2018 Cardiac Program Certification Application

Revised 10/29/17
Page 1: Program Staff and Competencies

The following roles must be added to your roster:
- Administrator
- Certification Secondary Contact
- Medical Director
- Program Director

Individuals who provide Cardiac Rehabilitation services should possess a common core of professional and clinical competencies, regardless their academic discipline. For the purposes of AACVPR Program Certification, a program must provide evidence of annual assessment of clinical/professional staff competencies (knowledge or skill) as referenced in the Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals: 2010 Update.
(http://www.aacvpr.org/Portals/0/resources/professionals/Core_Competencies_for_Cardiac%202010.pdf)

Competency may be assessed in several ways - i.e. check-off stations, tests or quizzes, return demonstration, article review with post-test, formal classroom instruction with passing exam scores, etc.

**CCRP EXEMPTION:** CCRP Certification is recognized as evidence of professional competency in the 2017 Program Certification application, and all CCRP-certified staff are exempt from the requirements below. However, the required information must still be submitted for all staff who are not CCRP certified.

**RESOURCE TIPS:**
To access FAQ for this page, click here.

**WHAT YOU NEED TO SUBMIT:**
Submit completion dates for four (4) different annual competency assessments for each staff member who provides direct and primary patient care and reports to the program director/coordinator/manager. Note that there are 10 competency areas and each staff member must be assessed in four (4) different competency areas listed below. Please DO NOT provide competencies for the program director/coordinator/manager and supporting staff including Dietitians, Psychologists, Pharmacists, or other specialists who are involved with patient care, but only in a supportive capacity rather than day-to-day rehabilitation activities.

For each submitted competency, describe in detail how you determined staff is competent in this area. This description must include the following:
1. Objectives for each competency
2. The specific tool or method used for assessment

Note: Simply stating "return demonstration/check-off station" is not sufficient without submitting more detailed information. TIP: Staff requiring competencies are listed below.
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Staff requiring competencies are listed below. Please provide, the objectives for the competency, the tool or method used to assess staff is competent, and the date of the competency. Mark all staff that possesses each competency.

- Blood pressure management
- Diabetes management
- Exercise training evaluation
- Lipid management
- Nutritional counseling
- Patient assessment
- Physical activity counseling
- Psychosocial management
- Tobacco cessation
- Weight management

**REQUIRED ELEMENTS FOR THIS PAGE:**
Four annual assessments of four different competencies must be submitted for each staff member (regardless of educational background or discipline) who provides direct and primary patient care and reports to the program director/ coordinator/ manager. Submitted competencies MUST be specific to the Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals: 2010 Update. (https://www.aacvpr.org/Portals/0/resources/professionals/Core_Competencies_for_Cardiac%202010.pdf)

**PLEASE NOTE:** ACLS/BLS no longer qualifies as a competency due to the variation in state and practice guidelines.

**DO NOT submit** competencies for the program director/ coordinator/ manager and supporting staff including Dietitians, Psychologists, Pharmacists, or other specialists who are involved with patient care, but only in a supportive capacity rather than day-to-day rehabilitation activities.

**DO NOT submit** competencies for professional and clinical staff members who do NOT report directly to the program director/coordinator/manager.

Competency assessments must be completed within required date range of January 1, 2017 to December 31, 2017.

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THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:

- Failure to submit required evidence of four assessments for four different competencies for each staff member who provides direct and primary patient care and reports to the program director/coordinator/manager. PLEASE NOTE: ACLS/BLS no longer qualifies as a competency due to the variation in state and practice guidelines.
- Each competency submitted is not specific to the Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals: 2010 Update. (https://www.aacvpr.org/Portals/0/resources/professionals/Core_Competencies_for_Cardiac%202010.pdf)
- Competency description simply states "return demonstration/ check-off station".
- Submitted competencies do not match the professional/clinical staff who provide direct and primary patient care and directly report to the cardiac rehabilitation program director/ coordinator/ manager as listed on the Staff Roster.
- Submitted competencies are general in nature only - i.e. general hospital in-services or required education, emergency or safety in-services such as fire drills, infection control, safety inspections, or health and safety reviews.
- Submitted staff competencies are dated outside the required date range of January 1, 2017 to December 31, 2017.
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Page 2: Individualized Treatment Plan

The Individualized Treatment Plan (ITP) is a summary of the planned care of the patient from initial assessment to discharge from the Cardiac Rehabilitation program. In accordance with CMS Guidelines, a physician’s signature is required at initial assessment and at least every 30 calendar days thereafter, including discharge.

