Welcome to the fall edition of the TACVPR newsletter. This newsletter is filled with informative articles addressing a variety of topics including: Certification Corner, Stress Management, Cardiac Rehab Registry, and the fun reasons why you should attend conference (in addition to the educational opportunity), etc! Please take extra time to look at the “Beverly Spraggin’s Award of Excellence” article in this newsletter. This opportunity is for all TACVPR members in memory of Beverly and would not be possible without the generous contribution of Scottcare.

We are well underway in planning the 2013 TACVPR conference. Our conference theme is “Building on the Best... Practices and Principles for your Program”. Obviously, as a board, our goal is to fill you with best practice information that you can take home and apply to you program! Current topics include a hands-on training in Coaching Behavior Change in the Rehab Setting from the Cooper Institute, Motivational Interviewing from the Mayo Clinic, clinical care guidelines regarding new onset atrial fibrillation from the Texas Heart Institute, and other sessions with a focus on “taking tools home”. Your board is working diligently to provide you a quality conference, so mark your calendars for April 12th-13th, 2013 in Allen. I hope to see you all there!

As we have seen in previous reimbursement updates, The Center for Medicare & Medicaid Services (CMS) has announced that effective August 11th, 2012, the contractor workload numbers J4 & J7 will be transitioned to Jurisdiction H (JH) including New Mexico, Colorado, Texas, Arkansas, Louisiana, Mississippi, and Oklahoma. For this reason we are reaching out to states that do not have a state affiliate to invite them to join the TACVPR. We recently have received new memberships from Colorado & New Mexico and would like to welcome them to the TACVPR! We hope to see them in Allen (Dallas) as well!

Several TACVPR members, including myself, represented Texas at the 27th Annual AACVPR conference in Orlando, FL the first part of September. If you have “liked” us on Facebook you probably saw quite a few updates during our time there. Congratulations to one of our TACVPR members, Poppy Patterson, for her achievement of becoming an AACVPR Fellow. If you are not aware, there are quite a few TACVPR members that serve on national committees. Lastly, several TACVPR members had poster presentations on display. It was great to see the involvement that Texas has at the national level!

As always, we will continue to work to help keep you, our membership up to date on any changes that occur throughout the year. Don’t forget to utilize our website, www.tacvpr.org, as a resource and if you have not done so be sure to “like” us on Facebook. I hope you enjoy the enclosed newsletter and find the information we’ve included helpful in your daily practice. Please remember, if you are interested in writing an article for the next newsletter, please email Julie Dunagan at membership@tacvpr.org. Enjoy the fall and upcoming holiday season!

Dean Diersing, MS, ACSM-HFS
TACVPR President 2012-13

To join or renew your TACVPR membership you may sign up online or download a printable membership application at www.tacvpr.org

Annual dues are $45/person
(Membership is good January-December yearly)
Plans are underway for the 2013 TACVPR conference to be held at the Marriott Dallas-Allen Hotel at the John Q. Hammons Center on April 12th & 13th. With our theme being “Building on the best... Practices & Principals for your program”, this is sure to be a conference you don’t want to miss with many take home messages!

Speaker Topics
We are working on securing great speakers who will talk on a variety of topics for both the cardiac and pulmonary professional. Some of the topics include:

► Coaching Behavior Change in the Rehab Setting – Cooper Institute (see last page)
► Food Addiction by Jenny Adams Ph.D.
► Development & Implementation of ITPs (Cardiac & Pulmonary Specific)
► New Onset A-Fib: Anticoagulation Protocol’s U.S. vs. Europe by Ambar Andrade, MD
► AACVPR Certification/Recertification Workshop presented by Barb Flato
► and many, many more

CEU’s – 8 to 12 continuing education credits are being applied for through the Texas Nursing Association, the credits are transferable to the Respiratory Therapist, Exercise Physiologist, and Physical Therapist

Congratulations to Poppy Patterson who became a new AACVPR Fellow at the 2012 National Conference in Orlando. We are proud of you Poppy!!
CERTIFICATION CORNER
By: Barbara Flato MSN, RN-BC, FAACVPR

The AACVPR Cardiac and Pulmonary Rehabilitation Program Certification process is the only peer-reviewed accreditation process designed to review programs based on their alignment with the latest evidence-based medicine, expert opinion, current regulations and measurement of individualized outcomes, and to recommend certification based on that review. Are you ready to apply for AACVPR Program Certification? Cycle IV of the online certification process will begin on December 3, 2012. Now is a good time to do a quick self assessment of your program. Download the draft application and review the data you will be asked to submit.

