

# **AACVPR**

## **Cardiac Rehabilitation Program Certification**

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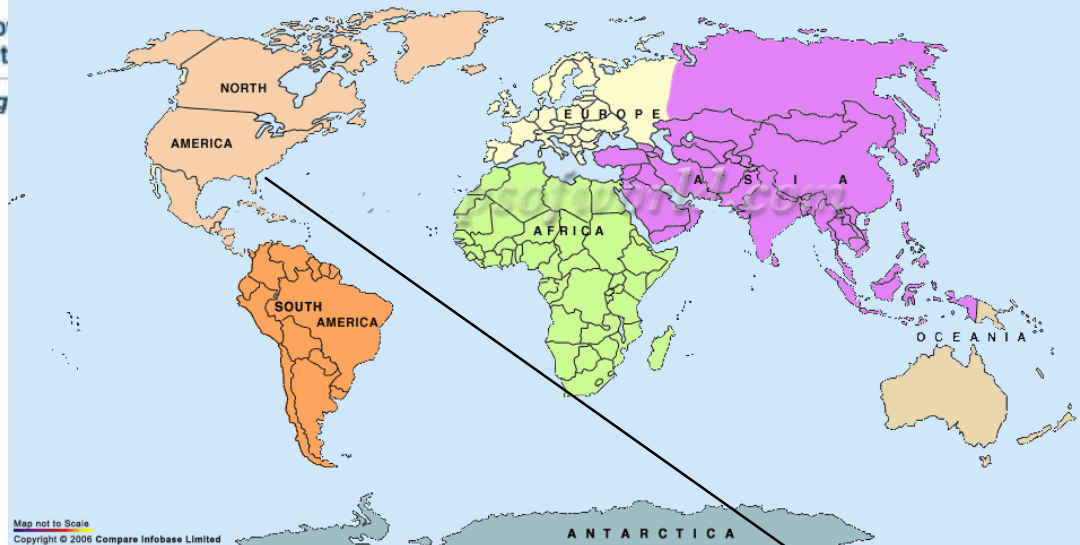
# AACVP

American Association of Cardio  
and Pulmonary Rehabilitat

Promoting Health & Preventing



## Continents of the WORLD



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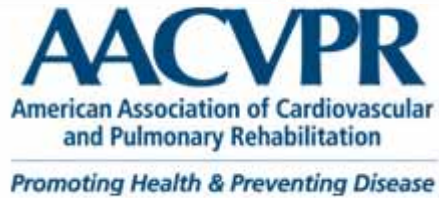
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American Association of Cardiovascular  
and Pulmonary Rehabilitation

