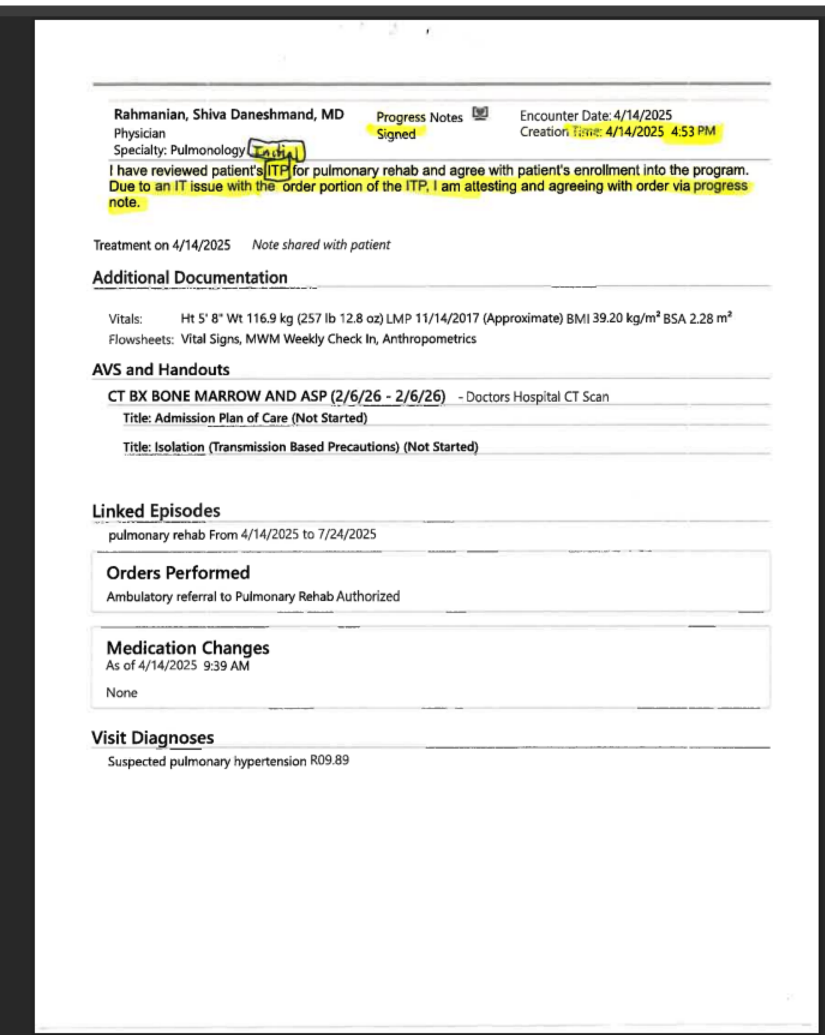
Numerator	32
Numerator 2	
Denominator	53
Percent Increase	**60.38**
Answer	Our plan to help improve dyspnea is to incorporate additional education for the patient regarding energy conservation. The education will focus more specifically on additional "pacing" techniques to reduce overall dyspnea for the patient.

*Question From Reviewer M. Chang – (Func Cap/Dyspnea)

Reviewer Question (ITP)

Q: ITP: It seems to be missing the ITPs for 5/12 & 7/8. There is a MD signature for those dates, but I am only seeing the ITP for 4/14 (Initial), 6/9 (Reassessment) and 7/14 (Discharge signed by MD on 7/24).

I know that only 1 reassessment is required, but if a patient has more than 1, they need to provide it, correct? The sister program has a similar issue. Seems to be missing 5/8 ITP.



Rahmanian, Shiva Daneshmand, MD
Physician
Specialty: Pulmonology Initial

Progress Notes
Signed

Encounter Date: 4/14/2025
Creation Time: 4/14/2025 4:53 PM

I have reviewed patient's ITP for pulmonary rehab and agree with patient's enrollment into the program. Due to an IT issue with the order portion of the ITP, I am attesting and agreeing with order via progress note.

Treatment on 4/14/2025 *Note shared with patient*

Additional Documentation

Vitals: Ht 5' 8" Wt 116.9 kg (257 lb 12.8 oz) LMP 11/14/2017 (Approximate) BMI 39.20 kg/m² BSA 2.28 m²
Flowsheets: Vital Signs, MWM Weekly Check In, Anthropometrics

AVS and Handouts

CT BX BONE MARROW AND ASP (2/6/26 - 2/6/26) - Doctors Hospital CT Scan
Title: Admission Plan of Care (Not Started)
Title: Isolation (Transmission Based Precautions) (Not Started)

Linked Episodes

pulmonary rehab From 4/14/2025 to 7/24/2025

Orders Performed

Ambulatory referral to Pulmonary Rehab Authorized

Medication Changes

As of 4/14/2025 9:39 AM
None

Visit Diagnoses

Suspected pulmonary hypertension R09.89

Approve – We only require an initial assessment, one reassessment, and the discharge assessment, and the program must submit all of the physician signatures. Since all of that IS present, this can be approved.

*Question From M. Chang (ITP)

Reviewer Question (Staff Competencies)

Q: Staff competencies question. They have written a lot on these and I guess they are ok, they just seem to be almost word for word from the pulmonary competencies table that we reference. They did say they gave a post test though.

Competency	Objectives	Tools
Required		
Dyspnea Assessment and Management	The objective of this competency was to review what to do when a patient experiences an episode of acute dyspnea and how to notice said event. Staff demonstrated an understanding of the domains of dyspnea measurement (sensory-perceptual experience, affective distress, and symptom impact), measurement tools (modified Borg scale, MMRC, and CAT scale), as well as the different descriptions that patients may give for their dyspnea. Staff was to demonstrate an understanding of breathing strategies, pharmacologic/psychologic treatments, as well as dyspnea treatment options that include but are not limited to breathing strategies, pulmonary rehab, supplemental oxygen, breathing retraining, pharmacologic therapies, and cognitive behavioral therapy.	Staff reviewed policy and procedure in the system. The staff demonstrated the ability to properly perform and teach the breathing techniques in cases of extreme dyspnea and facilitate patient mastery of techniques during exercise. Staff successfully completed a post test that evaluated the ability to recognize the signs and symptoms of of acute dyspnea. Staff are required to express the ability to critically appraise the patient experience of subjective dyspnea using common descriptors of dyspnea quality. Staff were required to participate in reeducation until they were able to receive a 90% or greater on post assessment.
Required		
Oxygen Assessment / Management / Titration	The objective of this competency was to re-learn and evaluate the staff's ability to properly manage oxygen and assess when and how to add supplemental oxygen therapy. Staff should understand the limits and uses of pulse oximetry. Staff should demonstrate an understanding of the criteria for prescribing LTOT, stationary and portable oxygen storage and delivery equipment, and oxygen interface devices. Staff should also have an understanding on how to successfully educate the patient on oxygen therapy	Staff reviewed the hospital and program's policies and procedures on oxygen therapy and management and then took a post assessment that evaluated their ability to manage SpO2 and supplemental oxygen therapy. Staff were able to perform and show the proper use of pulse oximetry and proper sensor placement to provide stable readings. Staff exhibited the ability to apply oxygen therapy and titration to achieve and maintain SpO2 of 88-90% or SpO2 per physician recommendation. Staff have successfully been able to communicate with pulmonology offices in order to express patients additional needs for supplemental oxygen. Staff was successful in expressing the patients' needs to have and us e a personal pulse oximeter in everyday life especially when exercising on their own. Staff were required to participate in reeducation until they were able to receive a 90% or greater on post assessment.

