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Individualize Your Program ITP

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Objectives

- Identify key components and requirements for Individualized Treatment Plans (ITPs) as related to AACVPR Program Certification
- Identify and create strategies to develop an efficient ITP
- Review common factors of errors on an ITP through example and team reviews

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Disclosures

- No Disclosures

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Individualized Treatment Plan

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Individual Treatment Plan (ITP)

The Centers for Medicare & Medicaid Services (CMS) 42 CFR 410.49 and 410.47- Cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs

Conditions of coverage states: ***Components of a cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs must include all of the following:***

(i) Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.

(ii) Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs.

(iii) Psychosocial assessment.

(iv) Outcomes assessment.

(v) An individualized treatment plan detailing how components are utilized for each patient. The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days.

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ITP Requirements

- The Individualized Treatment Plan (ITP) is a summary of the planned care of the patient from initial assessment to discharge from the Pulmonary or Cardiac Rehabilitation program.

  - Comprehensive document including all required information
  - Initial written individualized exercise prescription
  - **Physician signature every 30 days**
  - Initial assessment, at least one reassessment, discharge and one active additional core component/risk factor
  - Pulmonary exercise prescription to include oxygen SpO2 and flow rate

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ITP Requirements

- For the purposes of AACVPR Program Certification, an ITP must be developed and completed for each patient in the Cardiac or Pulmonary 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
- ❑ PULM only: Oxygen (actual patient must be on oxygen)*

REQUIRED STEPS:

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

**Step must include oxygen use/titration for pulmonary rehab*

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

**** Pulmonary program must include SpO2 and flow rate*

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Cardiac ITP Requirements

- **Exercise Assessment**
- **Exercise Plan**
  - Goals
  - Interventions
    - ***Initial Exercise Prescription including 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 as appropriate**
- **Other Core Components Assessment**
- **Other Core Components Plan**
  - Goals
  - Interventions
  - Education
- **Other Core Components Reassessment**
- **Other Core Components Discharge/Follow-up**

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Pulmonary ITP Requirements

- Oxygen Assessment
- Oxygen use & titration Plan
  - Goals
  - *Interventions
  - Education
- Oxygen Reassessment
- Oxygen Discharge/Follow-up
- Exercise Assessment
- Exercise Plan
  - Goals
  - Interventions
    - ***Exercise Prescription including Mode, Frequency, Duration, Intensity, SpO2/flow rate***
  - Education
- Exercise Reassessment
- Exercise Discharge/Follow-Up
- Nutrition Assessment
- Nutrition Plan
  - Goals
  - Interventions
  - Education
- Nutrition Reassessment
- Nutrition Discharge/Follow-Up

***changes in flow rate need to be included**

- Psychosocial Assessment
- Psychosocial Plan
  - Goals
  - Interventions
  - Education
- Psychosocial Reassessment
- Psychosocial Discharge/Follow-Up
- Other Core Components/Risk Factors as appropriate (Tobacco cessation, Environmental factors, Medications in particular inhaler medications, and Prevention or Management of Exacerbations, etc)
- Other Core Components Assessment
- Other Core Components Plan
  - Goals
  - Interventions
  - Education
- Other Core Components Reassessment
- Other Core Components Discharge/Follow-up

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2023 Application Highlights ITP

- **Education cannot be a header and needs to be included in each element**

- Physician signature and date
  - At least every 30 days
  - Initial assessment
  - Reassessment
  - Discharge

- Must have reassessment data and details about progress toward goal
  - Check boxes such as “On-going, In-Progress and MET” without any detail will be denied

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2023 Application Highlights ITP

- Must include at least one "ACTIVE" core component
  - HTN, DM, Weight Management, Tobacco Abuse assessed as one element (Example: If Diabetes is assessed in Nutrition, Diabetes can't be used as an Other Core Component)
  - Pulmonary specific core components (these are not the same as Cardiac)
- For Pulmonary Rehab, ITP submitted must be for a patient currently using oxygen
- Identify the patient's first day of exercise and MD signature dates in the application system. MD signatures with dates should also be easy to find in ITP document.
- The completed ITP including ALL assessments must be from January 1, 2022 – December 31, 2022.
- **HIPAA violations will lead to an automatic denial of the page**