*Promoting Health & Preventing Disease*



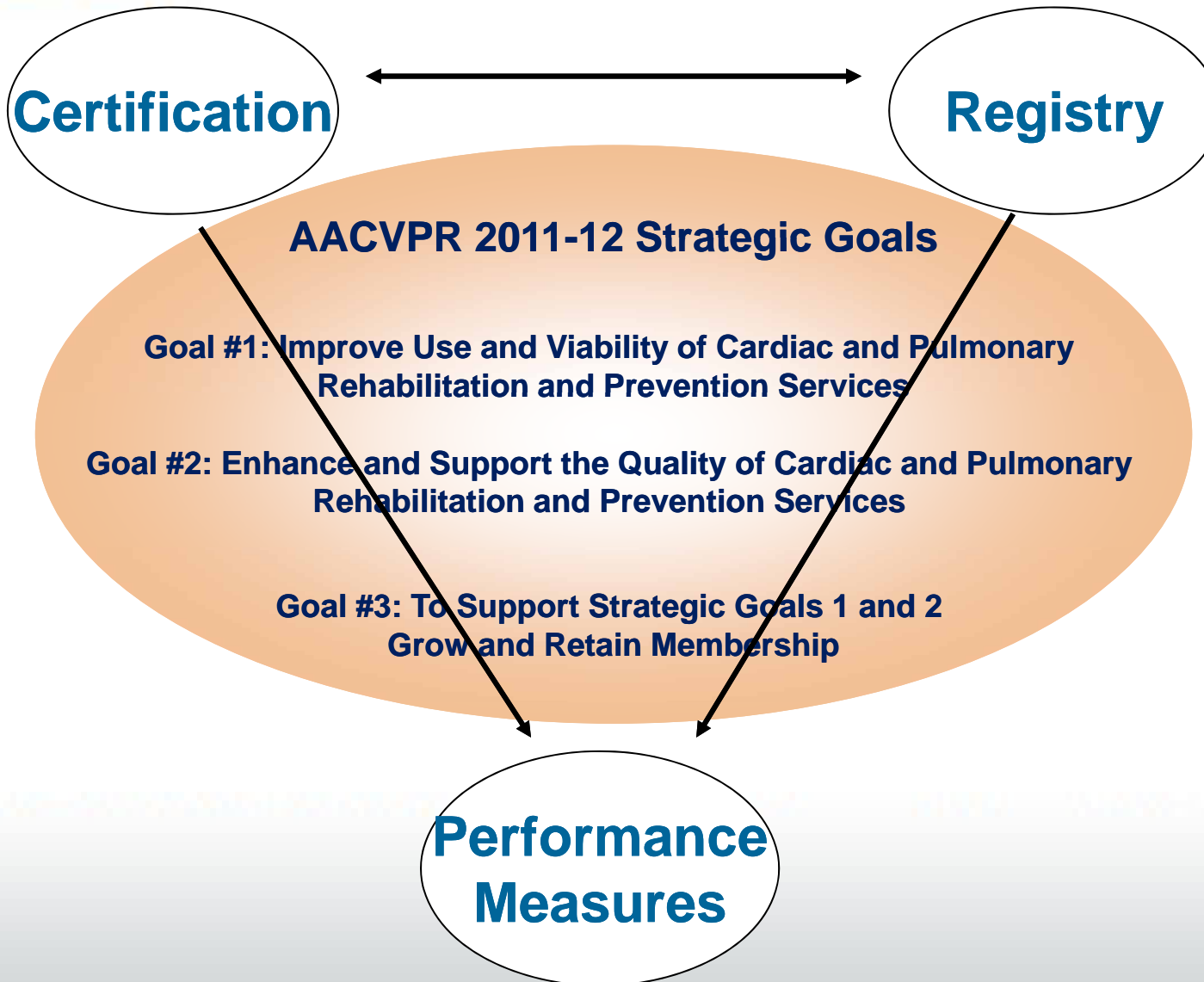
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# **AACVPR**

## **American Association of Cardiovascular and Pulmonary Rehab**

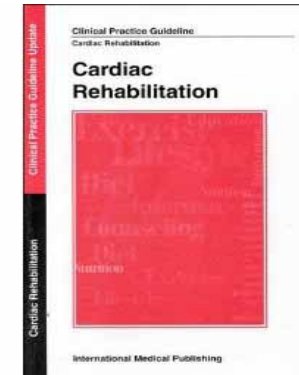
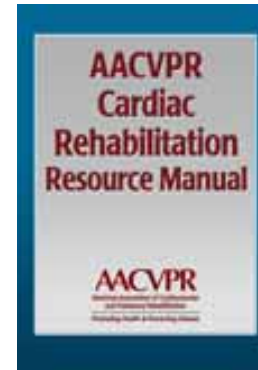
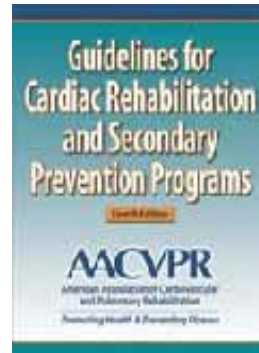
Founded in 1985, the American Association of Cardiovascular and Pulmonary Rehabilitation is dedicated to our mission of reducing morbidity, mortality and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research and disease management. Central to the core mission is improvement in quality of life for patients and their families.





**Key Strategic Initiatives to Achieve the Strategic Goals**

# AACVPR Publications and Resources



## **PUBLICATIONS:**

- Core Competencies for Cardiac Rehabilitation / Secondary Prevention Professionals: 2010 Update
- AACVPR / ACC / AHA 2007 Performance Measures on Cardiac Rehabilitation for Referral to and Delivery of Cardiac Rehabilitation/ Secondary Prevention Services
- Core Components of Cardiac Rehabilitation / Secondary Prevention Programs: 2007 Update
- Medical Directors Responsibilities for Outpatient Cardiac Rehabilitation / Secondary Prevention Programs - 2005
- Outcomes Evaluation in Cardiac Rehabilitation / Secondary Prevention Programs – 2004



