Using and Navigating the AACVPR Program Certification Platform

Click the speech button on every page to follow along with the presentation.
Accessing the Application Dashboard

Become an AACVPR Member

Join AACVPR today to gain access to the best network of cardiac and pulmonary rehab professionals.
Accessing the Application Dashboard

Your Facilities and Programs

Your Registry Programs

Reviewer Access

Edit Your Program Data

Your Facilities

Test Facility 1
  • Test Cardiac Program Certification Application

Test Facility 2
  • Pulmonary Rehabilitation Program Certification Application

If you do not see your program listed here, please contact AACVPR Headquarters at 312-321-5146, option 1 for assistance.

Review Certifications
Navigating the Application

Applications

Cardiac

[Applicant]

<table>
<thead>
<tr>
<th>Application</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Cardiovascular Certification Application</td>
<td>Available</td>
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</table>
Navigating the Application

2018 Cardiovascular Certification Application (1/1/2018)

- Completing Application
- Submit Application

Requirements

Introduction

Click the Orange button to review the guidelines and watch the Intro video.

<table>
<thead>
<tr>
<th>Learning Plan Tasks</th>
<th>Completion Date</th>
<th>Steps Complete</th>
<th>Next Step</th>
</tr>
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<tbody>
<tr>
<td>Intro Video</td>
<td>11/8/2017</td>
<td>2</td>
<td>Watched</td>
</tr>
</tbody>
</table>
Completing Each Section

- Complete Introduction (1 of 1)
- Complete all pages (0 of 9)
- Identify Administrator (0 of 1)
### BEFORE

Click the Orange button to review the guidelines and watch the intro video.

<table>
<thead>
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<tbody>
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<td>Intro Video</td>
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</table>

### AFTER

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Intro Video</td>
<td>11/8/2017</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
## Adding Staff and Reporting Competencies

### Staff: Add Staff

**Patient Care:**
- Answer Yes if this person provides direct and primary patient care.
- Answer No if this person is 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.

You must submit completion dates for four (4) different annual competency assessments if this staff member provides direct patient care and reports to the program director and does not have a CCRP.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Name</td>
<td>Elizabeth Jones</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:ejones@aacvpr.org">ejones@aacvpr.org</a></td>
</tr>
<tr>
<td>Role(s)</td>
<td>Primary Contact</td>
</tr>
<tr>
<td>Report to Director</td>
<td>Yes (X)</td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>Yes (X)</td>
</tr>
<tr>
<td>CCRP</td>
<td>No</td>
</tr>
</tbody>
</table>

### Staff

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Toya Davis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to Director</td>
<td>Yes</td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>Yes</td>
</tr>
<tr>
<td>CCRP</td>
<td>No</td>
</tr>
<tr>
<td>Competency 1</td>
<td>Diabetes Management</td>
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<tr>
<td>Date 1</td>
<td>11/9/2017</td>
</tr>
<tr>
<td>Competency 2</td>
<td>Blood Pressure Management</td>
</tr>
<tr>
<td>Date 2</td>
<td>6/6/2017</td>
</tr>
<tr>
<td>Competency 3</td>
<td>Patient Assessment</td>
</tr>
<tr>
<td>Date 3</td>
<td>3/1/2017</td>
</tr>
<tr>
<td>Competency 4</td>
<td>Tobacco Cessation</td>
</tr>
<tr>
<td>Date 4</td>
<td>5/14/2017</td>
</tr>
<tr>
<td>Field</td>
<td>Value</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Staff Name</td>
<td>Toya Davis</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:tdavis@aacvpr.org">tdavis@aacvpr.org</a></td>
</tr>
<tr>
<td>Role(s)</td>
<td>Secondary Contact</td>
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<tr>
<td>Report to Director</td>
<td>Yes</td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>Yes</td>
</tr>
<tr>
<td>CCRP</td>
<td>No</td>
</tr>
</tbody>
</table>

You must report competencies for Staff who do not report to the director, provide direct patient care and do not have a CCRP.
# Reporting Competencies

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Report to Director</th>
<th>Patient Care</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Jones</td>
<td>Primary Contact</td>
<td>Yes</td>
<td>Yes</td>
<td>Completed</td>
</tr>
<tr>
<td>Hannah Melekhoff</td>
<td>Medical Director</td>
<td>No</td>
<td>Yes</td>
<td>Completed</td>
</tr>
<tr>
<td>Heather Rich</td>
<td>Program Director</td>
<td>Yes</td>
<td>No</td>
<td>Completed</td>
</tr>
<tr>
<td>Kate Maude</td>
<td>Staff</td>
<td>Yes</td>
<td>No</td>
<td>Completed</td>
</tr>
<tr>
<td>Kirk Terry</td>
<td>Administrator</td>
<td>No</td>
<td>Yes</td>
<td>Completed</td>
</tr>
<tr>
<td>Toya Davis</td>
<td>Secondary Contact</td>
<td>Yes</td>
<td>Yes</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Add Staff**

**Show More Instructions**
Click Add Staff to document each staff member who supports the program. Click Show More Instructions to see the full instructions.