Approve – This is ok.

*Question From Reviewer L. Hahne (Staff Competencies)

Reviewer Question (Adherence PM)

Q: Is this a continuation of what they are already doing? Sounds like their goal is improved outcomes in ADLs.

Title	2026 Pulmonary Page 10 Adherence Performance Measure
Activity Description	
Selection	
Answer	
Numerator	74
Numerator 2	
Denominator	119
Percent Increase	**62.18**
Answer	Staff will work on teaching and further expressing to the patient how important it is to consistently come to class in order for them to see improved outcomes in their activities of daily living.

Approve – This is ok as it does seem like a new plan, and the education may help encourage patients to come consistently to improve their daily lives.

*Question From L. Hahne (Adherence PM)

Reviewer Question
(Staff Competency)

Q: Question about staff competency tools. These say check off station and return demonstration, but they say what the return demonstration covers. Would this be enough to say the staff is competent?

Group discussion on objectives and check off station with return demonstration on patient education of breathing techniques, dyspnea measurement tools and oxygen use.

Group discussion with return demonstration of different scenarios involving patients with varied knowledge levels and varying severity of disease processes. Check off station on the correct teaching of inhaler use.

Group discussion with return demonstration of different scenarios involving patients with varied knowledge levels and varying severity of disease processes. Check off station on the correct teaching of inhaler use.

We held a mock rapid response and code in service to practice different emergencies. Check- off station on locating supplies on the crash cart and use of emergency equipment. We also reviewed all the medical emergency protocols.

Group discussion and return demonstration on the educational points in the objectives. Check- off station on the proper teaching of inhaler use technique and correct oxygen use. Reviewed the education packet given out on admission for accurate information on additional smoking cessation information.

Deny the Mock Rapid Response and code – no clear notes about how the team ensures the staff is

*Question From Reviewer L. Hahne (Staff Competency)

Reviewer Question (Staff Competencies)

Q: I feel these objectives are not adequate. PHQ-9 isn't specifically discussed in the pulmonary competencies table we reference.

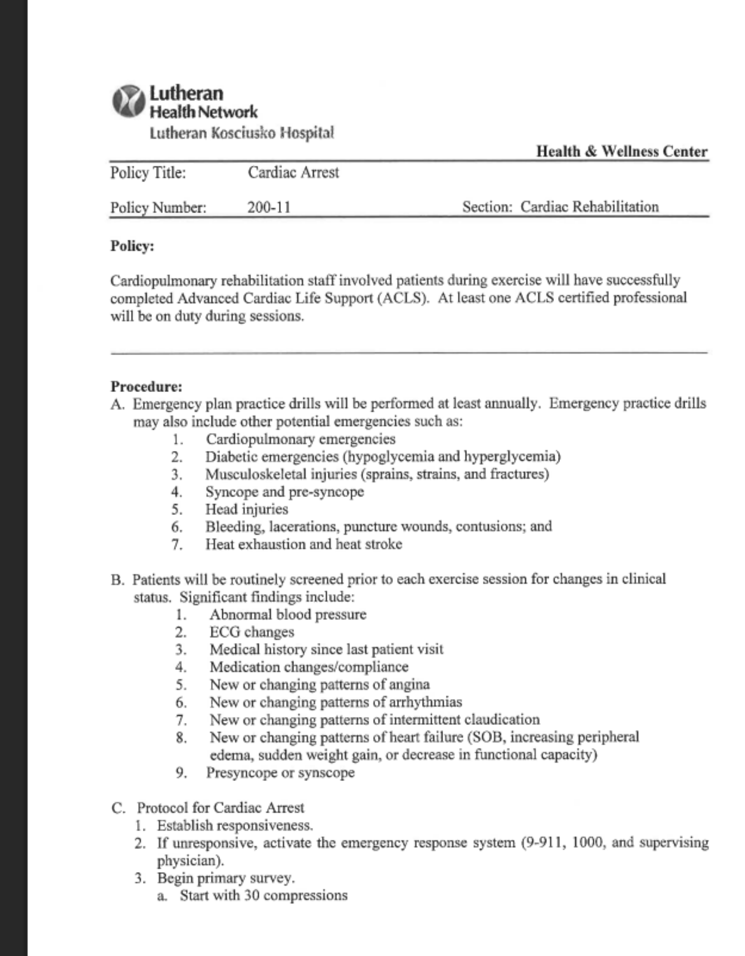
Required		
Psychosocial Management	1. Team member will verbalize the need for the PHQ-9 assessment as it relates to the rehabilitation clinic setting. 2. Team member will be able to demonstrate the application of the PHQ-9 assessment. 3. The team member will verbalize the follow up steps related to PHQ-9 findings.	1. Each team member verbalized the importance of depression screening for the rehabilitation population. 2. Each team member has return demonstrated application of the PHQ-9 assessment during staff meeting or inservice with additional clinic teams. 3. Management direct observation of assessment process during an intake assessment.

Approve – the document does specifically mention screening for depression and anxiety, and the PHQ-9 screens for depression.

*Question From Reviewer L. Hahne (Staff Competency)

Reviewer Question (Medical Emergency)

Q: I have Sister Programs (PR and CR) and the Emergency Policy page is my question….. All Policy's state Cardiac Rehab except the dyspnea policy states Pulmonary Rehab. – yet they are submitted for both programs. Not sure if I should approve or deny.



Lutheran Health Network
Lutheran Kosciusko Hospital

Health & Wellness Center

Policy Title: Cardiac Arrest

Policy Number: 200-11 Section: Cardiac Rehabilitation

Policy:

Cardiopulmonary rehabilitation staff involved patients during exercise will have successfully completed Advanced Cardiac Life Support (ACLS). At least one ACLS certified professional will be on duty during sessions.