# The Vision for Program Certification

- 1990's
  - *Widespread acceptance of cardiac rehabilitation*
  - *Increased number of programs opening*
  - *Widespread variability in program processes and quality*
  
- State experience in certification
  - *Driven by reimbursement*
  - *Process template existed*
  - *Request for national oversight*
  
- 1995 - Clinical Practice Guidelines for Cardiac Rehabilitation
  - *Revealed significant benefit from Cardiac Rehab*
    - *Functional / Clinical / Behavioral / Psychosocial*
  - *Benefits dependent on multidisciplinary / multifaceted program*



## 1995 - AACVPR Program Certification Task Force

- Investigate Program Certification – goals and benefits
- Define “quality” and “standardization”
- Recommend foundation of certification
- Develop process and content

**1998**

## **AACVPR Certification Process Began**

The AACVPR Cardiac Rehabilitation Program  
Certification process:

The only **peer-reviewed accreditation process**  
designed to review individual programs for adherence  
to standards and guidelines developed and published  
by the AACVPR and other professional societies.

## Grounded in Research and Guidelines

- AACVPR Guidelines for Cardiac Rehabilitation, 4<sup>th</sup> edition
- AACVPR Core Competencies for CR Professionals, 2010
- Clinical Practice Guidelines for Cardiac Rehabilitation and Secondary Prevention, 1995
- AACVPR / ACC / AHA 2007 Performance Measures on Cardiac Rehabilitation
- AACVPR Consensus Statement: Outcomes Evaluation in CR/ Secondary Prevention Programs, 2004
- AACVPR CR Resource Manual
- AACVPR Position Paper: Medical Director Responsibilities for Outpatient CR / Secondary Prevention Programs 2005
- *AHA / ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Cardiovascular Disease: 2011 Update*
- ACSM Guidelines for Graded Exercise Testing and Prescription
- ACSM Resource Manual for Guidelines for Exercise Testing and Prescription

## Goals of Program Certification

- Align programs with evidence- based medicine and standards of care
- Improve clinical practice and quality of care
- Promote standard outcome measurements
- Advance the Multidisciplinary process
- Provide evidence of CR staff competency
- Favorably influence reimbursement
- Establish “best practice” programming

## The Review Process

- For “early outpatient” (Phase II) programs
- Voluntary
- Must have 1 AACVPR Member on staff
- Program operational 1 year
- Each separate facility must apply individually
- Peer Review
- Onsite Review Option
- Certification Recommended by the Review Committee and Granted by Board of Directors
- Valid for 3 years
- Certification and Recertification applications are now identical.
- Application fee for certification and recertification will be set annually by the AACVPR Board of Directors

## Application “Tips For Success”

- All applications submitted online via the AACVPR Certification Center by the application submission deadline
- All documentation requested with the initial application. No additional or newly created documentation will be allowed after the application is submitted.
- When documentation is required, there are two options for submitting that information; fax or upload.
- All submitted documentation must be HIPAA compliant (all patient identifiable information blacked out or removed)
- All documentation must be actual patient and/or program documentation. Blank sample forms will not be accepted.
- Applicants must respond to reviewer questions regarding their application within three (3) business days.

## Application and Review Calendar

- December 1, 2011: Certification period application open
- February 29, 2012: Certification period application closes
- March 1 – June 30, 2012: Application review period
- July 1–31, 2012: AACVPR Board of Directors reviews and approves recommendations for certification



# The Application

## Instructions

### Program Intake Form

### Program Roster

- Page 1 ...** Staff Competencies
- Page 2 ...** Individualized Treatment Plan
- Page 3 ...** Emergency Preparedness
- Page 4 ...** Policies & Procedures
- Page 5 ...** Exercise Prescription
- Page 6 ...** Medical Emergencies
- Page 7 ...** Clinical Outcome Assessment
- Page 8 ...** Behavioral Outcome Assessment
- Page 9 ...** Health Outcome Assessment
- Page 10 ...** Service Outcome Assessment



