

Cardiac Rehabilitation Program Certification

A Lesson in
Patience and Success

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AACVPR

Founded in 1985, the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) is dedicated to the professional development of its members, through information, networking, and educational opportunities. Central to the mission is the improvement in the quality of life for patients and their families.

AACVPR

- The mission statement of the American Association of Cardiovascular and Pulmonary Rehabilitation is: To reduce morbidity, mortality, and disability from cardiovascular and pulmonary diseases through education, prevention, rehabilitation, research, and aggressive disease management.

AACVPR Leadership

- 3000 members
- 12 member person BOD
 - President Jody Hereford, BSN, MS
 - President Elect, Larry Hamm, PhD
 - Immediate Past President, Margorie Kind, MD
- 10 member Scientific Advisory Council (SAC)
Multidisciplinary council:
RD, Psych, Cardiac RN, Ex Phys, Cardiologist, PT
RT, Pulmonologist, Pulmonary RN
- 22 Committees (incl Prog Cert and Recert)
- 39 State and regional affiliates

AACVPR Key Initiatives

- Professional Education
- Utilization of CR (Referral Enhancement Task Force)
- Legislation and Reimbursement
- Disease Management / JCAHO Disease Specific Care
- Alternative Delivery Methods
- Program Certification (Program Cert / Recert Task Force)
- Professionalization of Ex Phys (Ex Phys Task Force)
- Enhancing Professional Liaisons (International Liaison subgrp)

AACVPR



Position papers:

- Scientific Evidence of the Value of CR Services with Emphasis on Patients Following Myocardial Infarction
- Efficacy of Risk Factor Intervention and Psychosocial Aspects of CR
- Scientific Basis of PR
- Outcomes evaluation in CR/secondary prevention programs: improving patient care and program effectiveness. AACVPR Consensus Statement
- AACVPR Position Paper: Medical Director Responsibilities for Outpatient CR / Secondary Prevention Programs JCR 2005;25;315-320

The Vision for Program Certification

- Driven by membership
 - Concern regarding standardization and quality
 - State experience - North Carolina model
 - Survey of affiliate members
- Clinical Practice Guidelines for Cardiac Rehabilitation – 1995
 - Method to determine compliance with guidelines
- AACVPR Board decision to explore the feasibility of a certification process -
Task Force development to determine process and content

1995 - AACVPR Board Initiative to Investigate the Process

Task Force organized to:

- Define Program Certification
- Determine feasibility of process
- Look at process and content
- Recommend basis of certification

- Goals
 - What do we hope to accomplish through program certification?
- Benefits
 - What are the benefits to our members and the organization?
- Process
 - What will the process look like?

What is Program Certification

- Process to evaluate compliance with essential standards and guidelines
- Later:
- Collection of Outcomes data to determine “big picture” benefit of CR in clinical practice

Program Certification

- Feasibility
 - National vs State
 - Cardiac vs Pulmonary
 - Variability in delivery of services
 - Determine foundation of services
 - Legal issues

Decision: State involvement with national oversight
Certification granted by national

Program Certification

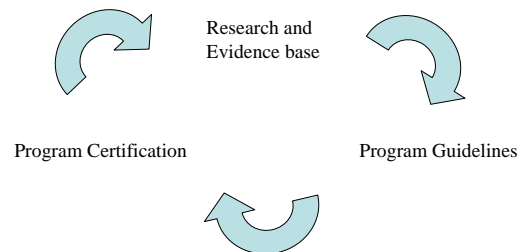
Basis - Grounded in Research and Guidelines

- AACVPR Guidelines for CR
- AACVPR Core Competencies for CR Professionals
- Clinical Practice Guidelines for Cardiac Rehabilitation and Secondary Prevention
- ACSM Guidelines for Graded Exercise Testing and Prescription
- ACSM Resource Manual for Guidelines for Exercise Testing and Prescription

More recently added:

- AACVPR Consensus Statement: Outcomes Evaluation in CR/ Secondary Prevention Programs *JCR March / April 2004:24(2) 68-79*
- AACVPR CR Resource Manual
- AACVPR Position Paper: Medical Director Responsibilities for Outpatient CR / Secondary Prevention Programs *JCR 2005:25:315-320*

Initiative to Develop Process



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
- Favorably influence reimbursement

Benefits of Program Certification

- For the program:
 - Benchmark against evidence and standards
 - Standardization of practice
 - Establish "best practice" programming
 - Evidence of CR staff competency
 - Potential for reimbursement connection
- For the Organization:
 - Identification of best-practices as model
 - Collection of aggregate outcomes data to support program efficacy

The Review Process

- Voluntary
- Membership not required
- Program operational 1 year
- Each separate facility must apply individually
- Peer Review
- 2-Tiered Review
 - Affiliate Support and Involvement
 - National Oversight
- Onsite Review Option
- Certification Granted by Board of Directors
- Appeals Process
- Valid for 3 years
- Abbreviated re-certification process

Ready...Set ...Go...