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HIPAA VIOLATIONS

- Name
- Date of birth
- Telephone numbers
- Fax numbers
- Electronic email addresses
- Social Security number
- Medical record number
- Health plan beneficiary numbers
- Account numbers
- Certificate and license numbers
- Vehicle identifiers, serial numbers including license plate numbers
- Medical device identifiers including serial numbers
- Internet universal resource locators (URLs)
- Internet protocol (IP) addresses
- Biometric identifiers including fingerprints and voice prints
- Full face photographic images
- Any other unique identifying number, characteristics or code
- All geographic subdivisions smaller than a state, including county, city, street address, precinct, zip code

Cardiac Denial Reasons

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) on the submitted ITP did not occur *at least* every 30 days after a proceeding 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/plan at least one reassessment and discharge for exercise element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for psychosocial element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for nutrition element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for other core components element.
- Submitted active additional core component/risk factor is not specific to CR (Clarified for 2023).
- Submitted active additional core component/risk factor was addressed elsewhere on the ITP.
- Required elements of the submitted ITP are not clearly labeled.
- Reassessment/discharge does not include comments on a progress to goal or simply stated comments such as ongoing, met or in progress.
- Personal Health Information (PHI) is present/visible on the uploaded documents (HIPAA violation).
- Missing required components of the exercise prescription.
- Education is listed as a header instead of within the required step(s) of each elements.

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Pulmonary Denial Reasons

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) on the submitted ITP did not occur ***at least*** every 30 days after a proceeding 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/plan at least one reassessment and discharge for exercise element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for psychosocial element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for oxygen element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for nutrition element.
- Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for other core components element.
- Submitted active additional core component/risk factor is not specific to PR (Clarified for 2023).
- Submitted active additional core component/risk factor was addressed elsewhere on the ITP.
- Required elements of the submitted ITP are not clearly labeled.
- Reassessment/discharge does not include comments on a progress to goal or simply stated comments such as ongoing, met or in progress.
- Personal Health Information (PHI) is present/visible on the uploaded documents (HIPAA violation).
- Missing required components of the exercise prescription.
- Education is listed as a header instead of within the required step(s) of each elements.
- Does not include Oxygen Flow Rate and SPO2 parameters as part of the Exercise Prescription.

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Individual Treatment Plan (ITP)

- Please note that AACVPR does not endorse any ITP or ITP format published by telemetry or electronic medical record companies

- Your ITP needs to tell the patient's rehab story from initial assessment to discharge from the program. Details are important!

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Re-Assessment Exercise

Date: 11-8-19

☐ Pre Contemplation ☐ Contemplation
☐ Preparation ☑ Action
☐ Maintenance ☐ Relapse

Progress to Goals:

1. PT HAS PROGRESSED TO 44 MIN. TOTAL CARDIO 3x/wk IN CR
2. PT UTILIZING RESISTANCE TRAINING MACHINE AT ALL CR SESSIONS.

Interventions/Education

Exercise RX:

Mode: ☑ TM ☑ B ☐ El ☑ Eg ☑ Ns ☐ Other
Freq: 3x/wk (Non-Monitored) Duration: 45-60 MIN.
Intensity: THR 99-109 RPE 13-15
Mets goal: 3.5-4.0
Angina with exercise ☐ Yes ☑ No

Free Weights: Wt: 3# Reps: 10x3
Resistance Machine: Plates: 1, 0, 2, 1

Home Exercise:

Type: WALKING
Freq: 1-2x/wk
Duration: 10-15 MIN.
Resistance Training ☐ Yes ☑ No

Comments:

Re-Assessment Nutrition

Date: 11-8-19

☐ Pre Contemplation ☐ Contemplation
☐ Preparation ☑ Action
☐ Maintenance ☐ Relapse

Progress to Goals:

Nutrition Goal: PT: NO LONGER USING WHOLE MILK, DOWN TO 2% ONLY. NEW GOAL SET BY PT TO DECREASE FRIED FOOD / EAT SMALLER PORTIONS
Wt goal: 145 Wt: 172.3

Interventions/Education

Referral to dietician ☐ Yes ☑ No
Refused Attended
Referral to Diabetic Ed ☐ Yes ☑ No
Refused Attended
Staff/Client Discussion ☑ Yes ☐ No

Diabetes:

FBS: N/A HgA1C: N/A
BS in range: ☐ Yes ☐ No

Lipids:

Total Chol: 131 Trig: 97
HDL: 55 LDL: 56.5
Collection date: 8-23-19
Not available:
New labs drawn: ☐ Yes ☑ No
Lipid panel scheduled Date:
Med Change: ☐ Yes ☑ No

Comments: PT KNOWS WHAT SHE SHOULD ABOUT STRUGGLES TO IMPLEMENT. STAFF ENCOURAGED PT. TO SET SMALL DIETARY GOALS AND WHEN MET, SET NEW GOAL.