Procedure:

A. Emergency plan practice drills will be performed at least annually. Emergency practice drills may also include other potential emergencies such as:
   1. Cardiopulmonary emergencies
   2. Diabetic emergencies (hypoglycemia and hyperglycemia)
   3. Musculoskeletal injuries (sprains, strains, and fractures)
   4. Syncope and pre-syncope
   5. Head injuries
   6. Bleeding, lacerations, puncture wounds, contusions; and
   7. Heat exhaustion and heat stroke

B. Patients will be routinely screened prior to each exercise session for changes in clinical status. Significant findings include:
   1. Abnormal blood pressure
   2. ECG changes
   3. Medical history since last patient visit
   4. Medication changes/compliance
   5. New or changing patterns of angina
   6. New or changing patterns of arrhythmias
   7. New or changing patterns of intermittent claudication
   8. New or changing patterns of heart failure (SOB, increasing peripheral edema, sudden weight gain, or decrease in functional capacity)
   9. Presyncope or synscope

C. Protocol for Cardiac Arrest
   1. Establish responsiveness.
   2. If unresponsive, activate the emergency response system (9-911, 1000, and supervising physician).
   3. Begin primary survey.
      a. Start with 30 compressions

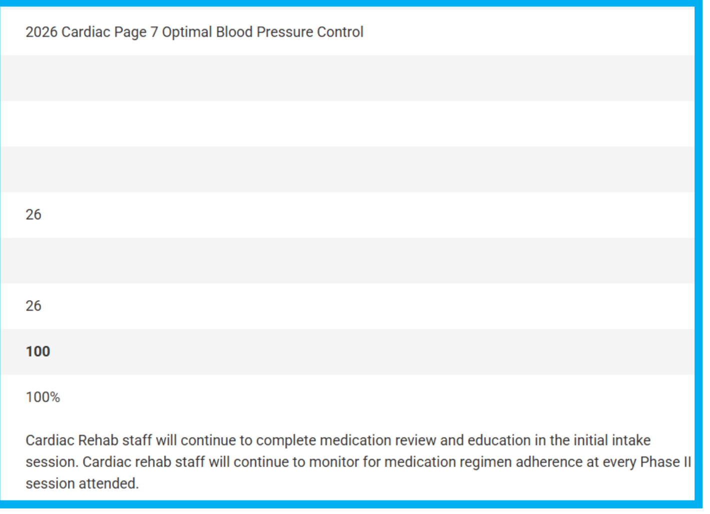
Deny – While some are ok as they mention "cardiopulmonary staff," the dyspnea policy only mentions the PR program, not the CR program. It's not clear that this is in place for the PR team. Likewise, the hyper and hypoglycemia policies only specify Cardiac Rehab, no "cardiopulmonary" staff listed.

*Question From Reviewer L. Elpi (Medical Emergency)

Reviewer Question (Performance Measures)

This program has multiple performance measures at 100%

Title	2026 Cardiac Page 6 Improvement in Functional Capacity
Activity Description	
Selection	Estimated Exercise Session Peak METs
Answer	
Numerator	26
Numerator 2	
Denominator	26
Percent Increase	**100**
Answer	100% Staff will continue to utilize FIIT principles along with individualized patient assessment to identify and modify optimal exercise prescription. Identification of exercise limiting physical injuries, disabilities and comorbidities assists the practitioner in choosing the best mode of exercise for the patient to promote growth and adherence to the exercise regimen.



2026 Cardiac Page 7 Optimal Blood Pressure Control

26

26

100

100%

Cardiac Rehab staff will continue to complete medication review and education in the initial intake session. Cardiac rehab staff will continue to monitor for medication regimen adherence at every Phase II session attended.

Approve – We don't grade on the numbers submitted but we will flag this for review by the QCC.

2026 Cardiac Page 8 Tobacco Use Intervention

1

1

100

100%
We did not have any tobacco users enrolled in Phase II Cardiac Rehab in 2025-the form would not let me use 0/0 for numerator and denominator although these were the correct values.
If a patient is identified as a tobacco user we provide individual education and counseling, they are referred to the Colorado Quitline and we may also collaborate with their PCP as necessary for adjunctive therapies.

*Question From Reviewer J. Nagel (Performance Measures)

Reviewer Question (Medical Emergency)

Q: Can you review Ex Rx and/or Medical ER. They look like Word documents and not official policy. This program also has a few outcomes at 100%.

Cardiac Rehabilitation Policy 01/01/25-12/31/25

XI. Medical Emergencies

As previously stated, cardiac rehabilitation nurses are certified in both Basic Life Support and Advanced Life Support. In an emergency they will follow the listed protocols. A Cardiologist is available each day to CR staff to contact with any medical issues. Staff will first page the patients referring Cardiologist with any medical issues.

Cardiopulmonary Arrest

For a patient in cardiac or respiratory arrest or for any medical emergency requiring immediate additional help, a Code Blue is called. The hospital-wide Code Blue policy and procedure is followed. A code blue button in cardiac rehabilitation is pressed to initiate the response of the code team.

Following BLS and ACLS guidelines Cardiac Rehab staff initiates CPR, bring AED, oxygen tank, amboo bag, etc, assesses monitor pattern, and defibrillates if indicated. With the arrival of the code team the patient is assessed, provided with initial treatment, and taken to the emergency room for further care.

During this time consideration is taken of other patients in cardiac rehabilitation. They are asked to move to the waiting area and are accompanied by a member of the staff.

Angina

A patient who reports angina at rest since his last visit to cardiac rehabilitation is evaluated through assessment of quality, duration, intensity, frequency, and accompanying symptoms. A 12 lead EKG will be done. The patient's referring physician is notified and the patient is taken to the Emergency Department, if applicable.

If a patient develops angina while exercising, exercise is immediately discontinued. The patient is assessed for quality and intensity of pain. The level of exercise intensity and duration, the heart rate/rhythm, oxygen saturation and blood pressure are noted. A 12 lead EKG is done. If the pain is not relieved with rest and the systolic blood pressure allows, the patient who has a prescription for nitroglycerin is instructed to take his own medication. Oxygen at 2-4 liters via nasal cannula to maintain oxygen saturation $\geq$ 94% is begun.

If the pain is relieved:

- If the angina is new onset, the patient's referring physician is contacted for advice regarding further treatment or follow-up.
- If the patient experiences chronic stable angina, he/she will stop exercising until the angina is relieved. He

