

Role of the Program Director

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Program Director

Program Coordinator

Program Manager

Who Is A Program Director?



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Clinical Leader

Business Leader

ACSM
Program Director
Certification



Program Director Minimum Qualifications

- Bachelor's degree in allied health or licensure
- Advanced knowledge of exercise physiology, nutrition, risk factor modification, counseling techniques, education
- Experience with staff coordination
- Experience delivering secondary prevention services
- American Heart Association BCLS or ACLS
- ACSM Clinical Exercise Specialist certification or equivalency; ANCC certification; APTA advanced specialty in C-P rehabilitation

Areas of Responsibility

- Administer a clinical program
- Staff and program organization
- Develop & explain operating & clinical policies
- Relate to medical director, referring physicians & administrators
- Develop strategies for enhancing understanding of the role of the program & cardiac rehabilitation
- Understand the development & implementation of a patient treatment plan

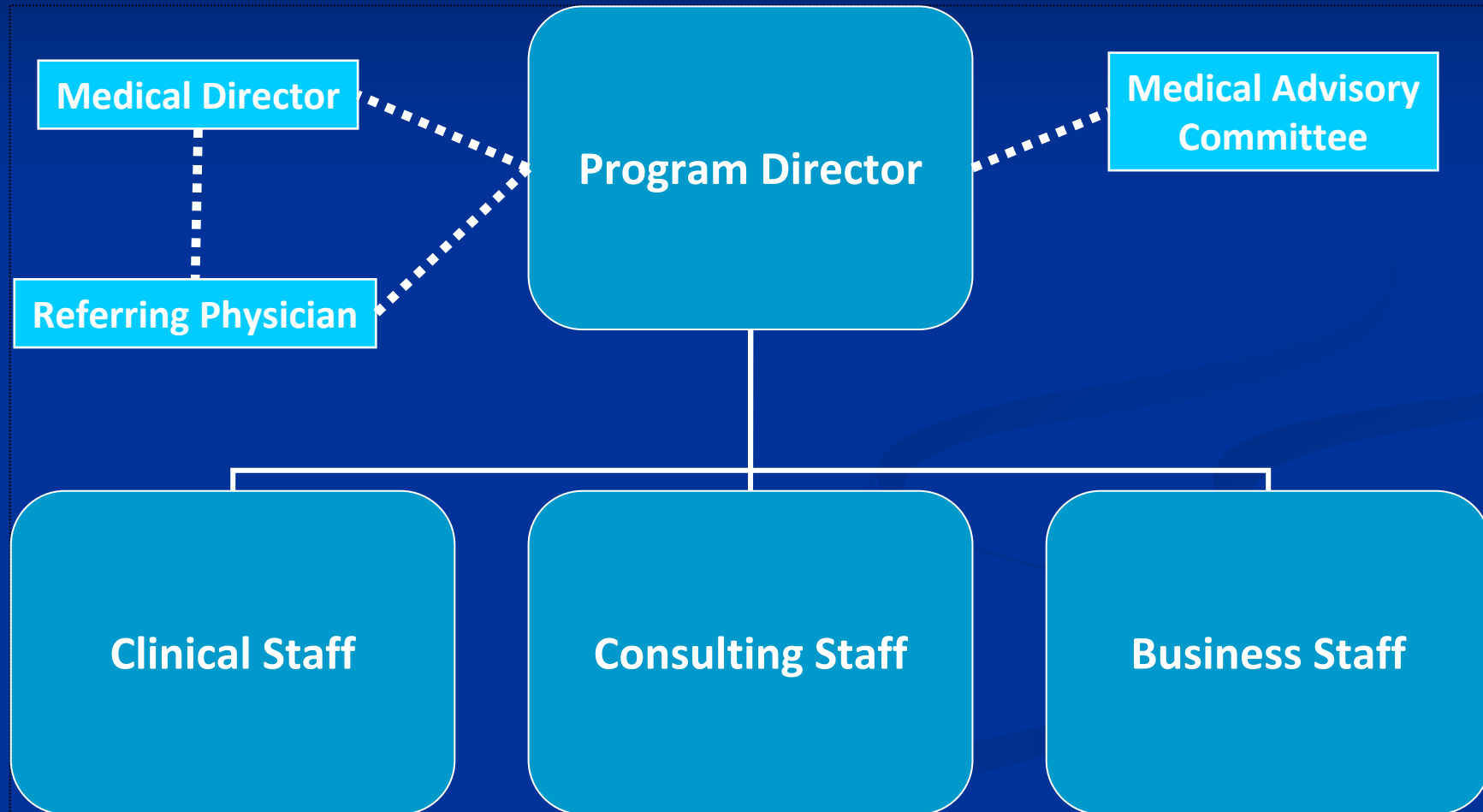
1. Administer Clinical Program

- Personnel
 - Multidisciplinary team & business staff
- Budget & finance
 - Develop and monitor program budget
- Reimbursement
 - Rules & regulations; compliance
- Clinical protocols & content (with medical director)
- Program outcomes & continuous quality improvement