Please note: For the purposes of Program Certification, AACVPR is assessing your ITP based on the CMS 30 calendar day rule. Please check with your local MAC regarding specific dating requirements for your state to assure that you are in compliance.

An initial written INDIVIDUALIZED EXERCISE PRESCRIPTION, with a physician signature and date must be in place for each patient in Cardiac Rehabilitation. Your individualized exercise prescription will be assessed using the ITP submitted on this page of your application. Per CMS Guidelines (https://www.aacvpr.org/Advocacy/Regulatory-Legislative-Actions/Final-Medicare-Rules-for-CR-and-PR/2011CardiacMedicareRules) the submitted physician-signed initial exercise prescription must be a component of the ITP.

For the purposes of AACVPR Program Certification, an ITP must be developed and completed for each patient in the Cardiac Rehabilitation program and must include all of the following CLEARLY LABELED elements and steps:

**REQUIRED ELEMENTS:**
- Exercise
- Nutrition
- Psychosocial
- Other Core Components/Risk Factors as required for individual patient

**REQUIRED STEPS:**
- Assessment
- Plan: Goals/Intervention/Education
- Reassessment*
- Discharge/Follow-up

* For reassessment, include comments on progress to goal (comments such as "Ongoing", "Met", or "in Progress" require a more detailed explanation)

ITP must include the following CLEARLY LABELED ITEMS: ALL THE ITEMS IN RED BELOW MUST BE LABELED ON YOUR SUBMITTED ITP.

**Exercise Assessment**
**Exercise Plan**
- Goals
- Interventions
  - Exercise Prescription
    - Mode, Frequency, Duration, Intensity
- Education

**Exercise Reassessment**
Exercise Discharge/Follow-up

Nutrition Assessment
Nutrition Plan
• Goals
• Interventions
• Education

Nutrition Reassessment
Nutrition Discharge/Follow-up

Psychosocial Assessment
Psychosocial Plan
• Goals
• Interventions
• Education

Psychosocial Reassessment
Psychosocial Discharge/Follow-up

Other Core Components/Risk Factors** Assessment
Other Core Components/Risk Factors Plan
• Goals
• Interventions
• Education

Other Core Components/Risk Factors Reassessment
Other Core Components/Risk Factors Discharge/Follow-up

** Other Core Components/Risk Factors may include items such as tobacco cessation, hypertension management, lipid management, diabetes management, and any other any modifiable cardiovascular risk factors.

† Exercise Prescription on your ITP must include:
• Exercise mode (treadmill, arm bike, cross-trainer, etc.) prescribed for the patient
• Exercise frequency (days per week) prescribed for the patient
• Exercise duration (minutes) prescribed for the patient
• Exercise intensity prescribed for the patient (Note: Intensity targets must be within AACVPR and ACSM published guidelines)

RESOURCE TIPS:
To access the FAQ for this page, click here (https://www.aacvpr.org/Certification/AACVPR-Program-Certification/Program-Certification-FAQs#ITPs).
To access the "ITP Checklists" reference document, go to the Application Resources Page (https://www.aacvpr.org/Certification/AACVPRProgram-Certification/Program-Cert-Application-Resources).
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### WHAT YOU NEED TO UPLOAD:
- Upload your completed Cardiac Individual Treatment Plan with an initial Exercise Prescription included as a component. **ITP must be HIPAA compliant.**
- Uploaded ITP must be for an actual patient that has completed all required elements for the initial assessment, at least one reassessment, and discharge. **Please select one (1) patient with at least one active additional core component/risk factor that is not addressed elsewhere on the ITP.**

### Patient’s Exercise Date:
Please indicate the patient’s **first day of exercise.** *(This is the date of the first exercise session after the assessment session.)*

### Physician’s Signature Date:
Please indicate all (in chronological order) **physician signature dates**, including each **reassessment** date(s) and **discharge** date(s).