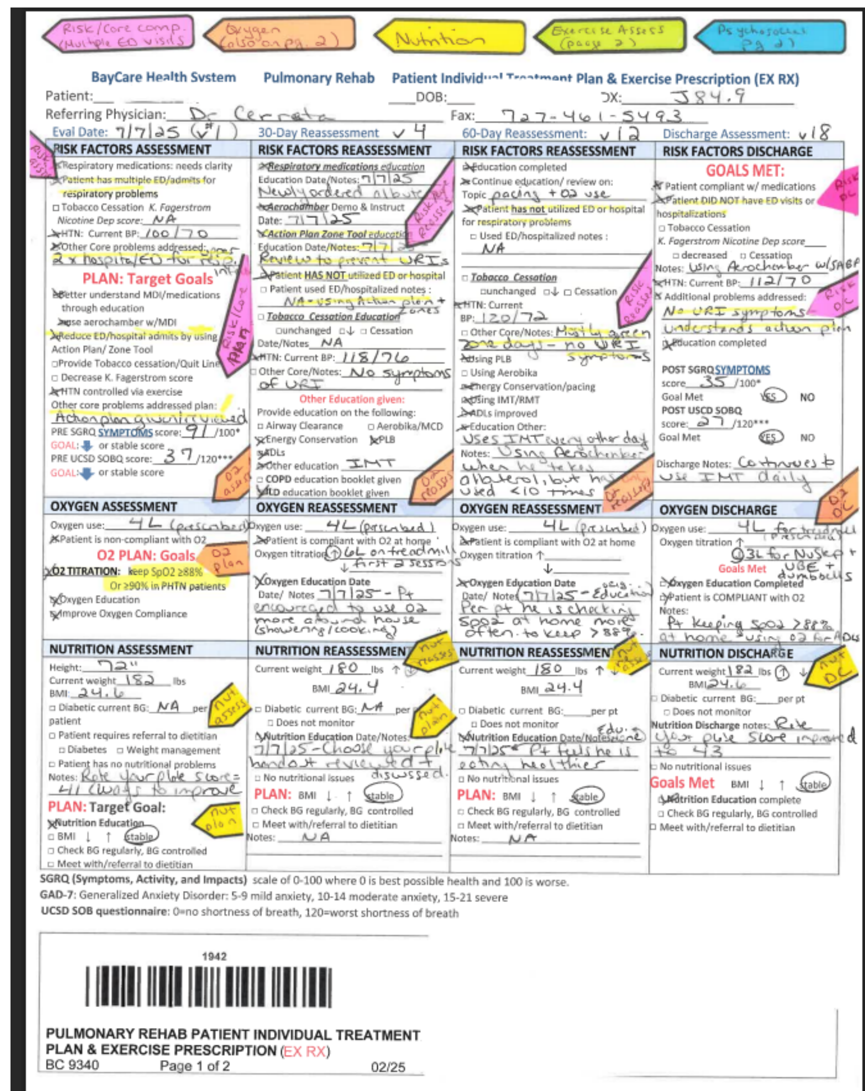
Deny – Deny for the policy – since other pages are being denied, this can be denied for not being a formal policy as there is no program name listed and it seems to be a word document.

Approve for Outcomes– We don't grade on the numbers submitted but we will flag this for review by the QCC.

*Question From Reviewer J. Nagel (Medical Emergency)

Reviewer Question (ITP)

Q: I don't know if I have just seen too many ITPs lately, but I am struggling a bit to follow this one. For example, there are no dates up top for the reassessments. Right where it is labeled risk factor reassessment, it says 7/7 "review to prevent URI's" - but 7/7 is the date of their intake visit. Under oxygen initial assessment, for education it just says "oxygen education" with a check box. Their chosen component is infection prevention which looked good at initial but there is not much under follow up for that really as far as education and interventions, its pretty vague.



Risk/Core comp. (Multiple ED visits) | Oxygen (also on pg. 2) | Nutrition | Exercise Assess (page 2) | Psychosocial (pg 2)

BayCare Health System — Pulmonary Rehab — Patient Individual Treatment Plan & Exercise Prescription (EX RX)

Patient: ___ DOB: ___ DX: J84.9
Referring Physician: Dr Cerrato Fax: 727-461-5493
Eval Date: 7/7/25 (v#1) 30-Day Reassessment: v 4 60-Day Reassessment: v 12 Discharge Assessment: v 18

RISK FACTORS ASSESSMENT
- ☒ Respiratory medications: needs clarity
- ☒ Patient has multiple ED/admits for respiratory problems
- ☐ Tobacco Cessation K. Fagerstrom Nicotine Dep score: NA
- ☒ HTN: Current BP: 100/70
- ☒ Other Core problems addressed: 2 x hospital/ED for resp. infection

PLAN: Target Goals
- ☒ Better understand MDI/medications through education
- ☒ Use aerochamber w/MDI
- ☒ Reduce ED/hospital admits by using Action Plan/ Zone Tool
- ☐ Provide Tobacco cessation/Quit Line
- ☐ Decrease K. Fagerstrom score
- ☒ HTN controlled via exercise
- Other core problems addressed plan: Action plan given/reviewed
- PRE SGRQ SYMPTOMS score: 91 /100* GOAL: ↓ or stable score
- PRE UCSD SOBQ score: 37 /120*** GOAL: ↓ or stable score

RISK FACTORS REASSESSMENT
- ☒ Respiratory medications education — Education Date/Notes: 7/7/25 Newly ordered albuterol
- ☒ Aerochamber Demo & Instruct Date: 7/7/25
- ☒ Action Plan Zone Tool education — Education Date/Notes: 7/7/25 Review to prevent URIs
- ☒ Patient HAS NOT utilized ED or hospital
- ☐ Patient used ED/hospitalized notes: NA - using Action plan + zones
- ☐ Tobacco Cessation Education ☐unchanged ☐↓ ☐ Cessation Date/Notes NA
- ☒ HTN: Current BP: 118/76
- ☐ Other Core/Notes: No symptoms of URI

Other Education given: Provide education on the following:
- ☐ Airway Clearance ☐ Aerobika/MCD
- ☒ Energy Conservation ☒ PLB
- ☒ ADLs
- ☒ Other education IMT
- ☐ COPD education booklet given
- ☒ ILD education booklet given

RISK FACTORS REASSESSMENT
- ☒ Education completed
- ☒ Continue education/ review on: Topic pacing + O2 use
- ☒ Patient has not utilized ED or hospital for respiratory problems
- ☐ Used ED/hospitalized notes: NA
- ☐ Tobacco Cessation ☐unchanged ☐↓ ☐ Cessation
- ☒ HTN: Current BP: 120/72
- ☐ Other Core/Notes: Mostly green zone days - no URI symptoms
- ☒ Using PLB
- ☐ Using Aerobika
- ☒ Energy Conservation/pacing
- ☒ Using IMT/RMT
- ☒ ADLs improved
- ☒ Education Other: Uses IMT every other day
- Notes: Using Aerochamber when he takes albuterol, but has used <10 times

RISK FACTORS DISCHARGE

GOALS MET:
- ☒ Patient compliant w/ medications
- ☒ Patient DID NOT have ED visits or hospitalizations
- ☐ Tobacco Cessation K. Fagerstrom Nicotine Dep score ___ ☐ decreased ☐ Cessation
- Notes: Using Aerochamber w/SABA
- ☒ HTN: Current BP: 112/70
- ☒ Additional problems addressed: No URI symptoms understands action plan
- ☒ Education completed
- POST SGRQ SYMPTOMS score 35 /100* Goal Met (YES) NO
- POST USCD SOBQ score: 27 /120*** Goal Met (YES) NO
- Discharge Notes: Continues to use IMT daily

OXYGEN ASSESSMENT
- Oxygen use: 4L (prescribed)
- ☒ Patient is non-compliant with O2

O2 PLAN: Goals
- ☒ O2 TITRATION: keep SpO2 ≥88% Or ≥90% in PHTN patients
- ☒ Oxygen Education
- ☒ Improve Oxygen Compliance

OXYGEN REASSESSMENT
- Oxygen use: 4L (prescribed)
- ☒ Patient is compliant with O2 at home
- Oxygen titration ↑ 6L on treadmill ↓ first 2 sessions
- ☒ Oxygen Education Date — Date/ Notes 7/7/25 - Pt encouraged to use O2 more around house (showering/cooking)

OXYGEN REASSESSMENT
- Oxygen use: 4L (prescribed)
- ☒ Patient is compliant with O2 at home
- Oxygen titration ↑ ___ ↓ ___
- ☒ Oxygen Education Date — Date/ Notes 7/7/25 - Education (orig.) Per pt he is checking SpO2 at home more often to keep >88%.