Re-Assessment Psychosocial

Date: 11-8-19

☐ Pre Contemplation ☐ Contemplation
☐ Preparation ☑ Action
☐ Maintenance ☐ Relapse

Progress to Goals:

1. PT CONTINUES TO HAVE LESS EVERYDAY DISTRESS. PT WORKING IN VIDEO TAKING BREATHS.
2. PT HAS GOOD SUPPORT FROM OLDER DAUGHTER AND WOULD LIKE TO RECONCILE WITH YOUNGER DAUGHTER

Interventions/Education

Psych consult: ☐ Yes ☑ No
Physician Referral: ☐ Yes ☑ No
Med Change ☐ Yes ☑ No

Uses stress management skills: ☑ Yes ☐ No
Staff/Client Discussion ☑ Yes ☐ No

Comments: PT IS ESTRANGED FROM YOUNGER DAUGHTER AND WOULD LIKE TO RECONCILE. STAFF AND PT. DISCUSSED THE SITUATION AND IT WAS DECIDED THAT PT. WOULD REACH OUT TO DAUGHTER TO SEE IF SHE IS RECEPTIVE.

Re-Assessment Other Core Components

Date: 11-8-19

☐ Pre Contemplation ☐ Contemplation
☐ Preparation ☑ Action
☐ Maintenance ☐ Relapse

Progress to Goals:

1. PT. HAS BEEN SUCCESSFUL IN DECREASING DRINK CALORIES TO 12. WILL WORK TOWARDS 10/day
2. BP AT CBR AT LAST AMD GOOD CONTROL WITH EXERCISE.

Interventions/Education

Staff/Client Discussion ☑ Yes ☐ No

Preventative medication

Aspirin ☑ Yes ☐ No
Anti-platelet ☑ Yes ☐ No
Beta Blockade ☑ Yes ☐ No
ACE Inhibitor/ARB ☑ Yes ☐ No
Lipid lowering agent ☑ Yes ☐ No
Diuretic ☐ Yes ☑ No
Sacubitril/Valsartan ☐ Yes ☑ No
Current B/P: 110/68
Med Change ☐ Yes ☑ No
Comment:
Physician contacted ☐ Yes ☑ No

Tobacco ☐ None ☑ Current ☐ Recent
☑ Cigs ☐ Cigars ☐ Pipe ☐ Smokeless
Date quit: Quit date set: NO
#Cigs-smokeless tobacco/Day: 12
2nd hand smoke: ☐ Yes ☑ No
Family Support ☑ Yes ☐ No

Comments: DISCUSSED WITH PT. TO CONSIDER PHARMACOTHERAPY TO ASSIST IN CESSATION OF TOBACCO. PT STATES SHE WILL CONSIDER. PT. WILL NOT COMMIT TO QUIT DATE AT THIS TIME.

Initial: CW	Signature:	Title: RN, CCRP	Initial:	Signature:	Title:
Initial:	Signature:	Title:	Initial:	Signature:	Title:

Physician signature: Date: 11-8-19

Comments/Changes:

6/24/19	7/1/19	8/16/19	9/13/19
OXYGEN PLAN	**OXYGEN PLAN**	**OXYGEN PLAN**	**OXYGEN PLAN**
Initial Assessment	**Re- Assessment**	**Re- Assessment**	**Follow Up / Discharge**
Stages of Change: □ Pre Contemplation □ Contemplation □ Preparation □ Action X Maintenance □ Relapse	Stages of Change: □ Pre Contemplation □ Contemplation □ Preparation □ Action X Maintenance □ Relapse	Stages of Change: □ Pre Contemplation □ Contemplation □ Preparation X Action □ Maintenance □ Relapse	Stages of Change: □ Pre Contemplation □ Contemplation □ Preparation X Action □ Maintenance □ Relapse
Oxygen Use	**Oxygen Use**	**Oxygen Use**	**Oxygen Use**
O2: □Yes X No □N/C □Oxymask □Oxymizer Flow: □continuous □intermit/pulse System: □E-Cylinder □Liq O2 □POC □SC Rest □O2: LPM Ø SpO2 96% Exercise □O2: LPM Ø SpO2 91% Sleep □O2: LPM Ø SpO2 unknown RPD w/exercise: 2	O2: □Yes X No □N/C □Oxymask □Oxymizer Flow: □continuous □intermit/pulse System: □E-Cylinder □Liq O2 □POC □SC Rest □O2: LPM Ø SpO2 99% Exercise □O2: LPM 0 SpO2 92% Sleep □O2: LPM Ø RPD w/exercise: 3	O2: X Yes □No X N/C □Oxymask □Oxymizer Flow: X continuous □intermit/pulse System: X E-Cylinder □Liq O2 □POC □SC Rest □O2: LPM Ø SpO2 97% Exercise X O2: LPM 2L SpO2 82% Sleep □O2: LPM Ø RPD w/exercise: 4	O2: X Yes □No X N/C □Oxymask □Oxymizer Flow: X continuous □intermit/pulse System: X E-Cylinder □Liq O2 □POC □SC Rest X O2: LPM 2 SpO2 100% Exercise X O2: LPM 3 SpO2 86% Sleep X O2: LPM 2 RPD w/exercise: 4
Intervention	**Intervention**	**Intervention**	**Intervention**
X Place oximeter to pt's finger or earlobe to monitor saturations with exercise □ Adjust/titrate O2 levels to maintain saturations ≥ 88% N/A X For SpO2 < 88% coach PLB exercises, use rescue inhaler, consider alternate O2 delivery systems	X Use methods to improve SpO2 readings (wash hands in warm water, wear gloves or scarf) X Provide spacer, N/C, oxymask, and/or oxymizer for pts to use with exercise	X Provide Pulmonary Education Classes monthly Patient is now using oxygen at home only when active. He does not use it when he is sedentary/inactive. (LR)	X Oxygen/Medication adherence
Education	**Education**	**Education**	**Education**
X A Guide for People with Chronic Lung Disease/ Understanding Interstitial Lung Disease □ Oxygen Ch 2 (pp34) □ Oxygen Concentrator Ch 2 (pp37) Patient does not use oxygen. (LR)	□ Oxygen Do's and Don'ts - handout Patient does not use oxygen (LR)	X Traveling with oxygen Ch 2 (pp 35) X Short Trips/Longer Trips Ch 2 (pp 35) X Tips for setting up O2 for a trip Ch 2 (pp 36) X Med/Oxygen Class Attended: 7-9-19	Education completed and goals reached X yes □ no
Target Goal	**Target Goal**	**Target Goal**	**Target Goal**
Pt is compliant with O2 use Pt is knowledgeable of O2 equip and safety Mastery of pursed lip breathing	Pt is compliant with O2 at home and with exercise SpO2 ≥ 88% during exercise	Reduction of SOB Become more active and exercise longer SpO2 ≥ 88% during exercise	RPD level ≤ 5 with exercise SpO2 ≥ 88% during exercise