### REQUIRED ELEMENTS FOR THIS PAGE:
- Submitted ITP must be a comprehensive document including all required information. (It does not need to be one page.) Supporting documentation will not be reviewed (i.e. assessment tools, letters to physicians /patients, individual physician correspondence, and daily exercise session reports, etc.)
- Submitted ITP must be for an actual patient that has completed all required elements listed above and must include physician signature and dates.
- Submitted ITP must have initial assessment, at least one reassessment, discharge, and one active additional core component/risk factor.
- All required elements and steps of the submitted ITP are clearly labeled.
- Assessment and reassessment data must be on the ITP, but individual assessment tools should not be submitted.
- **NOTE:** If submitting an ITP from an Electronic Medical Record (EMR) or telemetry monitoring system that provides a document called the Exercise Prescription, it MUST include all required elements listed above.
- The date of patients first day of exercise and physician signature date(s), including each reassessment and discharge.
- Submitted ITP must be dated between January 1, 2017 and December 31, 2017.

### THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- Failure to submit a completed ITP with physician signature and dates from an actual patient who completed your program.
- Subsequent physician signature(s) and date(s) did not occur at least every 30 days after the initial physician signature and date.
- No assessment or reassessment data provided - i.e. check boxes only indicating done but no data given.
- Submitted ITP does not have initial assessment, at least one reassessment, and discharge.
- Submitted active additional core component/risk factor was addressed elsewhere on the ITP.
- Required elements of the submitted ITP are not clearly labeled.
- Reassessment does not include comments on a progress to goal or simply stated comments such as "ongoing", "met", or "in progress".

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- Personal Health Information (PHI) is present/visible on the uploaded documents (HIPAA violation).
- Submitted ITP is dated outside the required date range of January 1, 2017 to December 31, 2017.
Page 3: Medical Emergencies

For the purposes of AACVPR Program Certification, written program specific policies/protocols must be in place to address the treatment of NINE of the most commonly seen Cardiac Rehabilitation clinical situations that ARE or COULD LEAD TO a life threatening Medical Emergency.

The policies/protocols must explain your Cardiac Rehabilitation department staff’s care 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.) for EACH of the following:

- Cardiopulmonary Arrest
- Angina/Chest Pain
- Acute Dyspnea
- Tachycardia
- Bradycardia
- Hypertension
- Hypotension
- Hyperglycemia
- Hypoglycemia

RESOURCES TIPS:
- To access the FAQ for this page, click here (https://www.aacvpr.org/Certification/AACVPR-Program-Certification/Program-Certification-FAQs#Medical_Emerg).

WHAT YOU NEED TO UPLOAD:
Please upload your program specific medical emergency policies/protocols document(s) for the nine medical emergencies listed above.

REQUIRED ELEMENTS FOR THIS PAGE

- A department policy addressing all of the medical emergency conditions listed above. These can be in separate policies/protocols for each specific condition or in one combined policy.
- If the rehabilitation-specific policy references a separate department or hospital-wide policy, submit all related policies in the application. (If these additional policies are not submitted, the page will be denied). Medical emergency policies must be detailed (beyond calling 911) and specific to the role of the Cardiac Rehabilitation staff in managing the emergency situation. If the rehab specific policy refers to any other policy, submit all related policies in the application.
- Medical emergency policies must address the Cardiac Rehabilitation department’s treatment of the patient from onset of signs and symptoms until resolution of the emergency (i.e. transfer to ED, hospital admission, resolution of symptoms, discharge home, etc.)
THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE

- Failure to submit department policies addressing all nine of the medical emergency conditions listed above.
- Submitted policies do not include specific details related to the role of the Cardiac Rehabilitation staff in medical emergency management of all medical emergency conditions listed above.
- Submitted policies depend on/call 911/EMS alone to manage the entire emergency situation.
- Failure to submit all additional referenced policies.
- Submitted policies are ACLS protocols only.
Page 4: Emergency Preparedness

For the purposes of AACVPR Program Certification, programs must demonstrate the readiness to be prepared for the most common medical emergencies. This includes providing evidence that medical emergency equipment and supplies are immediately available to the Cardiac Rehabilitation department. There must be documentation verifying the readiness of the emergency equipment for each day the program is in operation. Additionally, programs applying for Program Certification are required to submit evidence of four (4) annual department medical emergency in-services related to the nine medical emergencies listed on Medical Emergencies page of the certification application.

RESOURCE TIPS:
To access the FAQ for this page, click here (https://www.aacvpr.org/Certification/AACVPR-Program-Certification/Program-Certification-FAQs#Emergency).

WHAT YOU NEED TO SUBMIT:

PART 1:
Upload one calendar (1) month's documentation of daily verification of readiness of the Defibrillator/AED and Portable Oxygen for each day the program is in operation. An explanation must be provided for any dates without verification of readiness (e.g. "closed" or "holiday" must be written) during that month.