OXYGEN DISCHARGE
- Oxygen use: 4L for treadmill (prescribed)
- Oxygen titration ↑ @3L for NuStep + UBE + dumbbells
- Goals Met
- ☒ Oxygen Education Completed
- ☒ Patient is COMPLIANT with O2
- Notes: Pt keeping SpO2 >88% at home using O2 for ADLs

NUTRITION ASSESSMENT
- Height: 72"
- Current weight 182 lbs
- BMI: 24.6
- ☐ Diabetic current BG: NA per patient
- ☐ Patient requires referral to dietitian ☐ Diabetes ☐ Weight management
- ☐ Patient has no nutritional problems
- Notes: Rate your plate score= 41 (ways to improve

PLAN: Target Goal:
- ☒ Nutrition Education
- ☐ BMI ↓ ↑ (stable)
- ☐ Check BG regularly, BG controlled
- ☐ Meet with/referral to dietitian

NUTRITION REASSESSMENT
- Current weight 180 lbs ↑ ↓
- BMI 24.4
- ☐ Diabetic current BG: NA per pt
- ☐ Does not monitor
- ☒ Nutrition Education Date/Notes: 7/7/25 - Choose your plate handout reviewed + discussed.
- ☐ No nutritional issues

PLAN: BMI ↓ ↑ (stable)
- ☐ Check BG regularly, BG controlled
- ☐ Meet with/referral to dietitian
- Notes: NA

NUTRITION REASSESSMENT
- Current weight 180 lbs ↑ ↓
- BMI 24.4
- ☐ Diabetic current BG: ___ per pt
- ☐ Does not monitor
- ☒ Nutrition Education Date/Notes: (Edu. done) 7/7/25 Pt feels he is eating healthier
- ☐ No nutritional issues

PLAN: BMI ↓ ↑ (stable)
- ☐ Check BG regularly, BG controlled
- ☐ Meet with/referral to dietitian
- Notes: NA

NUTRITION DISCHARGE
- Current weight 182 lbs (↑) ↓
- BMI 24.6
- ☐ Diabetic current BG: ___ per pt
- ☐ Does not monitor
- Nutrition Discharge notes: Rate your plate score improved to 43
- ☐ No nutritional issues

Goals Met BMI ↓ ↑ (stable)
- ☒ Nutrition Education complete
- ☐ Check BG regularly, BG controlled
- ☐ Meet with/referral to dietitian

SGRQ (Symptoms, Activity, and Impacts) scale of 0-100 where 0 is best possible health and 100 is worse.
GAD-7: Generalized Anxiety Disorder: 5-9 mild anxiety, 10-14 moderate anxiety, 15-21 severe
UCSD SOB questionnaire: 0=no shortness of breath, 120=worst shortness of breath

1942

PULMONARY REHAB PATIENT INDIVIDUAL TREATMENT PLAN & EXERCISE PRESCRIPTION (EX RX)
BC 9340 Page 1 of 2 02/25

Deny – Approved – meets minimum criteria as at least one reassessment is present for the OCC/Risk Factor. The oxygen is also ok – they can be passed.

*Question From Reviewer K. Lee (ITP)

Reviewer Question (ITP - MD Signatures)

Q: Are we taking signatures that look like this?

Progression towards expected outcomes: ☑ As expected ☐ Less than expected Session # 23

Comments:
Exercising 4.1 METs (moderate) with stable CV responses. Resting blood pressure is stable and within the appropriate ranges (most recent resting blood pressure 112/70). Weight has returned to baseline since starting. Maintain current goals.

Cardiac Rehab staff: Virgilio G. Dycoco, MS Ed. Date: 9/19/25

I have reviewed this plan of care and agree that rehabilitation is medically necessary. Unless I have indicated a change in plan or discharge from the program, the treatment plan shall be carried out as documented.

Medical Director: Dr. Holly Novak Date: 10/3/25

Progression towards expected outcomes: ☑ As expected ☐ Less than expected Session # 42

Comments
Maintaining 4.1 METs (moderate) with stable CV responses. Resting blood pressure is stable and within the appropriate ranges (most recent resting blood pressure 112/70). Weight has returned to baseline since starting. 10/1/25-Declined meeting with Registered Dietician. Maintain current goals.

Cardiac Rehab staff: Virgilio G. Dycoco, MS Ed. Date: 10/20/25

I have reviewed this plan of care and agree that rehabilitation is medically necessary. Unless I have indicated a change in plan or discharge from the program, the treatment plan shall be carried out as documented.

Medical Director: Dr. HOlly Novak Date: 10/24/25

Progression towards expected outcomes: ☑ As expected ☐ Less than expected Session # 60

Comments:
Exercising 4.7 METs (moderate) with stable CV responses. Resting blood pressure is stable and within the appropriate ranges (most recent resting blood pressure 110/80). Weight has returned to baseline since starting. Maintain current goals.

Cardiac Rehab staff: Virgilio G. Dycoco, MS Ed. Date: 11/10/25

I have reviewed this plan of care and agree that rehabilitation is medically necessary. Unless I have indicated a change in plan or discharge from the program, the treatment plan shall be carried out as documented.

Medical Director: Dr. HOlly Novak Date: 11/14/25

Progression towards expected outcomes: ☐ As expected ☐ Less than expected Session # 72

Comments:
Graduated! Exercising 5 METs (moderate) with stable CV responses. Resting blood pressure is stable and within the appropriate ranges (resting blood pressure at discharge 110/64). Weight has beeen maintained since starting. Patient plans to continue their exercise prescription in our Healthy Hearts Program.

Cardiac Rehab Staff: Virgilio G. Dycoco, MS Ed. Date: 11/21/25

I have reviewed this plan of care and agree that rehabilitation is medically necessary. Unless I have indicated a change in plan or discharge from the program, the treatment plan shall be carried out as documented.

Medical Director: Dr. HOlly Novak Date: 11/21/25

Deny for now – we will review as part of the leadership meeting. We will plan to discuss with AACVPR's regulatory team as we are not super comfortable with the formatting of this – no time listed, is very unusual.