- 1994-5 - Membership inquiry and BOD decision
- 1995 - Task force work to develop process and application
- 1999 - First round of applications - certification (task force served as first review committee)
- 2002 - First round of re-certification

Application and Review Calendar

- Sept 1 - Applications available to programs (available on AACVPR website)
- Sept 1-Dec 1 - Applications submitted (4 copies)
- Dec 12-14 - Applications sent to State / Regional chairs
- Dec 18-Mar 16 - State / Regional committees review
- Mar 23- April 13 - Applications prepared for National Program Cert Committee review
- April 20 -22 - National Review of all applications
- May 1-11 - Letters sent requesting additional information
- May 18 - June 22 - Requested information submitted
- July 5 - 11 - Preparation for second review
- July 13-15 - Final review by National Program Certification Committee
- Early August - Information and recommendations prepared for BOD approval
- August - BOD reviews and approves recommendations from committee
- August 31 - Programs notified of final review recommendation and certificates distributed

Key Areas of Emphasis

- Safety
- Quality
- Multi-disciplined
- Multi-faceted
- Outcomes

The Application

- Program Demographics
- Program Management
 - Personnel
 - Staff Records
 - Facilities / Equipment
- Documentation
 - Policies / Procedures
 - Medical Records
 - Medical Emergencies
 - Outcomes and Assessment
- Patient Care
 - Assessment
 - Therapeutic Plan
 - Interventions / Treatment Components
 - Evaluation / Discharge / Follow up

Supporting Documentation

- Program Demographics
- Program Management
 - Personnel
 - Staff Competency Skill Review
 - Staff Records
 - Facilities / Equipment
 - Emergency Equipment and Supplies
- Documentation
 - Policies / Procedures
 - Policies and Procedures
 - Staff Meetings
 - Medical Records
 - Physician Referral
 - Informed Consent
 - Exercise Prescription
 - Medical Emergencies
 - Medical Emergencies
 - Emergency Equipment
 - Medical Emergency Inservices
 - Untoward Events
- Patient Care
 - Outcomes Assessment
 - Outcomes Measures
 - Assessment
 - Risk Stratification
 - Psychosocial Assessment
 - Nutritional Assessment
 - Educational Assessment
 - Therapeutic Plan
 - Individualized Care Plan
 - Interventions / Treatment Components
 - Educational Sessions
 - Evaluation / Discharge / Follow up
 - Feedback to Physicians

The Application Supporting documentation

- | | |
|------------------------------------|------------------------------|
| • Staff Competency Skill Review | Medical Emergency Inservices |
| • Emergency Equipment and Supplies | Untoward Events |
| • Policies and Procedures | Outcomes Assessment |
| • Staff Meetings | Risk Stratification |
| • Physician Referral | Psychosocial Assessment |
| • Informed Consent | Nutritional Assessment |
| • Exercise Prescription | Educational Assessment |
| • Medical Emergencies | Individualized Care Plan |
| • Emergency Equipment | Educational Sessions |
| | Feedback to Physicians |
- Indicates required documentation for re-certification

Details...Details..

- Binders, tabs and tables
- HIPPA
- Yes / No = 85%
- Reasonable alternative
- Supporting narrative

Staff Competency Skills Review

- All staff participate in yearly skills competency review check-off
- Narrative and required table format of the checklist for all competencies assessed for all staff
- Include a completed competency tool

Emergency Equipment and Supplies

- Attach a list of all equipment and supplies that may be needed in case of a medical emergency

Written Policies/Procedures are up to date and are Implemented by the Staff

Written policies and procedures are up to date and have been reviewed within the past year

- Attach the cover sheet / "Signature Page" which indicates policies and procedures have been reviewed by the medical director, manager / director within the year.
- Attach the Table of Contents of Policy and Procedure Manual that relate directly to CR

Staff Meetings, Minutes and Attendance Lists (Min 4/yr)

Program services are directed, integrated and coordinated as evidenced by routine staff meetings, minutes and attendance lists

- Attach the Minutes, dates and Attendance List from the Last 4 Staff Meetings

Evidence of Signed Physician Referral / Order

- Attach a Completed and signed referral form used by your department (all patient identifiers must be blanked out)
- If a computerized or general hospital form is used - include a brief narrative and /or policy describing its use.