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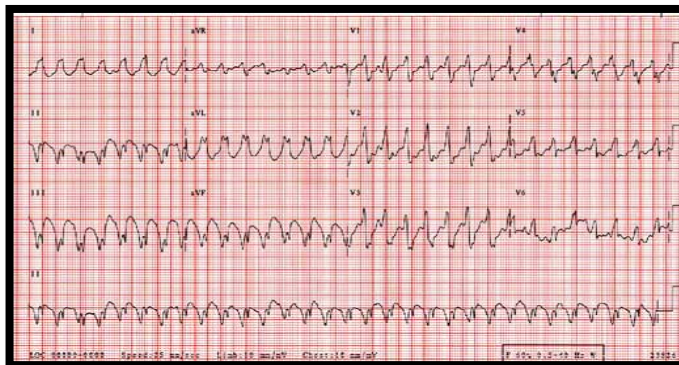
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# Personnel Information

Staff Name, Degree, Position	Current Licensure/certification (BLS, ACLS, ACSM, ANCC)	Roles/Responsibilities at Facility (RN, EP, RT, PT, part time, full time, PRN, contract)	AACVPR/Affiliate Member Y/N
<b>Medical Director(s)</b>			
Antony Kusek MD	ACLS, BLS, NALS	Part time Medical Dir	AACVPR (Y) Aff (Y)
<b>Clinical Professional Staff Reporting to the Cardiac or Pulmonary Rehab Director</b>			
Angie Swantek RN	ACLS, BLS	Full time	AACVPR (Y) Aff (Y)
Janet Feik Rn	ACLS, BLS	Full time	AACVPR (Y) Aff (Y)
Sharon Kunzman LPN	ACLS, BLS	Full time	AACVPR (Y) Aff (Y)
Cindi Oberhauser LPN	ACLS, BLS	Full time	AACVPR (Y) Aff (Y)
Abbie Nelson EP	<b>BLS</b>	Full time	AACVPR (Y) Aff (Y)
<b>Ancillary Staff/Clinical Staff not reporting to the Cardiac or Pulmonary Director</b>			

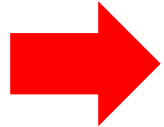
# Staff Competency

- AACVPR defines competency as skills, knowledge and critical thinking required to operate effectively in a Cardiac program.
- provide evidence of annual assessment of competency specific to CR for all clinical/professional staff



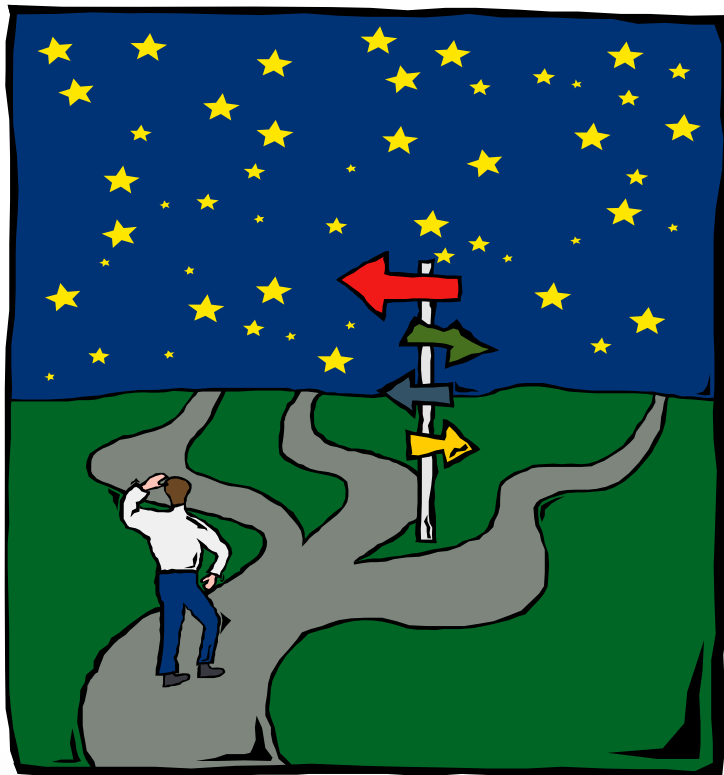
- Ways to assess competency  
Check off stations,  
Test/quizzes,  
Return demonstration, Article  
review with post test