Reviewer Question (Staff Competency)

Staff Competencies (wanting to clarify and assure that my thinking is appropriate)

1. Exercise Training
   a. Objectives – does not meet exercise training knowledge/skills in document
   b. Tools – I think the program manager observing staff read the script to patients would technically count but is does the objective actually work?
2. Patient Assessment
   a. Objectives - pass
   b. Tools - Even though staff completed a competency checklist and no remediations were needed, it doesn't state how the staff were named proficient – I would think to deny this one too?
3. Psychosocial Management
   a. Objectives – While this seems it could pass, the objective they specifically state is hard to for to judge if it should pass
   b. Tools – Again, patients completed a skills check list and were documented as proficient, but it doesn't state how the staff were named proficient? I feel like I would want to deny this
4. Weight Management
   a. Objectives – pass
   b. Tools - Again, patients completed a skills check list and were documented as proficient, but it doesn't state how the staff were named proficient? I feel like I would want to deny this

Deny – For exercise training, not directly related to the competency so it should be denied. The others can be passed. Word for word what they submitted for their PR application in 2024.

Deny – For exercise training, not directly related to the competency so it should be denied. The others can be passed. Word for word what they submitted for their PR application in 2024.

*Question From Reviewer R. Salstrand (Staff Competency)

Reviewer Question (Tobacco PM)

Q: I'd like to give them the benefit of the doubt that they really reached 100% and have a plan to continue their success, but I'd like some re-assurance from our fearless leaders. Their depression and functional capacity are being denied due to not being worded as a new plan.

2026 Cardiac Page 8 Tobacco Use Intervention: Review Page

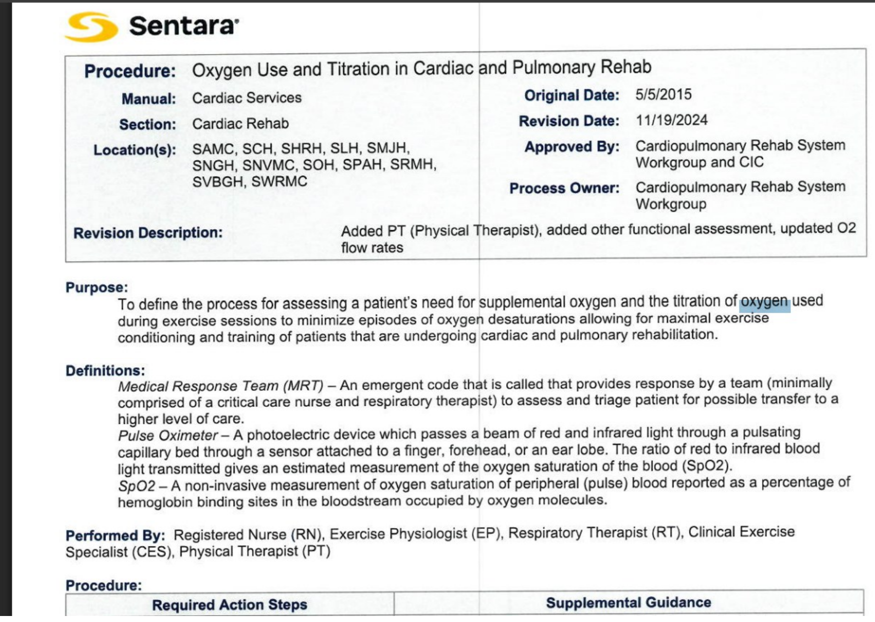
Numerator:	0
Denominator:	4
Percent Increase:	0
Instructions to Program:	**If your program did not achieve 100% for this measure,** what is one new change the rehab team will implement to help improve the percentage? The change must be something the CR staff can provide to/for the patient and the description must explain how the change will impact that outcome for the patient. **(Clarified for 2026)** • **Clarification for 2026:** Recertifying programs should NOT use the same improvement plan as was used for previous application cycles. • **New for 2026:** Programs can review their prior results and previously reported improvement plans from previous application cycles in the application platform here. ***OR*** **If you achieved 100%,** how do you plan to maintain your percentage as you continually work to improve your patient outcomes? **(Clarified for 2026)** **Reminder:** if your program did not receive 100% on the Performance Measure, it should be clear that your plan is a **NEW** plan to help increase the patient outcomes
Answer:	Looking at each of these specific patients, 4 out of 4 quit smoking due to their cardiac procedure or event. 4 out of 4 of them did abstain quitting with no relapse. Staff will continue to offer being referred to a specialist. Staff does ask if they wish to talk about medication therapy, where all 4 of these specific patients declined. Staff does offer a "Freedom from Tobacco" booklet provided by our facility to help each patient with quitting. This does not seem to be an option here in terms of tobacco cessation intervention, but it is something we give to them to go through on their own time or staff goes through with them to assist in quitting smoking. Staff will also continue to offer the tobacco quit hotline as an option for them as well. Staff will continue giving education as to benefits of quitting smoking and how it affects the body from a cardiac standpoint.
Reviewer Comments:	This is confusing. The comments are stating 100%, but the numerator is 0, creating a 0% for the performance measure. Response is worded as a continued plan for reaching 100%.

Deny – Other plans will be denied, and the numerator reported is different from what was entered for the answer, so this can be denied. It would be ok if the reported numerator was 4.

*Question From Reviewer C. Coppenrath (Tobacco PM)

Reviewer Question (Medical Emergency)

Q: Does the oxygen titration policy specifically numbers 8 & 9 adequately cover adjustments at rest?



Sentara

Procedure: Oxygen Use and Titration in Cardiac and Pulmonary Rehab

Manual: Cardiac Services
Section: Cardiac Rehab
Location(s): SAMC, SCH, SHRH, SLH, SMJH, SNGH, SNVMC, SOH, SPAH, SRMH, SVBGH, SWRMC
Original Date: 5/5/2015
Revision Date: 11/19/2024
Approved By: Cardiopulmonary Rehab System Workgroup and CIC
Process Owner: Cardiopulmonary Rehab System Workgroup
Revision Description: Added PT (Physical Therapist), added other functional assessment, updated O2 flow rates

Purpose:
To define the process for assessing a patient's need for supplemental oxygen and the titration of oxygen used during exercise sessions to minimize episodes of oxygen desaturations allowing for maximal exercise conditioning and training of patients that are undergoing cardiac and pulmonary rehabilitation.

Definitions:
Medical Response Team (MRT) – An emergent code that is called that provides response by a team (minimally comprised of a critical care nurse and respiratory therapist) to assess and triage patient for possible transfer to a higher level of care.
Pulse Oximeter – A photoelectric device which passes a beam of red and infrared light through a pulsating capillary bed through a sensor attached to a finger, forehead, or an ear lobe. The ratio of red to infrared blood light transmitted gives an estimated measurement of the oxygen saturation of the blood (SpO2).
SpO2 – A non-invasive measurement of oxygen saturation of peripheral (pulse) blood reported as a percentage of hemoglobin binding sites in the bloodstream occupied by oxygen molecules.