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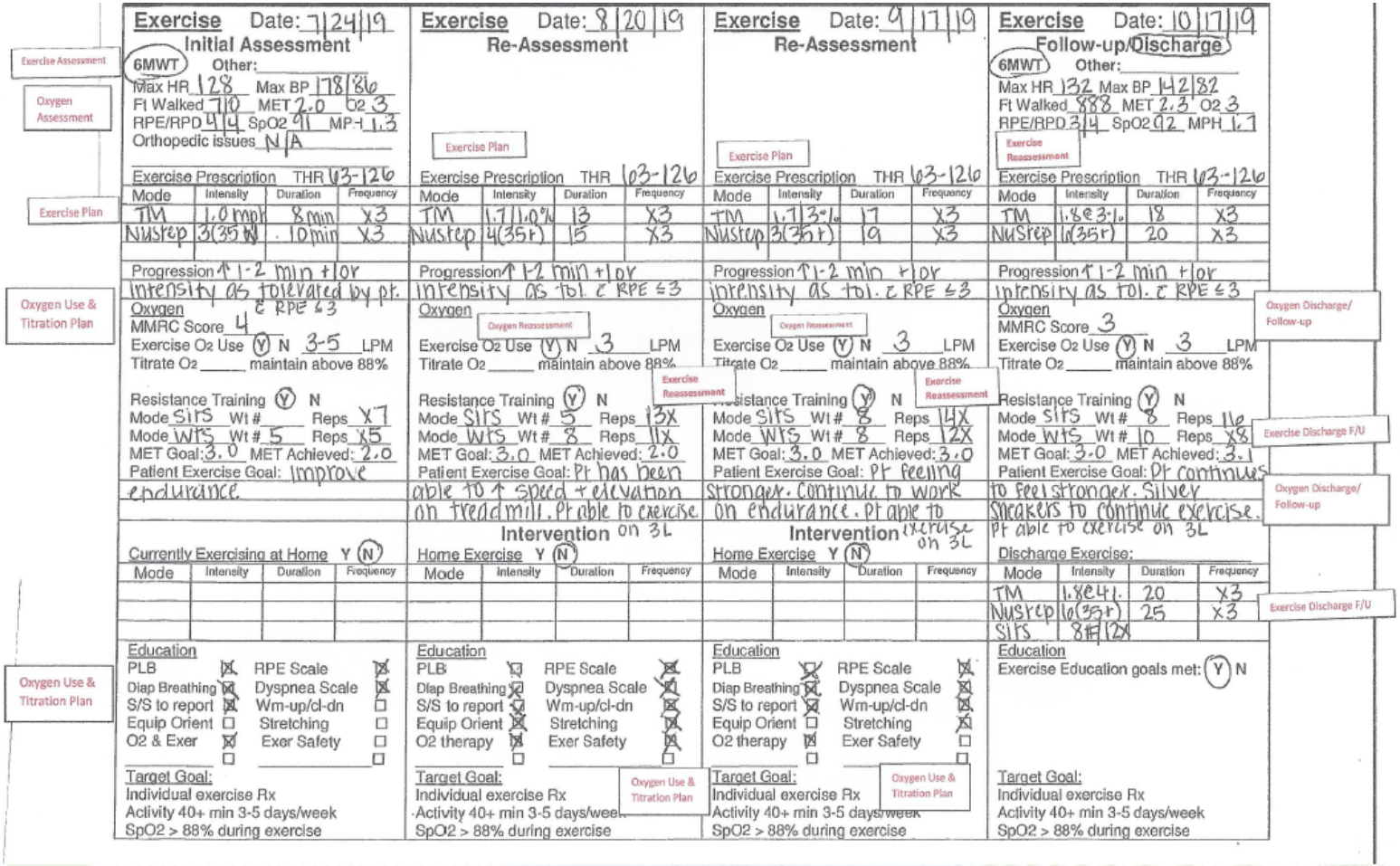

Exercise Date: 7/24/19 — Initial Assessment

6MWT Other:

Max HR 128 Max BP 178/86
Ft Walked 710 MET 2.0 O2 3
RPE/RPD 4/4 SpO2 91 MPH 1.3
Orthopedic issues N/A

Exercise Prescription THR 103-126

Mode	Intensity	Duration	Frequency
TM	1.0 mph	8 min	X3
Nustep	3(35 W)	10 min	X3

Progression ↑ 1-2 min +/or intensity as tolerated by pt. & RPE ≤ 3

Oxygen
MMRC Score 4
Exercise O2 Use (Y) N 3-5 LPM
Titrate O2 _____ maintain above 88%

Resistance Training (Y) N
Mode SITS Wt # _____ Reps X7
Mode WTS Wt # 5 Reps X5
MET Goal: 3.0 MET Achieved: 2.0
Patient Exercise Goal: Improve endurance

Currently Exercising at Home Y (N)

Mode	Intensity	Duration	Frequency

Education
PLB [X] RPE Scale [X]
Diap Breathing [X] Dyspnea Scale [X]
S/S to report [X] Wm-up/cl-dn [ ]
Equip Orient [ ] Stretching [ ]
O2 & Exer [X] Exer Safety [ ]
[ ] [ ]

Target Goal:
Individual exercise Rx
Activity 40+ min 3-5 days/week
SpO2 > 88% during exercise