## Required Table Format for Staff Competencies



Name of Employee	Competency with Date	Competency with Date	Competency with Date	Competency with Date
Angie Swantek	EKG Quiz 5/5/2011	Glucometer return demo 6/15/2011	Waist circ return demo 7/20/2011	Crash cart scavenger hunt 8/9/2011
Janet Feik	EKG Quiz 5/5/2011	Glucometer return demo 6/15/2011	Waist circ return demo 7/20/2011	Crash cart scavenger hunt 8/9/2011
Sharon Kunzman	EKG Quiz 5/5/2011	Glucometer return demo 6/15/2011	Waist circ return demo 7/20/2011	Crash cart scavenger hunt 8/9/2011
Cindi Oberhauser	EKG Quiz 5/5/2011	Glucometer return demo 6/15/2011	Waist circ return demo 7/20/2011	Crash cart scavenger hunt 8/9/2011
Abbie Nelson	EKG Quiz 5/5/2011	Glucometer return demo 6/15/2011	Waist circ return demo 7/20/2011	Crash cart scavenger hunt 8/9/2011

# What is an Individualized Treatment Plan?



- Summary of the planned care for a patient from initial assessment to discharge from the Cardiac Rehabilitation program.
- Assessment, Goals, Intervention, Reassessment,
- The ITP must be developed and completed for each patient in the CR/PR program and must include all components.

## Must Include the Following Clearly Labeled Components

<b>Education Assessment</b>	<b>Education Intervention</b>	<b>Education Reassessment</b>	<b>Education Discharge</b>
Exercise Assessment	Exercise Intervention	Exercise Reassessment	Exercise Discharge
Nutrition Assessment	Nutrition Intervention	Nutrition Reassessment	Nutrition Discharge
Psychosocial Assessment	Psychosocial Intervention	Psychosocial Reassessment	Psychosocial Discharge

# Individual Treatment Plan (ITP) Requirements

- Upload **COMPLETED** Cardiac or Pulmonary ITP that is HIPAA compliant
- ITP must be a **single** document . (It does not need to be one page.)
- ITP must be for an actual patient that has completed all required components
- Assessment and reassessment scores must be on the ITP, do not submit assessment tools.
- ITP must be completed in the data collection period



# Emergency Preparedness

**CARDIAC REHAB:** For the purpose of AACVPR certification...

- the following emergency equipment and supplies must be immediately available to your unit
- verification of readiness performed and documented every day the program is in operation.
- Calling 911/EMS alone to bring these supplies/medications is not acceptable

- Defibrillator/AED
- O2, tubing, mask/nasal cannula
- Intubation equipment and advanced airways
- Crash cart with emergency equipment and ACLS medications.



# Emergency Preparedness Requirements

- One (1) month's documentation of daily verification of readiness for each day the program is in operation. An explanation should be provided for any missing dates during that month.
- For each equipment/supply listed, indicate where the item is located in relation to the Cardiac or Pulmonary Rehabilitation unit.
- Evidence of four (4) annual department medical emergency in-services specific to Cardiac or Pulmonary Rehabilitation held during the data collection period.
- Brief description of medical emergency in-service
- Submitted in-services may include mock code blues, review of crash cart/defibrillator, critique of an actual code, etc.

# Medical Emergency In-service

<b>Date</b>	<b>Brief description of medical emergency in-service</b>
<b>Date</b>	<b>Brief description of medical emergency in-service</b>
<b>Date</b>	<b>Brief description of medical emergency in-service</b>
<b>Date</b>	<b>Brief description of medical emergency in-service</b>

# Policies and Procedure Requirements

Documentation that policies and procedures specific to Cardiac or Pulmonary Rehabilitation have been reviewed annually by the program medical director and director/coordinator/manager during the collection period.

# Exercise Prescription

**Submit a patient exercise prescription which is**

- *individualized*
- *approved by the physician for this patient*
- *Contains all required elements  
(mode, frequency, duration, intensity and progression)*



**Submit a written policy that details**

- *how an exercise prescription is developed and modified for each patient.*
- *all required elements of the exercise prescription; mode, frequency, duration, intensity, progression*

# Exercise Prescription Requirement

## Individual Exercise Prescription (EX RX)

- **Initial** exercise prescription.
- Physician signature approving the exercise prescription.
- Includes mode, duration, frequency, intensity and progression. O2 saturation and titration for PR patients only.
- Intensity targets must be within AACVPR and ACSM guidelines
- Progression must be more specific than “as tolerated” or “as dictated by absence of signs and symptoms”
- Completed and for an actual patient .
- Completed during the data collection period

# Exercise Prescription Components

- **Mode:**
  - Bike, Treadmill, Elliptical
- **Intensity:**
  - How hard (heart rate range, RPE, Mets) Intensity targets must be within AACVPR and ACSM published guidelines
- **Duration:**
  - How long
- **Frequency:**
  - How often
- **Progression:**
  - How do you advance the patients. Describe the type of methodology.  
“As tolerated” or “as per clinical signs and symptoms” is not accepted.