Do you have competencies specific to your program? Beginning this cycle, programs must provide evidence of annual assessment of clinical/professional staff competency 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] and the Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals (2007) [http://www.aacvpr.org/Portals/0/resources/professionals/clincal_comp_pr_07.pdf]

Are your Individual Treatment Plans a living breathing SINGLE document that tells the story of your patient’s journey through your program? Are you documenting your assessment, patient goals, interventions, and reassessments at least once during the program and at discharge? Do your physicians review every patient’s exercise prescription with the required five elements of mode, intensity, frequency, duration, AND PROGRESSION and sign off on the treatment plan every 30 days?

Are you holding emergency in-services that help to ensure staff are ready to act on any one of the nine medical emergency policies required in your program? Are those policies and procedures reviewed every year by your Medical Director and Program Director?

Finally, does your program not only collect appropriate outcomes for your patient population but act on the data once you have determined what it means for your patients and your overall program? Do you need to change your education strategy? Do you need to begin a support group?

Do you need help perfecting your treatment plan? Would you like to see examples of best practices around the country? Not sure if your emergency policy on hypoglycemia meets certification criteria? Do you wonder why collection of outcome data is required for certification? Good News!! The certification committee now consists of 3 arms – the Application Review Team, the Expert Panel, and the Mentorship team. In the near future you will begin seeing links provided by the Expert Panel to evidence based research, regulatory requirements and expert opinions that will help guide you in process improvements to your program. The Mentorship Team will be available to assist in developing processes that meet the minimal requirements of program certification but more importantly can assist in improving the quality of your program. It is an exciting time to be part of the certification process. Texas is proud to have a strong voice in this process with Laura Raymond as the incoming co-chair of the Application Review Team and Barb Flato as the chair of the Mentorship Team as well as Poppy Patterson as a seasoned reviewer. We welcome questions or comments regarding the certification process and look forward to welcoming many more certified Texas programs at the end of Cycle IV.
The TACVPR Board of Directors met on August 9, 2012 at the BAYLOR HEART HOSPITAL Baylor Plano. One board member was absent. The current membership and budget were reviewed. Currently, TACVPR has 179 members. The program directory has been updated to only include those programs that have TACVPR members. Newsletter articles were assigned. The Rocky Mountain Cardiopulmonary Rehabilitation Association has dissolved; discussed plan to invite their members to TACVPR. Discussed more details on the Beverly Memorial Fund. Twyla reported on the most recent JH MAC meeting. Trailblazer lost the contract, so on November 19th, Novitas will take over the contract for the J4 MAC. The Strategic Map was updated. A decision was made to not be an AACVPR Sponsor this year. Finally, the board spent time planning for the TACVPR Annual Conference. Please look at the article, which includes exciting information for the upcoming conference. The next meeting is scheduled for November 1, 2012.

NEW TO TACVPR....
Beverly Spraggins Award of Excellence

Beverly Spraggins has been the face of ScottCare in Texas for the past 20 years. We were devastated to learn of her sudden and unexpected death on April 2, 2012. Many of us were her customers but so much more. She was the ScottCare Rep to many of us but so much more. She was a friend to everyone she met, never having a bad thing to say about anyone... even her competitors.

For years, Beverly and ScottCare have been one of TACVPR's strongest supporters and sponsors. Even in years when the economy wasn't the best, Beverly managed to convince the ScottCare leadership that Texas was VERY IMPORTANT to ScottCare and they damn well better come up with sponsorship money. And after she got what she wanted, which she always did, she would spend her own money to make amazing, colorful, creative decorations for whatever event they were sponsoring that year and ensure there was always a beautiful basket to give away at the end of every conference.

The Beverly Spraggins Award of Excellence is given in recognition of outstanding contribution by an individual, or program, in the field of cardiac and/or pulmonary health and rehabilitation. This award is intended to identify an individual TACVPR member, or program, who is motivated to improve the lives of patients and their families, as well as the practice of cardiac and/or pulmonary rehabilitation. The recipient should demonstrate the ability to lead by example and is a role model for professionals as well as patients.

Be looking forward to more information on how to apply for this award in the upcoming months. We will begin accepting applications starting December 1st – March 1st.
Each patient we face will have a different story and different healthcare needs. One thing we can expect all patients to have in common is the feeling of experiencing stress from time to time. Everyone perceives and copes with stress differently. A stressor is anything that poses a threat to psychological or physical well-being (Benson & Stuart 1992). When a stressor is perceived, the sympathetic nervous system activates, preparing the body to flee danger or attack an opponent. Heart rate, blood pressure and muscular tension increase in response to the sympathetic stimulation (Ornish, 1990). Up to a point, stress can be beneficial and increase performance, but when felt chronically it can become detrimental to health (Benson & Stuart, 1992). Stress may cause or augment the disease process by contributing to hypertension, atherosclerosis, coronary artery disease, and anxiety disorders (Everly 1990).