- Does your program have Defibrillator/AED, Portable oxygen, and airway management equipment immediately available. (YES/NO)

PART 2:
For the purposes of AACVPR Program Certification, a program is required to submit evidence of four (4) annual department medical emergency in-services related to the nine medical emergencies listed on the Medical Emergencies page of the certification application.

Submitted in-services may include an education or training session, a mock scenario, or a review of an actual scenario. General hospital emergency and safety drills and in-services such as fire drills, infection control, safety inspections, or health and safety reviews are not acceptable.

Please provide the dates and a brief narrative description of four (4) medical emergency in-services. In-services must be specific to Cardiac Rehabilitation and the NINE medical emergencies listed on the Medical Emergencies page of the certification application must be held between January 1, 2017 and December 31, 2017.

Brief description of medical emergency in-service and date of in-service for 4 of the following medical emergency in-services.

- Cardiopulmonary Arrest
- Angina/Chest Pain
- Acute Dyspnea
- Tachycardia
- Bradycardia
- Hypertension
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- Hypotension
- Hyperglycemia
- Hypoglycemia

REQUIRED ELEMENTS FOR THIS PAGE:

- Documentation of verification of readiness for Defibrillator/AED and Portable Oxygen for each day the program is in operation for one calendar (1) month. An explanation must be provided of any dates without verification of emergency readiness (i.e. "closed" or "holiday" must be written).
- Indication of whether Defibrillator/AED, Portable oxygen, and airway management equipment are immediately available.
- Dates and brief description of four (4) medical emergency in-services from the nine medical emergencies listed on the Medical Emergencies page of the certification application specific to Cardiac Rehabilitation held between January 1, 2017 and December 31, 2017.

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:

- Failure to provide one (1) calendar month's documentation of verification of readiness for Defibrillator/AED and Portable Oxygen.
- Failure to have Defibrillator/AED, Portable Oxygen, and airway management equipment immediately available for each day the program is in operation.
- Failure to provide explanation of dates without verification of emergency readiness (i.e. "closed" or "holiday" must be written) during the month submitted.
- Failure to submit dates and brief description of four (4) medical emergency in-services from the nine medical emergencies listed on the Medical Emergencies page of the certification application to Cardiac Rehabilitation.
- Submitted medical emergency in-services not specific to Cardiac Rehabilitation - i.e. general hospital emergency and safety drills and in-services such as fire drills, infection control, safety inspections, or health and safety reviews.
- Submitted medical emergency in-services dates outside required range of January 1, 2017 to December 31, 2017.
Page 5: Exercise Prescription Policy

For the purposes of AACVPR Program Certification, one item is required for this page.

A written POLICY must be in place that details how an initial exercise prescription for outpatient Cardiac Rehabilitation is developed and modified for each Cardiac Rehabilitation patient. The exercise prescription policy must contain all of the following required elements:

- **Exercise mode** (treadmill, arm bike, cross-trainer, etc.) of exercise prescribed for the patient
- **Exercise frequency** (days per week) prescribed for the patient
- **Exercise duration** (minutes) prescribed for the patient
- **Exercise intensity** prescribed for the patient (Note: Intensity must be within AACVPR and ACSM published guidelines)

**RESOURCE TIPS:**
To access the FAQ for this page, click here (https://www.aacvpr.org/Certification/AACVPR-Program-Certification/Program-Certification-FAQs#Exercise_Pres).

**WHAT YOU NEED TO UPLOAD:**
Please upload the following documentation:
A department-specific policy for developing an initial exercise prescription. This policy must detail how each required element is to be determined: mode, frequency, duration, and intensity within AACVPR or ACSM guidelines.

**REQUIRED ELEMENTS FOR THIS PAGE:**
- Exercise prescription policy that describes in detail how all required elements of the exercise prescription on your ITP are developed and modified.

**THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:**
- Failure to submit an exercise prescription policy that addresses:
  - Mode
  - Frequency
  - Duration
  - Intensity.
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Page 6: Improvement in Functional Capacity

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages
If your program uses the AACVPR Cardiac Data Registry to track outcomes, you may use the following link to search for appropriate data to submit with your application. Once you have selected data, it can be copied and pasted into questions on this page.