Informed Consent

- Attach a Completed and signed Informed Consent Form with all patient identifiers blanked out
- Informed consent to include:
 - Explanation of program
 - Potential Risks
 - Expected Benefits
 - Confidentiality
 - Patient / witness signature

Exercise Prescription Approved By Medical Staff

- Attach a completed copy of an exercise prescription form.
- Provide the policies explaining the exercise prescription process, including
 - Mode
 - Frequency
 - Duration
 - Intensity
 - Progression
 - Policies must show evidence of physician review

Exercise Prescription

- Acceptable Alternative
 - Policy and Procedure or standing orders signed by physician indicating how exercise prescription is formed
- Unacceptable
 - Form or policy showing only determination of exercise intensity (Target HR)
 - Intensity targets not within AACVPR or ACSM standards
 - Statement of "progress as tolerated" with no criteria for progression
 - No physician signature on form or policy
 - Incomplete form
 - No narrative

Medical Emergencies

Medical Emergency Plan flexible enough to handle all possible emergencies

Submit a copy of all written policies that address specifically what is done for each of the following emergencies:

Cardiopulmonary Arrest

Angina

Acute Dyspnea

Tachycardia

Bradycardia

Hypertension

Hypotension

Hyperglycemia

Hypoglycemia

Emergency Equipment Documentation

Department verification of operational readiness of emergency equipment for 3 months

- Attach a checklist from the last three months verification of operational readiness of emergency equipment (signed and dated)

Medical Emergency Inservices

- Minimum 4/year
 - Attach the minutes, attendance, and topics covered from the last 4 emergency inservices
- May include:
 - Mock codes
 - Crash cart review / defibrillator use
 - Review of actual code
 - CPR / ACLS if given as a department
 - Emergencies must be specific to CR

Untoward Events

- Acceptable:
 - Log which includes type of event, date, patient (identifiers blocked)
 - Results from a patient chart review indicating # of charts, # of events, type of events,
 - Notes from patient charts indicating an event and follow up
- Unacceptable:
 - No indication of untoward events in 3 month period
 - Committee may request additional information if none are indicated

Outcomes

Evidence of ongoing patient and program outcome measurements are collected to evaluate the program's general effectiveness and efficacy from each of 4 domains...

Outcomes Measurement and Reporting

For each outcome category:

Clinical - Functional Capacity, Lipids, METS, Weight, BP

Behavioral - Smoking Cessation, Adherence with Diet or Exercise, Stress Management

Health - Quality of Life, Loss of Work Days

Service - Patient Satisfaction, Access and Utilization of Service, Financial and Economic

OUTCOMES

- Narrative for each domain, including tools utilized and conclusions drawn from data
- Table to include:
 - Number of patients included (must be ≥ 30)
 - Pre program data
 - Post program data
 - Change between pre and post measures
(% change, units of change or change toward goal)
 - Cumulative data only

Risk Stratification

Risk Stratification is Utilized to Determine Appropriate Level of Care and Monitoring

- Provide brief narrative describing the method of risk stratification and how it influences development and implementation of the plan of care.
i.e., level of supervision/ monitoring, number of visits, rate of exercise progression, etc

Psychosocial Assessment

- Submit a completed copy of the tool or method utilized and a brief narrative of the process used to determine need for intervention, follow up and integration into the plan of care.