**Show Less**
- Exercise Training Evaluation; Tobacco Cessation; Physical Activity Counseling; Weight Management
### Reporting Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Objectives</th>
<th>Tools</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Training Evaluation</td>
<td></td>
<td>Document Assessment Method</td>
<td></td>
</tr>
<tr>
<td>Patient Assessment</td>
<td></td>
<td>Document Assessment Method</td>
<td></td>
</tr>
<tr>
<td>Physical Activity Counseling</td>
<td></td>
<td>Document Assessment Method</td>
<td></td>
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<tr>
<td>Psychosocial Management</td>
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<td>Document Assessment Method</td>
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<tr>
<td>Tobacco Cessation</td>
<td></td>
<td>Document Assessment Method</td>
<td></td>
</tr>
<tr>
<td>Weight Management</td>
<td></td>
<td>Document Assessment Method</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Assessment: Document Assessment Method**

- **Activity Title:** Patient Assessment
- **Objectives for the competency:** The objective of this competency is to understand cardiovascular anatomy/physiology, risk factors of heart...
- **Tool or method used to assess that staff is competent:** The tool that is used for this competency is a Clinical Cardiac Competency Study Guide and Exam that was...
Completing the Core Pages of the Application
Completing the ITP

2018 Cardiac Page 2 Individualized Treatment Plan: Complete Page

Instructions:
- 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.

Upload*:
- ITPpdf
- Valid file formats: PDF

Date Instructions:
- 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.)
- Physicians Signature Date
  - In the 5 Date fields below, please indicate all (in chronological order) physician signature dates, including each reassessment date(s) and discharge date(s), separated by commas.

First Exercise Date*:
- 06/02/2017

Date*:
- 07/02/2017

Date*:
- 08/02/2017

Date*:
- 09/01/2017

Date:
- MM/DD/YYYY

Date:
- MM/DD/YYYY
Completing the ITP

2018 Cardiac Page 2 Individualized Treatment Plan: Complete Page

Date Instructions:
- 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:
  In the 5 Date fields below, please indicate all (in chronological order) physician signature dates, including each reassessment date(s) and discharge date(s), separated by commas.

First Exercise Date:
- 06/02/2017

Date:
- 07/02/2017

Date:
- 08/02/2017

Dates cannot be more than 30 days apart.

Date:
- 09/01/2017

Date:
- MM/DD/YYYY

Date:
- MM/DD/YYYY

Required Elements:
- 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.)
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 the Medical Emergencies page of the certification application.

To review the Emergency Preparedness segment of the introductory video, click here. To access the FAQ for this page, click here.

Upload:
- emerg_prep.pdf
 Valid file formats: PDF

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

In Service Instructions:
- 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.
**2018 Pulmonary Page 6 Improvement in Functional Capacity: Complete Page**

**Page Title:** 2018 Pulmonary Page 6 Improvement in Functional Capacity

**Overview:**

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages

If your program uses the AACVPR Pulmonary Data Registry to track appropriate data to submit with your application, once you have sent data on this page.

**REGISTRY TUTORIAL:** To view a brief video tutorial on how to search for information, please click here.

Note: If you don’t participate in the registry, you are still required to provide data.

For the purposes of AACVPR Program Certification, a program must have a list of Interstitial Lung Disease (ILD) who are found to increase their functional capacity.

American Thoracic Society / European Respiratory Society (ATS/ERS), (MD) for the IMWT in adults with chronic respiratory disease is below.

The trials of 30 meters (98.43 feet), as measured by a standardized 6 min rehabilitation (FR).

**Registry Link:** Go to Registry

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**2018 Cardiac Page 6 Improvement in Functional Capacity: Complete Page**

**Instructions:**

What is ONE change that you can make in your rehab process to help you increase your percentage? If you achieved 100%, how do you plan to maintain your percentage as you continually work to improve your patient outcomes?

**Answer:**

Write the patients exercise prescription on their log sheet they carry around with them in the Rehab gym. They are taught how to record on the log sheet and how to read it during their intake and on their first day of exercise. Plan for improvement: To make improvement, we are going to have staff discuss the importance of MET intensity with each individual patient while they are doing their warm-up to ensure the patients understand their goal for the day.

**Required Elements:**

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

**Denial Reasons Possible:**

- Failure to submit all required elements requested
- Submitted data not within the data collection period July 1, 2017 - December 31, 2017

**Calculate**
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).
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.

I agree with all of the above statements: Yes
## Applications

### Cardiovascular

<table>
<thead>
<tr>
<th>Application</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>2018 Cardiovascular Certification Application (1/1/2018 to 12/31/2018)</td>
<td>In Review</td>
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### Pulmonary

<table>
<thead>
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<th>Application</th>
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<tbody>
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<td>2018 Pulmonary Certification Application (1/1/2018 to 12/31/2018)</td>
<td>Awaiting Review</td>
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