Performed By: Registered Nurse (RN), Exercise Physiologist (EP), Respiratory Therapist (RT), Clinical Exercise Specialist (CES), Physical Therapist (PT)

Procedure:

Required Action Steps	Supplemental Guidance

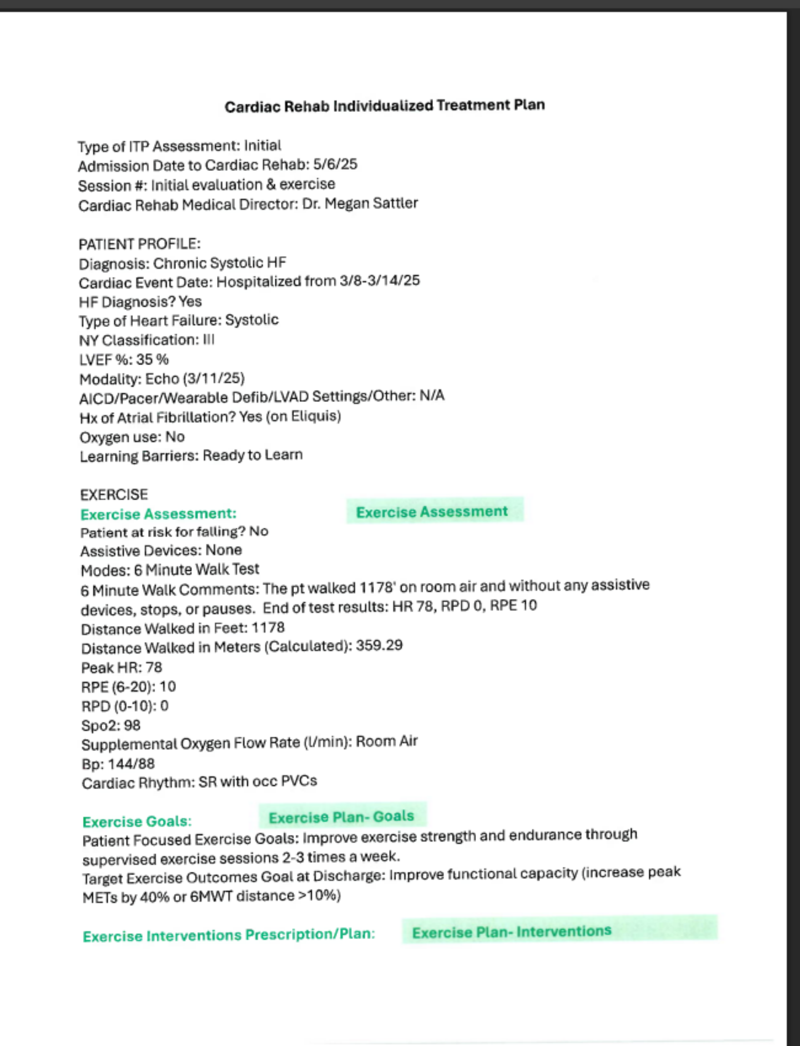
Required Action Steps	Supplemental Guidance
8. Maintain patient's oxygenation status to safe levels as determined by physician order or SpO2 readings of 90% or greater.	▪ Strategies for improving oxygenation/ventilation include: - Coach and encourage patient to use pursed-lip and diaphragmatic breathing techniques to assist with more efficient ventilation and improved oxygenation. - Adjust exercise intensity if the above breathing techniques are not effective in improving oxygenation. - Rest
9. Adjust or initiate oxygen therapy when SpO2 readings fall below 90% during exercise session when other strategies are not successful in improving oxygenation.	▪ Initiate or increase oxygen liter flow by 1-2 liters per minute to maintain SpO2 > 90%. ▪ Monitor vital signs and symptomatology for hemodynamic instability, oxygen desaturations or other adverse response(s) to oxygen.

Approved – The info is scattered, but it is present and can be approved.

*Question From Reviewer C. Chavez (Medical Emergency)

Reviewer Question (ITP)

Q: Do the active core components pass? Specifically, is their use of heart failure okay as it is heart failure management? And is the weight management okay even though they address the weight and BMI and education in nutrition section?



Cardiac Rehab Individualized Treatment Plan

Type of ITP Assessment: Initial
Admission Date to Cardiac Rehab: 5/6/25
Session #: Initial evaluation & exercise
Cardiac Rehab Medical Director: Dr. Megan Sattler

PATIENT PROFILE:
Diagnosis: Chronic Systolic HF
Cardiac Event Date: Hospitalized from 3/8-3/14/25
HF Diagnosis? Yes
Type of Heart Failure: Systolic
NY Classification: III
LVEF %: 35 %
Modality: Echo (3/11/25)
AICD/Pacer/Wearable Defib/LVAD Settings/Other: N/A
Hx of Atrial Fibrillation? Yes (on Eliquis)
Oxygen use: No
Learning Barriers: Ready to Learn

EXERCISE
Exercise Assessment: Exercise Assessment
Patient at risk for falling? No
Assistive Devices: None
Modes: 6 Minute Walk Test
6 Minute Walk Comments: The pt walked 1178' on room air and without any assistive devices, stops, or pauses. End of test results: HR 78, RPD 0, RPE 10
Distance Walked in Feet: 1178
Distance Walked in Meters (Calculated): 359.29
Peak HR: 78
RPE (6-20): 10
RPD (0-10): 0
Spo2: 98
Supplemental Oxygen Flow Rate (l/min): Room Air
Bp: 144/88
Cardiac Rhythm: SR with occ PVCs

Exercise Goals: Exercise Plan- Goals
Patient Focused Exercise Goals: Improve exercise strength and endurance through supervised exercise sessions 2-3 times a week.
Target Exercise Outcomes Goal at Discharge: Improve functional capacity (increase peak METs by 40% or 6MWT distance >10%)

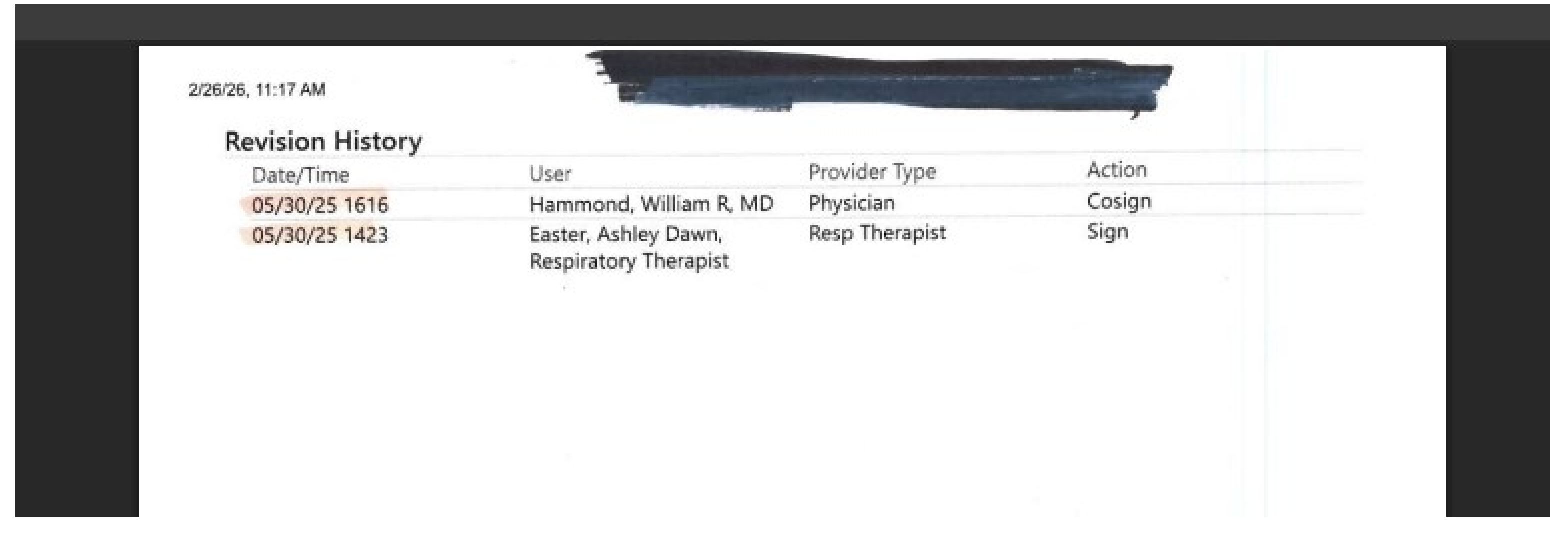
Exercise Interventions Prescription/Plan: Exercise Plan- Interventions

