

## **Cardiac Certification – Pre Application Preparation Package**

The launch of the AACVPR Certification Center on March 1, 2010 will provide an easy to use online application process. This Cardiac Certification overview is designed to assist you in preparing materials needed to submit your online Cardiac Certification application.

Note that the application will be available on March 1, 2010, and **all applications must be submitted online**. While the application cycle is shortened, we are committed to providing a simpler, easy process for applying. This document is intended to provide you with a guide for what you'll be asked to submit.

Guidelines regarding the requirements of this application can be found here:

<http://www.humankinetics.com/products/all-products/guidelines-for-cardiac-rehabilitation-and-secondary-prevention-programs-4th-edition?ISBN=0736048642&http://www.aacvpr.org/Certification>

### **Key dates:**

**November 1, 2009: PDF of application is available on the AACVPR Web site.**

**March 1, 2010: AACVPR Certification Center is live!**

**May 1, 2010: Online certification submissions are due.**

**July 1, 2010: Review of submissions completed; feedback provided to applicants.**

**August 31, 2010: Cycle is complete; applicants are notified of final status.**

**\*Please note that these dates submit to change.**



### **Page 1: Staff Competency Skills**

- Does your program assess staff competency skills on a yearly basis that is specific to cardiac rehabilitation?
- Please provide a narrative explanation of the process on how staff competencies are assessed.

Be prepared to submit the follow documentation if you are audited:

- A completed competency assessment tool used to assess a staff member that is specific to cardiac rehabilitation.
- A Checklist of all competencies assessed for both direct and indirect supervision

### **Page 2: Emergency Equipment and Supplies**

- Do you have the following emergency equipment onsite at your facility?
  - A list of required equipment can be found on page 202 of the Fourth Edition of the Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs.
- Provide a narrative response of availability and location of the following equipment:
  - crash cart and medication
  - defibrillator/AED
  - intubation equipment
  - O2

Be prepared for the following if you are audited:

- Site visit from Certification reviewer
- Submission of a checklist of three consecutive months' verification of operational readiness of emergency
- Proof of inspection for defibrillator/AED, O2 and medications; signed and dated for each day program in operation.
- A narrative explanation of missing days of documentation (i.e. closed, holiday, non-rehab day, etc).

### **Page 3: Written Policies/Procedures**

- Does you program have a policy and procedures specific to Cardiac Rehabilitation that are reviewed yearly by the medical director and coordinator/manager/director?

Be prepared to submit the follow documentation if you are audited:

- A table of Contents from your program's Policy and Procedures Manual and documentation that these policies and procedures have been reviewed within the last year.

### **Page 4: Physician Referral**

- Does your program contain a completed and signed physician referral form for your program?
- Provide a narrative explanation on how the physician referral is processed for your program.

Be prepared to submit the follow documentation if you are audited:

- A completed and signed physician referral.

### **Page 5: Informed Consent**

- Do you have a patient consent form that is dated, signed, witnessed and explains the following:
  - expectations of the participants
  - potential risks associated with program participation
  - potential benefits of the program participation
  - confidentiality addressed with the patient

Be prepared to submit the follow documentation if you are audited:

- A completed patient consent with all of the required components.

### **Page 6: Exercise Prescription**

- Is each exercise prescription signed by the referring physician?
- Does your exercise prescription contain:
  - mode
  - frequency
  - duration
  - intensity targets within AACVPR or ACSM guidelines
  - progression
- Provide a narrative explanation of the development of the exercise prescription, including physician involvement and how the Prescription is progressed through the duration of the program.

Be prepared to submit the follow documentation if you are audited:

- A completed, department specific exercise prescription signed by a physician.
- A department-specific policy for developing and progressing exercise prescription.

### **Page 7: Medical Emergencies**

- Do you have a written departmental policy for the following:
  - cardiopulmonary arrest
  - angina
  - acute dyspnea
  - tachycardia
  - bradycardia
  - hypertension
  - hypotension
  - hyperglycemia
  - hypoglycemia
  - acute or increasing bronchospasm (not required until 2010)

Be prepared to submit the follow documentation if you are audited:

- Individual, department specific policies for medical emergencies.

### **Page 8: Medical Emergency In-services**

- Does your program have four medical emergency in-services per year that are specific to cardiac rehabilitation?
- Are the in-services documented and include all staff involved in patient care?

- May include: mock codes, review of crash cart/defibrillator, critique of an actual code. General emergency and safety drills and in-services in the hospital/facility, fire drills, infection control, safety inspections, health and safety reviews.

Be prepared to submit the follow documentation if you are audited:

- Documentation of four emergency in-services.

**Page 9: Untoward Events**

- Does your program have a log of the untoward events?
  - An untoward event is ANY event that requires staff or physician intervention or cessation of an exercise session.

Be prepared to submit the follow documentation if you are audited:

- A of untoward events over three consecutive months in the required table format.

**Required Format Untoward Event Log:**

Date of Event	Type of Event	Disposition/Outcome of Patient
Example: 10/1/08	Chest Pain	Discontinued exercise, patient took nitro, notified medical director and referring physician, pt sent home with no further rehab pending Dr. appointment.
Example: 11/2/08	Resting blood pressure 210/100	Discontinued exercise, Medical Director in room at time, pt sent to ER, referring physician notified
Example: 11/5/08	Symptomatic Hypoglyce	Discontinued exercise, glucose tested, pt given juice, rechecked 15 min, level within normal range, pt sent home and reminded to check prior to next session and take appropriate corrective measures, Medical Director notified

**Page 10: Outcomes Assessment/Program Evaluation: Clinical, Behavioral, Health and Service**

- Does your program have outcome tools for the following domain:
  - Clinical
  - Behavioral
  - Health

- Complete the following table:

	Clinical	Behavioral	Health
Measurement (tools utilized)			
Sample size or N			
Pre program score			
Post program score			
% change, units of change or change towards goal			
Conclusions			
Process improvements made to program based on conclusions			

- Provide a narrative description of the program's patient satisfaction or quality of care process.

Be prepared to submit the follow documentation if you are audited:

- Completed patient tools.
- Documentation of process improvement.

### Page 11: Risk Stratification (Risk of untoward events)

- Does your program have a policy for risk stratification?
- Does your program have a form that determines the risk status?
- Provide a narrative explanation of the method of risk stratification used and how it influences development and implementation of the plan of care.
  - For example: level of monitoring/supervision, rate of exercise progression, number of visits, etc.

Be prepared to submit the follow documentation if you are audited:

- A completed Risk Stratification form and your risk stratification policy.

### Page 12: Individual Treatment Plan

- Does your program have an individual treatment plan for each patient?
- Is the Individual treatment plan contained in single document? (starting in 2010 this will be a requirement)
- Does the Individual Treatment Plan reflect the Rehabilitation Process (assessment, goal setting, intervention, reassessment, and discharge)?
- Is the rehabilitation process clearly labeled for all four domains?
- Provide a narrative description of the Rehabilitation Process for all four domain.

Be prepared to submit the follow documentation if you are audited:

- The completed tools and individual treatment plan document. Each domain must include labels for the rehabilitation process.

**Page 13: Physician Feedback**

- Does the physician feedback process include the following:
  - Exercise data
  - Clinical data
  - Risk factor modification recommendations
- Provide a narrative description of the physician feedback process.

Be prepared to submit the follow documentation if you are audited:

- Physician contact documentation.

SAMPLE