REGISTRY TUTORIAL:
To view a brief video tutorial on how to search for Registry data to submit with your application, click here (https://www.aacvpr.org/Certification/AACVPR-Program-certification/2015RegistryOutcomesIntegrationVideo).

Note: If you don’t participate in the registry, you are still required to complete this page.


OVERVIEW:
For the purposes of AACVPR Program Certification, a program must report the percentage of patients who increase their functional capacity after participation in CR as measured by one of the following assessments:
(1) symptom-limited graded exercise testing (increase in METs by at least 15%), (2) estimated exercise session peak METs (increase in METs by at least 40%) or (3) six minute walk test (6MWT) distance (increase in distance walked by at least 10%).

RESOURCE TIPS:
- Algorithm (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/CR%20Functional%20Capacity%20Performance%20Measure%20Algorithm.pdf)

Measure Description:
The percentage of patients who increase their functional capacity after participation in CR as measured by one of the following assessments:
(1) symptom-limited graded exercise testing (increase in METs by at least 15%), (2) estimated exercise session peak METs (increase in METs by at least 40%), or (3) six minute walk test (6MWT) distance (increase in distance walked by at least 10%).

100% of non-excluded patients must be reported

Program Assessment Period:
- July 1st 2017 - December 31st 2017

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Attribution:
- Cardiac Rehabilitation staff

Sources of Data:
- Medical record, Cardiac Rehabilitation records

Rationale & References:
- Please click here (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/Measures/CR%20Functional%20Capacity%20Performance%20Measure_10.24.16.pdf)

Assessment Tool:
Please indicate which assessment tool was administered by your program

Numerator:

Definitions

Assessment of functional capacity during CR may be performed in three ways:
1. Symptom-limited graded exercise testing with or without analysis of expired air is the gold standard measurement, performed at program entry and exit
   - Use procedures contained in the current guidelines published by the American College of Sports Medicine

2. Estimation of peak exercise intensity in METs during the beginning of the CR program (defined as the third session to account for learning effect) and during the final exercise training session
   - Use equations published by the American College of Sports Medicine
   - Estimate METs only using exercise devices which can be calibrated. Factory calibrated equipment may be used as long as the identical piece of equipment is used for pre and post measurement.

3. Six-minute walk test (6MWT) distance performed at program entry and exit
   - Follow the procedures of the American Thoracic Society

Indicate the total number of patients who increase their functional capacity by the percent specified in the measure description from the beginning to the completion of their CR program, as measured by either symptom-limited graded exercise testing, estimated exercise peak METs, or 6MWT distance. 

NOTE: Input only a numeric (e.g. 124, 36, etc) value.

Denominator:

Indicate the total number of patients who completed CR during the measurement period. A patient is defined as having completed CR if he/she has completed a minimum of four weeks of the CR program and has undergone a final, formal discharge assessment session and updated treatment plan.

Denominator Exclusions:
Patients unable to participate in a 6MWT, a graded exercise test, or unable to use an exercise device that can be calibrated to estimate METs, due to physical, cognitive, neurological, psychological, or safety reasons or patients that have not completed 4 weeks of CR. **NOTE:** Input only a numeric (e.g. 124, 36, etc) value.

**Percent Increase:**
Below is the percentage(%) of patients who increased their functional capacity after participation in CR as measured by either the symptom-limited graded exercise test, estimated exercise session peak METs, or six minute walk test distance.

*Calculation instructions: The % of patients who increase their functional capacity after participation in CR. = N/D x 100*

*NOTE:* This number is calculated from the above values

**Free text question/answer required:**
What is ONE change that you can make in your rehab process to help you increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

**REQUIRED ELEMENTS FOR THIS PAGE:**
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change you plan to make to increase or maintain (if 100% achieved) your percentage

**THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:**
- Failure to submit all required elements requested
- Submitted data not within the data collection period July 1, 2017 - December 31, 2017
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Page 7: Optimal Blood Pressure Control

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages
If your program uses the AACVPR Cardiac Data Registry to track outcomes, you may use the following link to search for appropriate data to submit with your application. Once you have selected data, it can be copied and pasted into questions on this page.

REGISTRY TUTORIAL:
To view a brief video tutorial on how to search for Registry data to submit with your application, click here (https://www.aacvpr.org/Certification/AACVPR-Program-certification/2015RegistryOutcomesIntegrationVideo).

Note: If you don’t participate in the registry, you are still required to complete this page.