Denied – Heart Failure is not ok as the selected OCC, we currently note that we will deny any ITPs where the OCC selected do not meet requirements.

*Question From Reviewer C. Chavez (ITP)

Reviewer Question (ITP)

Q: Are the pages of the MD signature (attached at the end of the document) enough for the 30-day requirement or should there have been some sort of reassessment done for June and August?


2/26/26, 11:17 AM

Revision History

Date/Time	User	Provider Type	Action
05/30/25 1616	Hammond, William R, MD	Physician	Cosign
05/30/25 1423	Easter, Ashley Dawn, Respiratory Therapist	Resp Therapist	Sign

Approve – We only require an initial assessment, one reassessment, and the discharge assessment, and the program must submit all of the physician signatures. Since all of the signatures are present and within 30 days, this can be approved.

Reviewer Question (ITP)

Q: Is OCC assessment/reassessment enough to pass for both lipid management and Htn?

1/9/26, 11:11 AM   Continued from previous page

new methods and techniques to reduce stress, seek support when needed from your friends and family for stress relief.   Psychosocial Goals/Intervention/Education
Education/Instruction: Attend weekly education and relaxation class

Other Core Components/Risk Factors:
Initial Assessment
Stage of Change: Action
Comments: pt is not a smoker, drinker or diabetic, pt is currently compliant with all medications as prescribed by physician. Pt monitors his weight, HR and BP daily
Tobacco Use: Never smoked., Smokeless tobacco: No, Exposure to 2nd hand smoke: no.
Fagerstrom Test for Nicotine Dependence: Not indicated
Blood Pressure Management: Known Hypertension treated with: Medications. and Lifestyle.
Lipid Management:: Known dyslipidemia treated with: Medications. and Lifestyle.
Diabetic Management:: Known diabetic treated with: N/A   Other Core Component assessment

Plan/Intervention
Referrals Made to: Tobacco education not indicated.
Education/Instruction: Education class provided.   Other core component goals/education/intervention
Train: Education book., One to one instruction., and Written education material. Attend weekly educational classes and pharmacy class.
Goal: Attend pharmacy class, continue to stay compliant with all medications as prescribed by your physician, continue to monitor heart rates, weight and blood pressure at home daily.
Comments: pt will possibly like to have his medications reduced in the near future by his physician.

Evaluate and Treat: Follow Protocols for Cardiac Rehab Patients and Adverse Effects, Policy 14566671. To view the entire cardiac rehab exercise protocol click on the "Protocols for Cardiac Rehab Patients and Adverse Effects" located next to the reference link.

Diabetic Patients: Diabetic Patients on oral diabetes medications, a Finger Stick Blood Glucose (FSBG) will be obtained pre and post exercise via a glucometer for the first 6 visits and then only as needed (if symptomatic or with volatile or inconsistent blood glucose). For insulin dependent diabetic patients, FSBG will be performed before and after every visit for patients. Patients that are tested must have a pre-exercise blood glucose level of at least 100 mg/dl to exercise and a post-exercise blood glucose level of at least ≥ 80 mg/dL to be safely discharged.

Signs &Symptoms of Hypoglycemia:
1. Obtain a finger stick blood glucose level.
2. If blood glucose results are < 100 mg/dL pre-exercise or < 80 mg/dL post exercise, or if patient remains

Denied – Program selected both lipid management and hypertension. No progress towards goals, no reassessments for lipidemia/hypertension documented in the OCC.

*Question From Reviewer C. Chavez (ITP)

Reviewer Question (Emergency Preparedness)

Q: This program provided a daily readiness verification log for the ambubag, oxygen tubing and full tank, but there are letters in the column and nothing else. While I can assume these are initials of staff members, I don't know for sure. Would it be best to deny this?

	Ambubag, oxygen tubing and full Tank
Tuesday, July 1, 2025	TG
Wednesday, July 2, 2025	TG
Thursday, July 3, 2025	TG
Friday, July 4, 2025	closed
Saturday, July 5, 2025	closed
Sunday, July 6, 2025	closed
Monday, July 7, 2025	TG
Tuesday, July 8, 2025	TG
Wednesday, July 9, 2025	JD
Thursday, July 10, 2025	TG
Friday, July 11, 2025	RC
Saturday, July 12, 2025	closed
Sunday, July 13, 2025	closed
Monday, July 14, 2025	TG
Tuesday, July 15, 2025	TG
Wednesday, July 16, 2025	TG
Thursday, July 17, 2025	TG
Friday, July 18, 2025	RC
Saturday, July 19, 2025	closed
Sunday, July 20, 2025	closed
Monday, July 21, 2025	TG
Tuesday, July 22, 2025	TG
Wednesday, July 23, 2025	JD
Thursday, July 24, 2025	TG
Friday, July 25, 2025	RC
Saturday, July 26, 2025	closed
Sunday, July 27, 2025	closed
Monday, July 28, 2025	TG
Tuesday, July 29, 2025	TG
Wednesday, July 30, 2025	TG
Thursday, July 31, 2025	TG

Approved – this page is just for the oxygen piece of emergency preparedness and from this we can tell the tank is full. The AED verification was separate and meets minimum, the initials are the same for both documents so this is ok. Also reviewed the Med Emergency in-services and they meet minimum requirements.

*Question From Reviewer R. Salstrand (Emergency Preparedness)

Reminder – Timeline for Review

- ~~March 5 - Review begins~~
- ~~April 1 - 25% complete~~
- ~~April 15 - 50% complete~~
- ~~April 29 75% complete~~
- **May 15 - 100% complete**

June – July 2026 – Chair reviews of denied apps & Board grants final decision for approved programs

August 1, 2026 – Initial review cycle closed and all programs are notified of their status

August – September 2026 – Remediation for denied application begins

Contact Information

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THANK YOU

AACVPR