We can help our patients heal by introducing stress management techniques as part of their healthcare plan. Research has shown improvements in physical and psychological well-being by practicing various relaxation techniques including: yoga, Tai Chi, progressive muscle relaxation, and deep breathing.

Similar to prescribing medication; prescribing stress management techniques will differ from patient to patient. With more options in ways to manage stress, the more likely we will be as health care providers to find an enjoyable technique for our patients. LifeMoves™ is a newly introduced stress management technique that incorporates slow hand gestures in geometric shaped patterns paired with meditative music. LifeMoves™ facilitates a feeling of calmness in the body and the mind.

Chair yoga is also an appropriate way to induce a state of calmness in patients. The chair is used for support and allows the practitioner to modify various yoga poses to accommodate to the patients’ needs. LifeMoves™ and chair yoga are appropriate for cardiac rehabilitation patients. Both methods are gentle and can be performed while seated.

LifeMoves™ and chair yoga were studied in the unpublished masters thesis (not peer reviewed), “LifeMoves™ effect on blood pressure, heart rate, respiratory rate, and perceived stress. The current study measured physiological and psychological markers of stress. Systolic blood pressure (SBP), diastolic blood pressure (DBP), heart rate (HR), respiratory rate (RR), and perceived stress (measured via VAS) were measured 5 minutes prior-to and 5 minutes post 10 minute interventions of LifeMoves™ and chair yoga. Subjects were also asked to sit quietly for 10 minutes and have the markers of stress recorded 5 minutes prior-to and immediately post sitting for the control.

SBP, RR, and perceived stress each displayed a significant reduction (p<0.05) pre-to-post test, however, no significant difference in stress reduction among the three treatments was found. DBP and HR was not significantly reduced (p>0.05).

This study found 10 minutes of LifeMoves™, chair yoga, and simply sitting quietly while removed from external stimulation can help lower physiological and psychological markers of stress.
I had the pleasure of speaking at your annual conference last April in Austin on the Cardiac Rehab Registry Project. I'm happy to announce that the Registry successfully launched on June 25th. The launch was a culmination of over 2-years of work by the Registry Committee and contractors. To date, nearly 400 programs are participating in the Registry. The Registry was primarily developed to help programs manage their outcomes data. One of the main benefits of the Registry is to provide benchmarking information so programs can compare their outcomes performance to other programs. Programs will have the ability to compare their data several ways -- to programs of like size, programs in their state, or to all the programs within the database. This benchmarking will help programs identify areas to focus quality improvement activities with the overall goal of improving patient care.

The Registry is a web-based application and currently tracks over 200 data points. However, there are only a handful of mandatory data points - for the most part, you can pick and choose things that you want to track. For those of you already involved in tracking outcomes, the indicators and tools used in the Registry should be very familiar. The Registry is very easy to navigate and enter data - wherever possible, dropdown menus are used to limit typing. We've also incorporated features that will help limit mistakes in the data entry process. The Registry offers a great deal of flexibility as you can enter data and run reports whenever you want. The Registry will also be linked to Program Certification/Recertification so if you are participating in the Registry, the outcomes portion of Cert/Re-cert will be easily transferred over.

For more information on the Cardiac Rehab Registry please go to: https://www.aacvpr.org/Resources/OutpatientCardiacRehabDataRegistry/tabid/422/Default.aspx.

Those of you going to the National Conference in Orlando, make sure you attend the Registry break-out session on Thursday, September 6th at 11:00. If you have any additional questions please contact me at: mmcnamara@mt.gov.

Stay tuned for the Pulmonary Rehab Registry - kick-off is schedule for Spring, of 2013.
Breakfast Porridge
By: Brigid K. McVaugh, MS, RD, LD

Winter will come to Texas...one day! When it does, hot cereal starts to sound good for breakfast. This one, adapted from a Weight Watchers recipe, is very versatile. Vary the flavor by adding different dried fruits (raisins, cranberries, snipped apricots). You can use any kind of milk (soy, rice, almond). Nutrition information was calculated using skim milk. Dried fruits add more calories, carbs and fiber. Adding nuts adds more calories, fat and a bit of protein. If you add more milk, margarine or brown sugar to serve this, be sure to count those calories, too. (Cinnamon is free!)

1 1/2 cups skim milk
1/4 cup quick barley
1/4 cup bulgur
1/4 cup old-fashioned oats (not quick or instant)
Pinch salt

Bring milk and salt just to a boil. (Be careful - this scorches very easily.) Stir in grains. Reduce heat and simmer, stirring frequently, until milk is absorbed and grains are tender, but still chewy, about 10 minutes.
Remove from heat. Serve sprinkled with a sprinkle of cinnamon and brown sugar, if desired. You can also add a dot of margarine and a sprinkle of nuts.