OVERVIEW:
For the purposes of AACVPR Program Certification, a program must report the percentage of patients participating in the cardiac rehabilitation (CR) program who have optimal blood pressure (BP) control at program discharge, as defined by the most recent ACC/AHA guidelines.

RESOURCE TIPS:
- Algorithm (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/Optimal%20Blood%20Pressure%20Control%20Performance%20Measure%20Algorithm.pdf)

Measure Description:
The percent of patients participating in the cardiac rehabilitation (CR) program who have optimal blood pressure (BP) control at program discharge, as defined by the most recent ACC/AHA guidelines.

100% of non-excluded patients must be reported

Program Assessment Period:
- July 1st 2017 - December 31st 2017

Attribution:
- Cardiac Rehabilitation staff

Sources of Data:
- Medical record, Cardiac Rehabilitation records

Rationale & References:
Numerator:

Definitions:

Blood pressure measurement should be standardized and follow the American Heart Association guidelines for proper BP measurement and determination of cuff size.

Evidence-based guidelines are used to define optimal blood pressure control and these guidelines are updated periodically. The most recent AHA/ACC/ASH Scientific Statement on the Treatment of Hypertension in Patients with Coronary Artery Disease states that “the <140/90-mmHg BP target is reasonable for the secondary prevention of cardiovascular events in patients with hypertension and CAD (Class IIa; Level of Evidence B)

Indicate the total number of patients with documented optimal blood pressure at discharge from cardiac rehabilitation.

NOTE: Input only a numeric (e.g. 124, 36, etc) value.

Denominator:

Indicate the number of patients who completed CR during the measurement period. A patient is defined as having completed CR when he/she has undergone a final, formal discharge assessment session and updated treatment plan.

Denominator Exclusions:

- Patients with a Left Ventricular Assist Device
- Patients with a medical or surgical contraindication to blood pressure measurement

NOTE: Input only a numeric (e.g. 124, 36, etc) value.

Percent Increase:

Below is the percentage of patients who have participated in the cardiac rehabilitation (CR) program who have optimal blood pressure (BP) control at program discharge, as defined by the most recent ACC/AHA guidelines.

Calculation Instructions: The % of patients participating in CR who have optimal BP control at program discharge = N/D x 100

*NOTE: This number is calculated from the above values.

Free text question/answer required:
What is ONE change that you can make in your rehab process to help you increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

REQUIRED ELEMENTS FOR THIS PAGE:
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change you plan to make to increase or maintain (if 100% is achieved) your percentage

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- Failure to submit all required elements requested
- Submitted data not within the data collection period July 1, 2017 - December 31, 2017
Page 8: Tobacco Use Intervention

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages
If your program uses the AACVPR Cardiac Data Registry to track outcomes, you may use the following link to search for appropriate data to submit with your application. Once you have selected data, it can be copied and pasted into questions on this page.

REGISTRY TUTORIAL:
To view a brief video tutorial on how to search for Registry data to submit with your application, click here (https://www.aacvpr.org/Certification/AACVPR-Program-certification/2015RegistryOutcomesIntegrationVideo).

Note: If you don’t participate in the registry, you are still required to complete this page.


OVERVIEW:

For the purposes of AACVPR Program Certification, a program must report the percentage of patients participating in the cardiac rehabilitation (CR) program who received a tobacco cessation intervention if identified as a tobacco user OR received a relapse prevention intervention if identified as a recent tobacco user.

RESOURCE TIPS:
- Algorithm (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/CR%20Tobacco%20Intervention%20Performance%20Measure%20Algorithm.pdf)

Measure Description:

The percentage of patients participating in the cardiac rehabilitation (CR) program who received a tobacco cessation intervention if identified as a tobacco user OR received a relapse prevention intervention if identified as a recent tobacco user.

100% of non-excluded patients must be reported

Program Assessment Period
- July 1st 2017 - December 31st 2017

Attribution
- Cardiac Rehabilitation staff

Sources of Data

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- Medical record

Rationale & References
- Please click here (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/Measures/CR%20Tobacco%20Use%20Performance%20Measure_10.24.16.pdf)

Numerator Part 1:

Definitions
1. Tobacco cessation intervention includes any one of the following:
   - Tobacco cessation counseling: If the patient is not willing to make a quit attempt, intervention should be aimed at helping the patient improve their readiness for an eventual quit attempt.
   - Tobacco cessation pharmacotherapy: Medication may be provided to patients who are not yet ready to quit, but who are ready to reduce to quit.
   - Referral to a tobacco treatment program or specialist.
2. Current tobacco use is defined as use of any kind of tobacco product in the 30 days prior to enrolling in cardiac rehabilitation. This includes cigarettes, cigars, cigarillos, chew tobacco, and e-cigarettes.