Exercise Date: 8/20/19 — Re-Assessment

Exercise Prescription THR 103-126

Mode	Intensity	Duration	Frequency
TM	1.7/1.0%	13	X3
Nustep	4(35+)	15	X3

Progression ↑ 1-2 min +/or intensity as tol. & RPE ≤ 3

Oxygen
Exercise O2 Use (Y) N 3 LPM
Titrate O2 _____ maintain above 88%

Resistance Training (Y) N
Mode SITS Wt # 5 Reps 13X
Mode WTS Wt # 8 Reps 11X
MET Goal: 3.0 MET Achieved: 2.0
Patient Exercise Goal: Pt has been able to ↑ speed + elevation on treadmill. Pt able to exercise on 3L

Intervention

Home Exercise Y (N)

Mode	Intensity	Duration	Frequency

Education
PLB [ ] RPE Scale [X]
Diap Breathing [X] Dyspnea Scale [X]
S/S to report [X] Wm-up/cl-dn [X]
Equip Orient [X] Stretching [X]
O2 therapy [X] Exer Safety [X]
[ ] [ ]

Target Goal:
Individual exercise Rx
Activity 40+ min 3-5 days/week
SpO2 > 88% during exercise

Exercise Date: 9/17/19 — Re-Assessment

Exercise Prescription THR 103-126

Mode	Intensity	Duration	Frequency
TM	1.7/3%/0	17	X3
Nustep	3(35+)	19	X3

Progression ↑ 1-2 min +/or intensity as tol. & RPE ≤ 3

Oxygen
Exercise O2 Use (Y) N 3 LPM
Titrate O2 _____ maintain above 88%

Resistance Training (Y) N
Mode SITS Wt # 8 Reps 14X
Mode WTS Wt # 8 Reps 12X
MET Goal: 3.0 MET Achieved: 3.0
Patient Exercise Goal: Pt feeling stronger. Continue to work on endurance. Pt able to exercise on 3L

Intervention

Home Exercise Y (N)

Mode	Intensity	Duration	Frequency

Education
PLB [X] RPE Scale [X]
Diap Breathing [X] Dyspnea Scale [X]
S/S to report [X] Wm-up/cl-dn [X]
Equip Orient [ ] Stretching [X]
O2 therapy [X] Exer Safety [ ]
[ ] [ ]

Target Goal:
Individual exercise Rx
Activity 40+ min 3-5 days/week
SpO2 > 88% during exercise

Exercise Date: 10/17/19 — Follow-up/Discharge

6MWT Other:

Max HR 132 Max BP 142/82
Ft Walked 888 MET 2.3 O2 3
RPE/RPD 3/4 SpO2 92 MPH 1.7

Exercise Prescription THR 103-126

Mode	Intensity	Duration	Frequency
TM	1.8@3.1%	18	X3
NuStep	4(35+)	20	X3

Progression ↑ 1-2 min +/or intensity as tol. & RPE ≤ 3

Oxygen
MMRC Score 3
Exercise O2 Use (Y) N 3 LPM
Titrate O2 _____ maintain above 88%

Resistance Training (Y) N
Mode SITS Wt # 8 Reps 11e
Mode WTS Wt # 10 Reps X8
MET Goal: 3.0 MET Achieved: 3.1
Patient Exercise Goal: Pt continues to feel stronger. Silver Sneakers to continue exercise. Pt able to exercise on 3L

Discharge Exercise:

Mode	Intensity	Duration	Frequency
TM	1.8@4.1	20	X3
Nustep	6(35+)	25	X3
SITS	8#/12X		

Education
Exercise Education goals met: (Y) N

Target Goal:
Individual exercise Rx
Activity 40+ min 3-5 days/week
SpO2 > 88% during exercise

Exercise Assessment
Oxygen Assessment
Exercise Plan
Oxygen Use & Titration Plan
Oxygen Reassessment
Exercise Reassessment
Oxygen Discharge/ Follow-up
Exercise Discharge F/U

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(Check all that apply) Date: 1-16-20

PSYCHOSOCIAL

Initial Assessment

Psychosocial Test:

Tool used: **PHQ-9:** Score: 20

notified Physician, Pt refuses to take any other meds

Stages of change: ☐ pre-contemplation ☐ relap ☐ contemplate ☐ prep ☑ act ☐ maint

Intervention

☐ Psych Consult ☐ Physician referral

Psychotropic medications:

Clonazepam

☐ Stress management class

☑ Uses stress management skills

Education:

☑ Coping techniques ☑ S/S depression

☑ Relaxation techniques

Target goal:

Learn to cope with stress and anxiety

Preventative medication:

☑ Aspirin ☐ Clopidogrel

☑ Beta blockade ☑ ACE inhibitor

☑ Statin or other lipid lowering agent

Fall risk assessed: ☑ Yes ☐ No

Assistive device: ☐ Cane ☐ Walker ☐ Wheel chair ☐ Gait belt

none

(Check all that apply) Date: 2-10-20

PSYCHOSOCIAL

Re-Assessment

☐ **Re-assess PHQ-9** **Score:**

Stages of change: ☐ pre-contemplation

☐ contemplate ☐ prep ☑ act ☐ maint ☐ relap

Intervention

☐ Psych Consult ☐ Physician referral

☐ Med change

☐ Stress management class

☐ Uses stress management skills

Education:

☑ Coping techniques ☑ S/S depression

☑ Relaxation techniques

Target goal: ☐ **No progress**

☑ **Appropriate progress**

Preventative medication:

☑ Aspirin ☐ Clopidogrel

☑ Beta blockade ☑ ACE inhibitor

☑ Statin or other lipid lowering agent

(Check all that apply) Date:

PSYCHOSOCIAL

Re-Assessment

Stages of change: ☐ pre-contemplation

☐ contemplate ☐ prep ☐ act ☐ maint ☐ relap

Intervention

☐ Psych Consult ☐ Physician referral

☐ Med change

☐ Stress management class

☐ Uses stress management skills

Education:

☐ Coping techniques ☐ S/S depression

☐ Relaxation techniques

Target goal: ☐ **No progress**

☐ **Appropriate progress**

Preventative medication:

☐ Aspirin ☐ Clopidogrel

☐ Beta blockade ☐ ACE inhibitor

☐ Statin or other lipid lowering agent

(Check all that apply) Date: 3/21/20

PSYCHOSOCIAL

Follow-up/Discharge

Psychosocial Test:

Tool used: **PHQ-9:** Score: 5

Stages of change: ☐ pre-contemplation

☐ contemplate ☐ prep ☑ act ☐ maint ☐ relap

Intervention

☐ Psych Consult ☐ Physician referral

☐ Med change

☐ Stress management class

☐ Uses stress management skills

Education:

☑ **Education goals met**

Target goal: ☐ **No progress**

☑ **Appropriate progress**

☑ **Goal achieved**

Preventative medication:

☑ Aspirin ☐ Clopidogrel

☑ Beta blockade ☑ ACE inhibitor

☑ Statin or other lipid lowering agent

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Exercise

Stages of change

- ☐ Pre Contemplation
- ☐ Contemplate
- ☐ Preparation
- ☑ Action
- ☐ Maintenance
- ☐ Relapse

Ambulatory Status

- ☑ Independent
- ☐ Cane
- ☐ Walker

Exercise Prescription

Mode

- ☑ Treadmill
- ☑ Bike
- ☑ BioStep
- ☑ UBE
- ☐ Elliptical
- ☐ Track

Frequency: 3 times per week/supervised

Duration: 10-15 minutes per piece of equipment

Intensity: 4 to 5 METS: 2.7

Progression: Per THR, RPE and foot pain

THR: 104-147

Angina with Exercise? ☐ Yes ☑ No

Resistance Training? ☑ Yes ☐ No

Hypertension

Diagnosed with HTN? ☑ Yes ☐ No

Resting BP 114/62 Peak Ex BP 142/72

Intervention

Home Exercise ☐ Yes ☑ No

Mode: was discussing with staff

Duration:

Frequency:

Education

- ☑ Equipment Orientation
- ☑ RPE Scale
- ☑ Exercise Safety
- ☑ Wrm Up/ Cl Dwn
- ☑ S/S to Report
- ☑ Physically Active

Target Goal

Continue individual Exercise Rx	☑ Yes	☐ No
BP < 140/90 or < 130/80 if DM or CKD	☑ Yes	☐ No
Aerobic activity 30 + min / day 5 days / wk	☑ Yes	☐ No
Understands Appropriate RPE Range:	☑ Yes	☐ No