# Medical Emergencies

- For the purposes of AACVPR certification/recertification, written **program specific** policies/protocols for the following:
  - Cardiopulmonary Arrest
  - Angina
  - Acute Dyspnea
  - Tachycardia
  - Bradycardia
  - Hypertension
  - Hypotension
  - Hyperglycemia
  - Hypoglycemia

# Medical Emergencies Requirement

- A department specific policy (or policies) addressing all of the medical emergency conditions.
- Policies must be specific to Cardiac Rehabilitation.
- Medical emergency response must be outlined in detail
- Policies must include the role of the Cardiac Rehabilitation staff in managing the emergency situation.
- Medical emergency policies must address the treatment of the patient from onset of signs and symptoms until resolution of the emergency (transfer to ED, hospital admission, resolution of symptoms, discharge home, etc).

# Outcome Assessment

**Outcomes** are a measure of change in health or behavior of a patient or group of patients due to interventions in cardiac rehab.

Outcomes measurement allows us to:

- Evaluate effectiveness of our services
- Monitor patient progress toward goals
- Make program quality improvements based on data

## Cardiac outcome categories:

- *Clinical*
- *Behavioral*
- *Health*
- *Service*

# Cardiac Rehab Outcome Assessment

## Clinical

Clinical outcomes measure objective clinical data

*MET level, BMI, lipid levels, (6) six minute walk results, blood pressure, etc.*

## Behavioral

Behavioral outcomes measure the patient's ability to make changes in life style:

*minutes of exercise, knowledge test, diet changes, number of cigarettes smoked*

## Health

(Health outcome measure changes in health/quality of life status: *Quality of Life survey (QOL), morbidity / mortality and use of the medical system*)

## Service

Service outcomes can measure:

*patient satisfaction, effectiveness of program, access or utilization of services, cost of care*

## Cardiac Rehab Outcomes Requirement

- Description of one clinical, behavioral, health and service outcome (See AACVPR Outcomes Matrix).
- Document from the data collection period.
- Description of the assessment tool used.
- Report on a minimum of 30 patients (N). If less than 30 patients completed your program during the data collection period, submit data for 100% of the patients who did complete.
- Pre Program aggregate score / Post Program aggregate score.
- Percent change, units of change or change towards goal between the pre-and post-program scores.
- Summary and Conclusion from the results
- Process or program improvements made to CR as a result of the outcome measurement

# Why Certify

- **Program:** Alignment with current guidelines for the most appropriate and effective care of cardiac patients in early outpatient CR program.
- **Physicians:** Increased referrals and physician confidence in program safety, efficacy and outcomes as an extension of care to their patients.
- **Administration and Accrediting Bodies:** Opportunity to demonstrate excellence to Hospital administrators, state health departments or hospital accrediting bodies (TJC).
- **Insurance companies:** Recognition that essential standards necessary for patient care and optimal outcomes are being met.
- **Patients:** Assist patients in choosing a program that meets standards and offers procedures, experience and skills necessary to manage a variety of complex patients and situations

## Successes

- Widespread acceptance from membership
- Education of members on essential components of quality CR programs. Education has been done at:
  - *Annual meeting cert and recert sessions*
  - *Best practice workshops*
  - *Affiliate education*
  - *Website information*
- Elevation of program quality and standardization
- Number of programs certified (1134)/ recertified
- Evolution of the process and application
- ?? Link with payment

# Challenges

- Initial Skepticism
- Interpretation of standards relative to certification
- Amount of subjectivity in review
- Peer review
- Onsite survey
- Balance of Education and Mentoring vs Precise Adherence to process
- Appeals process
- Link to reimbursement



## Future Direction

- “Expert Panel” separate from Review Group
- Link to Cardiac Rehab Registry
- Provisional status
- *Deemed Status* / reimbursement
- Individual / professional certification
- Ongoing evolution of the process and application
- Continued alliance with Evidence Based Medicine / Guidelines and Performance Measures