To qualify for the numerator, the tobacco cessation or relapse prevention intervention must be documented in the patient’s outpatient cardiac rehabilitation record.

Indicate the total number of patients who received a tobacco cessation intervention (1) if identified as a tobacco user (2)

NOTE: Input only a numeric (e.g. 124, 36, etc) value.

Numerator Part 2:

Definitions
1. Relapse prevention intervention includes any one of the following:
   - Tobacco relapse prevention counseling.
   - Tobacco cessation pharmacotherapy.
   - Referral to a tobacco treatment program or specialist.
2. Recent tobacco use is defined as use of any kind of tobacco product in the 6 months prior to enrolling in cardiac rehabilitation. This includes cigarettes, cigars, cigarillos, chew tobacco, and e-cigarettes.

To qualify for the numerator, the tobacco cessation or relapse prevention intervention must be documented in the patient’s outpatient cardiac rehabilitation record.

Indicate the total number of patients who received a relapse prevention intervention† if identified as a recent tobacco user††.

NOTE: Input only a numeric (e.g. 124, 36, etc) value.
Numerator Sum:

Below is the calculated Numerator value for your program.

\[(\text{Numerator Part 1} + \text{Numerator Part 2}) = \text{Numerator Sum}\]

Denominator:

Indicate the total number of participants in the cardiac rehabilitation program during the measurement period who were identified as EITHER a current or recent tobacco user at program entry. This includes all participants in the cardiac rehabilitation program regardless of length of participation in program (1 or more sessions.)

Denominator Exclusions:

- Documentation of a medical reason for not receiving tobacco cessation intervention or tobacco relapse prevention intervention (e.g. limited life expectancy).

NOTE: Input only a numeric (e.g. 124, 36, etc) value.

Percent Increase:

Below is the percentage(%) of patients participating in the cardiac rehabilitation (CR) program who received a tobacco cessation intervention if identified as a tobacco user (Numerator Part 1) AND received a relapse prevention intervention if identified as a recent tobacco user (Numerator Part 2).

Calculation Instructions: Percent of patients participating in CR who received tobacco cessation intervention and received a relapse or prevention intervention if identified as a tobacco user \( N = \frac{\text{those who received intervention}}{\text{D1} + \text{D2}} \times 100 \)

*NOTE: This value is calculated by your above values

Free text question/answer required:
What is ONE change that you can make in your rehab process to help you increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

REQUIRED ELEMENTS FOR THIS PAGE:

- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change you plan to make to increase or maintain (if 100% achieved) your percentage

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE
- Failure to submit all required elements
- Submitted data not within the data collection period July 1, 2017 - December 31, 2017
Page 9: Improvement In Depression

For the purposes of AACVPR Program Certification, a program must report the percentage of patients with a positive depressive screen who experience a decrease in depressive symptoms as measured by changes in the PHQ-9, BDI-II, PRFS or HADS after completion of CR.

**RESOURCE TIPS:**
- Performance measure specifications (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/Measures/CR%20Depression%20Performance%20Measure_10.25.16.pdf)
- Algorithm (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/Improvement%20in%20Depression%20Performance%20Measure%20Algorithm.pdf)

**Measure Description:**

The percentage of patients with a positive depressive screen who experience a decrease in depressive symptoms as measured by changes in the PHQ-9, BDI II, PRFS or HADS after completion of CR.