Nutritional Analysis (per serving)
Serves 2 - 3
For 3 servings, each contains:

147 kcal
4.1 g fiber
.6 g fat
7.6 g protein
29 g carbohydrate
<10 mg sodium with no salt, 152 mg if you use a pinch

Our contact information has changed. We have new emails addresses that will allow us to respond to you sooner.
Please send emails to the appropriate email addresses below:

president@tacvpr.org
conference@tacvpr.org
membership@tacvpr.org
communications@tacvpr.org
CRCinfo@tacvpr.org
Prinfo@tacvpr.org
TACVPR Recruit-A-Pal (RAP) Program

What is the RAP Program?
This program starts January each year and continues through December. For each new person you recruit to join the TACVPR or to attend the conference you earn points. You may also earn points for an approved poster presentation. (A new person is someone who was not a member over the past year nor attended the previous conference).

The Point System:
1 point each new member recruited between January to December
2 points each new person brought to conference
1 point an approved poster presentation

The AWARDS:
5 points earns a free membership for a year
7 points earns a free conference fee for the following year

Be sure to have your name put in the referring person place on the membership form and the conference registration form.

TACVPR Recruit-A-Vendor (RAV) Program

What is the RAV Program?
This program will begin each year at the close of conference and continues to the start of conference the next year. For each NEW vendor and/or sponsor name you send to the TACVPR Board to contact as potential vendors or sponsors for the upcoming conference, your name will be placed in a drawing for one free conference registration (excluding membership). The winner will be drawn at the 2013 conference to win registration for the 2014 conference.

The FIRST person who recommends any NEW vendor or sponsor who contributes $500 or more to the TACVPR, will receive one free conference (excluding membership). When contacting a vendor or sponsor, be sure they include your name on all forms as the referral person. All recommendations will be dated and timed upon receiving them. Monies must be received for prize to be awarded.

The program is available to all members of the TACVPR.

Email the following information to exhibitor@tacvpr.org:
NAME OF COMPANY
CONTACT PERSON
CONTACT INFORMATION
PHONE NUMBER
FAX NUMBER
EMAIL ADDRESS
Looking for a job in Cardiac or Pulmonary Rehabilitation? Visit the “Job Opportunities in TX” tab on the TACVPR website at [www.tacvpr.org](http://www.tacvpr.org)

Is Your AACVPR Membership Up to Date?
AACVPR membership dues expired June 30th - Don’t forget to renew!
Membership fees: $199 for professionals & $80 for students
Go to [www.aacvpr.org](http://www.aacvpr.org) to join or renew your membership

Texas Members Serving on AACVPR National Committees

We want to recognize our TACVPR members who serve on national committees and thank them for dedicating their time help Texas to become more involved with AACVPR.

- **Erika Abmas, RRT**
  - Reimbursement Committee
- **Dean Diersing, MS**
  - Web Oversight Committee, Membership & Affiliate Relations Committees
- **Julie Dunagan, MS, FAACVPR**
  - Education Committee, Membership & Affiliate Relations Committee
- **Barbara Flato, MSN, RN-BC, FAACVPR**
  - Certification/Recertification Committee
- **Poppy Patterson, RN, BBA**
  - Certification/Recertification Committee
- **Laura Raymond, RN, FAACVPR**
  - Certification/Recertification Committee
- **Twyla Selvidge, MS**
  - Reimbursement Committee
- **Pedro Recalde, MS, MBA, MHA**
  - Certification/Recertification Committee

If you are interested in serving on an AACVPR committee, visit [www.aacvpr.org](http://www.aacvpr.org) for more information.
2012-2013 TACVPR
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President: Dean Diersing, MS
University Medical Center

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Bernice Ware, RN
Memorial Hermann Northwest Hospital

Interested in serving on the TACVPR Board of Directors?
Contact us at communications@tacvpr.org for more information.
Tired of telling patients they need to change? Take a new approach

In this half-day pre-conference workshop Coaching Behavior Change in the Rehabilitation Setting you’ll:

- Learn to use “behavior change” coaching techniques in the rehabilitation setting.
- Identify the best approach to coaching based on a patient’s readiness to change.
- Discover tools to identify barriers, develop solutions, change negative thinking patterns, improve accountability/adherence and prevent relapse.

And you’ll have the opportunity to earn CMEs.
WORKSHOP DATE: April 12, 2013

The Cooper Institute
CooperInstitute.org