Nutrition

Stages of change

- ☐ Pre Contemplation
- ☐ Contemplate
- ☐ Preparation
- ☑ Action
- ☐ Maintenance
- ☐ Relapse

Lipids

☑ Not Available Date:

Total: Trig:

HDL: LDL:

Diabetes

☐ Yes ☑ No

HbA1C: Date:

Monitors BS at Home ☐ Yes ☐ No

Frequency: Random BS:

Weight Management

Weight: 157.80 *lbs*

Height 62 *in*

BMI: 28.9

Goal weight: 140

Alcohol Use: ☑ Yes ☐ No

Type: Beer Amount:

Frequency: socially

Intervention

Dietician Consult/Class:	☐ Yes	☑ No	
Nurse/Patient Discussion:	☑ Yes	☐ No	
Diabetes Ed Referral:	☐ Yes	☐ No	☑ N/A
Discuss Maintenance / Wt Loss	☑ Yes	☐ No	☐ N/A

Dietary Goal:

Education

- ☐ S&S Hypo/Hyper glycemia
- ☐ Relate Diabetes to CAD
- ☑ Eating Healthy

Target Goal

LDL-C <100 if trig. > 200	☑ Yes	☐ No	☐ N/A
LDL-C < 70 for high risk patien	☑ Yes	☐ No	☐ N/A
Non HDL-C Should be < 130	☑ Yes	☐ No	☐ N/A
HbA1C < 7%	☐ Yes	☐ No	☑ N/A
BMI < 25	☑ Yes	☐ No	☐ N/A

Education

Stages of change

- ☐ Pre Contemplation
- ☐ Contemplate
- ☐ Preparation
- ☑ Action
- ☐ Maintenance
- ☐ Relapse

Tobacco Use

☑ Yes ☐ Never

- ☐ Quit < 6 Months
- ☐ Quit > 6 Months

Date Started:

Date Quit: 9/1/2016

Cigs / day:

Smokeless Tobacco: ☐ Yes ☑ No

Intervention

Smoking Cessation Referral	☐ Yes	☐ No	☑ N/A
Ind. Education / Counseling	☐ Yes	☐ No	☑ N/A
Tobacco Adjunct:	☐ Yes	☐ No	☑ N/A

Education

- ☑ Nutrition
- ☑ Risk Factors
- ☐ Pharmacy Consult
- ☑ Stress
- ☑ Exercise / Heart

Target Goal

Complete Tobacco Cessation	☐ Yes	☐ No	☑ N/A
Educate / Review and have understanding of cardiac disease prevention.	☑ Yes	☐ No	
Medication Compliance	☑ Yes	☐ No	

Psychosocial

Stages of change

- ☐ Pre Contemplation
- ☐ Contemplate
- ☐ Preparation
- ☑ Action
- ☐ Maintenance
- ☐ Relapse

Intervention

Psych Consult:	☐ Yes	☑ No
Physician Referral:	☐ Yes	☑ No
Identifies Stressors:	☑ Yes	☐ No
Drug Intervention:	☐ Yes	☑ No

Education

- ☑ Coping Techniques
- ☑ S/S Depression
- ☑ Positive Support System

Target Goal

Assess presence or absence of depression using a valid screening tool: ☑ Yes ☐ No

Use Stress Management: ☑ Yes ☐ No

Adverse Events	☐ Yes	☑ No
Unexpected events	☐ Yes	☑ No

Physician

- ☐ No Changes, Proceed as Tolerated
- ☐ Note the Following:

Physician Signature

REVIEWED BY MEDICAL DIRECTOR

N.A.M. Signature Date / Time

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Individualize Your ITP

- Everything you need to know for exceptional care
- Concise document
- Progress of the patient to goals
- Outline the effectiveness of rehab
- Tell the patient's story

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ITP Review

- Review ITP (a) with your group
  - What stands out?
  - Potential Issues?
  - Positive Highlights?
  - Recommendations to Improve?

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Review Findings

ITP Review

- Review ITP (b) with your group
  - What stands out?
  - Potential Issues?
  - Positive Highlights?
  - Recommendations to Improve?

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Review Findings

Individualize Your ITP

- Tell the patient's story
- Simplify when able
  - Standard items
- Add details to make it relevant to the patient
- Frequent additions create ease of reviews

Thank you!

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