100% of non-excluded patients must be reported

**Program Assessment Period:**
- July 1st 2017 - December 31st 2017

**Attribution:**
- Cardiac Rehabilitation staff

**Sources of Data:**
- Data stored in medical records, Cardiac Rehabilitation records
- Choice of depression screener administered:
  - Patient Health Questionnaire (PHQ-9) (http://www.integration.samhsa.gov/images/res/PHQ%20Questions.pdf)
  - Beck Depression Inventory-II (BDI-II) (http://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdiii.html)
  - Psychosocial Risk Factor Survey (PRFS) (http://prfs1.com/)
  - Hospital Anxiety and Depression Score (HADS) (http://www.gl-assessment.co.uk/products/hospital-anxiety-and-depression-scale-0)

**Rationale & References:**
- Please click here (http://www.aacvpr.org/Portals/0/Program%20Certification/Performance%20Measures/Measures/CR%20Depression%20Performance%20Measure_10.25.16.pdf)

**Depression Screener:**
Please indicate which assessment tool was administered by your program.

**Numerator:**

**Definitions**
Assessment of change in depressive symptoms by one or more levels of severity during CR may be performed in one of the following four ways:

1. Reduction of one or more levels of severity in PHQ-9 score from baseline to completion of CR. Scores for levels of severity are: mild (5-9), moderate (10-14), moderately severe (15-19) or severe (20-27).

2. Reduction of one or more levels of severity in BDI-II from baseline to completion of CR. Scores for levels of severity are: mild (14-19), moderate (20-28) or severe (29-63).

3. Reduction of one or more levels of severity in PRFS from baseline to completion of CR. Scores for levels of severity are: mild (T-score 54-59), moderate (T-score 60-65) or severe (T-score 66-80).

4. Reduction of one or more levels of severity in HADS from baseline to completion of CR. Scores for levels of severity are: mild (8-10), moderate (11-15) or severe (16-21).

The baseline assessment will take place at intake. The follow-up evaluation will occur upon completion of CR. The patient is defined as having completed CR when he/she has undergone a final, formal discharge assessment session and updated treatment plan.

Indicate the total number of patients with depression scores of mild or greater on Cardiac Rehabilitation admission screening who reduce symptom severity by at least one level by the time they complete the Cardiac Rehabilitation program.

**NOTE:** Input only a numeric (e.g. 124, 36, etc) value.

**Denominator:**

Indicate the total number of patients who complete a depression screening instrument upon intake and completion of CR, and whose depression screening score is at least in the Mild Range at intake to CR.

**NOTE:** Input only a numeric (e.g. 124, 36, etc) value.

**Denominator Exclusions:**
- Inability to complete the depression instruments with reasonable accommodations
- Presence of comprehension limitation that precludes completion of the instrument
- Lack of availability of the tool used by the CR program in a language understood by the patient

Examples of Reasonable Accommodations:
- Staff member reads instrument instructions and questions to the patient
- Staff member enters patient’s responses to test items to the instrument

**Percent Increase:**
Below is the percentage(%) of patients with a positive depressive screen who experience a decrease in depressive symptoms as measured by changes in the PHQ-9, BDI II, PRFS or HADS after completion of Cardiac Rehabilitation.

*Calculation Instructions:* The % of patients with a positive depressive screen who experience a decrease in depressive symptoms after completion of CR. = N/D x 100

*NOTE:* This value is calculated by your above values

**Free text question/answer required:**
What is ONE change that you can make in your rehab process to help you increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually work to improve your patient outcomes?

**REQUIRED ELEMENTS FOR THIS PAGE:**
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change you plan to make to increase or maintain (if 100% achieved) your percentage

**THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:**
- Failure to submit all required elements requested
- Submitted data not within the data collection period of July 1, 2017 - December 31, 2017
Attestation Statements:

- I attest that all material and information submitted with this application is true and accurately represents program operations at this facility.
- I understand additional documentation will not be accepted after submission.
- I understand that AACVPR is unable to accept documentation with visible Personal Health Information (PHI). I understand that such documentation will be destroyed by AACVPR if received and may be cause for denial of AACVPR Program Certification.
- I understand that AACVPR Program Certification does not guarantee reimbursement.
- I agree to allow AACVPR to utilize any submitted documents from my application for training examples.
- I understand that AACVPR may conduct periodic audits at any time during the three year certification period to ensure that the current requirements of Program Certification are being met. This may include a site visit or a request for submission of materials. Failure to provide the requested items or submission of items that do not meet the most current requirements could result in penalties related to certification status.
- I understand that it is the responsibility of the applicant to assure that materials submitted for review are accurate and complete, and that there will be no written or verbal notification related to submission errors or omissions prior to the review decision.

REMINDER: Before submitting your application, please confirm that all requested documents are attached, readable, and complete (i.e., no missing pages). It is your responsibility to review your completed application and confirm that all documentation is uploaded correctly. No documentation will be accepted after submission of your application. 

Missing or unreadable documentation will result in denial of the affected page(s).