Psychosocial Assessment

- Acceptable
 - Standard Validated psychosocial assessment, administered and scored by a psychosocial professional - submit completed copy of tool
 - Structured interview by CR staff or psychosocial professional - with standardized questions and criteria for referral to a psychosocial professional
 - Notes from interview by psychosocial professional

Nutritional Assessment

- Submit a completed copy of the tool or method used and a brief narrative of the process used to determine need for intervention, follow up and integration in to plan of care

Nutritional Assessment

- Acceptable:
 - Include tool used for assessment, scoring and what determines need for referral and follow up
 - Diet History reviewed by RD
 - Standardized questions or notes from dietary evaluation
 - Describe who reviews the dietary evaluations
 - Indicate who conducts the dietary consultations - show evidence of RD availability -may be on call

Educational Assessment

Educational assessment of patient / family's needs

- Submit a completed copy of the tool or method utilized, a brief narrative of the process to assess and meet patient's and family's educational needs
- May include:
 - Standardized educational / knowledge evaluation
 - Checklist of education topics given to patient and family
 - Narrative indicating education is based on individual need

Written Individualized Care Plan

- Written individualized plan of care and projected outcomes/ goals are developed for each patient (incl. education, exercise, psychosocial and nutrition)
- Attach a completed plan of care and narrative describing
 - Assessment,*
 - Goals,*
 - Intervention,*
 - Evaluation,*
 - Follow up*
- Include Education, Exercise, Psychosocial, and Nutrition domains

Education Sessions

Educational sessions (individual or group) are provided for all patients

- Attach a list of the educational sessions offered over the past 3 months, including dates.
- Include all opportunities available
- If individual teaching is done, include a narrative describing resources available, when the teaching is done and who provides it.

Feedback Provided to Physicians on a Regular Basis

- Submit a completed form and provide a written narrative explaining procedure for physician feedback.
- Information regarding exercise, clinical, and risk factor modification must be included.

Successes

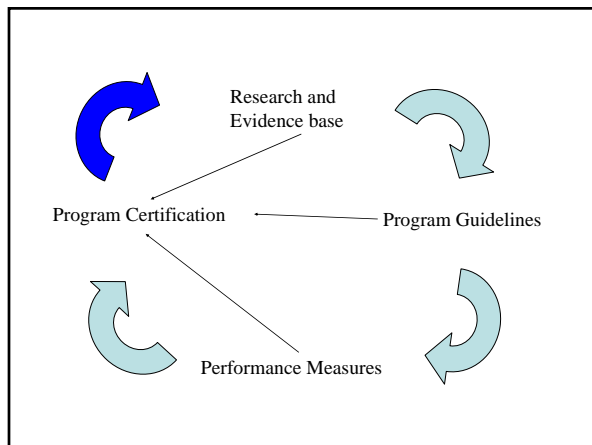
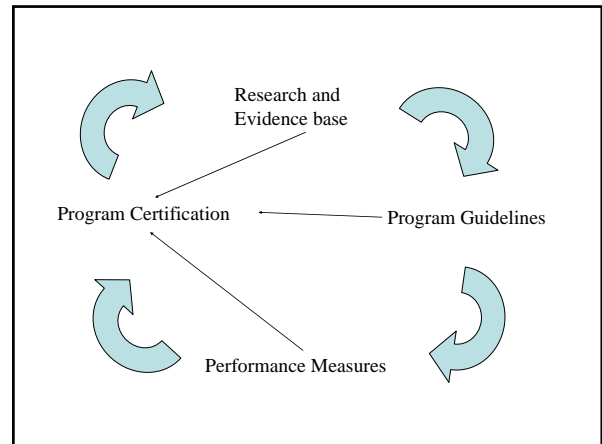
- Widespread acceptance from membership
- Engaging Affiliates in review process / oversight committee
- Education of members
 - At annual meeting cert and recert session
 - Best practice workshops
 - Affiliate education
 - Website information
- Program quality improvement and standardization
- Number of programs certified (1313)/ recertified
- Evolution of the process and application
- ?? Link with payment

Challenges

- Initial Skepticism
- Cost – national vs affiliate
- Interpretation of standards
- Amount of subjectivity
- Peer review
- No onsite survey
- Process of Education and Mentoring vs Punitive
- Appeals process

Future Direction

- Process guided by the BOD
- Review committee separate from quality improvement task force
- Objective measures - weighted scoring
- Provisional status
- Driven by Evidence Based Medicine and Guidelines and Performance Measures - directly linked with documents endorsed by AACVPR
- Use aggregate data for registry project
- Online application and review process
- Closely linked with outcomes, guidelines and document oversight committees
- Move from a narrower more procedure oriented to broader process, quality improvement and evidence based model
- Ongoing evolution of the process and application



THANK YOU!!

www.aacvpr.org
certification