2. Staff & Program Organization

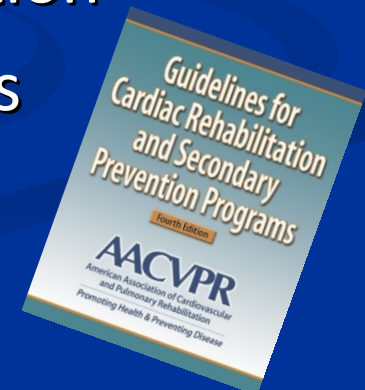
- Diagram & explain the organizational chart and staff relationships
 - PD, medical director, referring physician, clinical staff, business staff
- Continuing education of staff
- Explain how the program relates to the overall hospital organization and services, and specifically, to the continuum of cardiovascular care

Sample Organization



3. Operational & Clinical Policies

- Operational/administrative manual & policies
 - Staff qualifications; risk management
- Clinical manual & policies (in cooperation with medical director)
 - AACVPR guidelines; program core components; current clinical guidelines & statements for lipids, glucose, blood pressure, body composition
 - Patient education materials & processes
 - Individual and program outcomes
 - Emergency response protocol



Core Components of Cardiac Rehabilitation/Secondary Prevention Programs: 2007 Update

A Scientific Statement From the American Heart Association Exercise, Cardiac Rehabilitation, and Prevention Committee, the Council on Clinical Cardiology; the Councils on Cardiovascular Nursing, Epidemiology and Prevention, and Nutrition, Physical Activity, and Metabolism; and the American Association of Cardiovascular and Pulmonary Rehabilitation

Gary J. Balady, MD, FAHA, Chair, Mark A. Williams, PhD, Co-chair, Philip A. Ades, MD, Vera Bittner, MD, FAHA, Patricia Comoss, RN, Jo Anne M. Foody, MD, FAHA, Barry Franklin, PhD, FAHA, Bonnie Sanderson, RN, PhD, and Douglas Southard, PhD, MPH, PA-C


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Circulation 2007;115:2675-82

10 Core Components

- Patient assessment
- Nutritional counseling
- Weight management
- BP management
- Lipid management
- Diabetes management
- Tobacco cessation
- Psychosocial management
- Physical activity counseling
- Exercise training

1. Evaluation 2. Interventions 3. Expected Outcomes

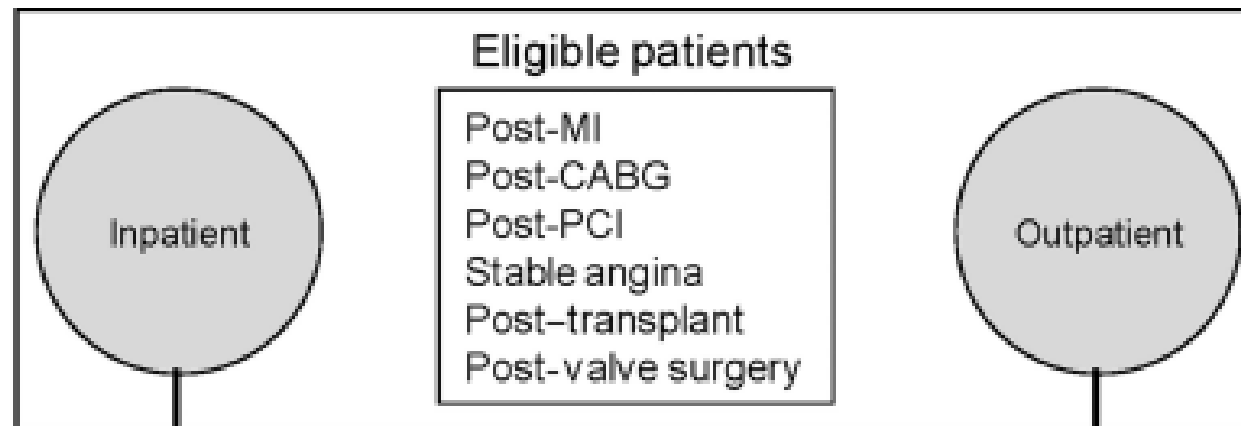


AACVPR/ACC/AHA 2007 Performance Measures
on Cardiac Rehabilitation for Referral to and
Delivery of Cardiac Rehabilitation/Secondary
Prevention Services

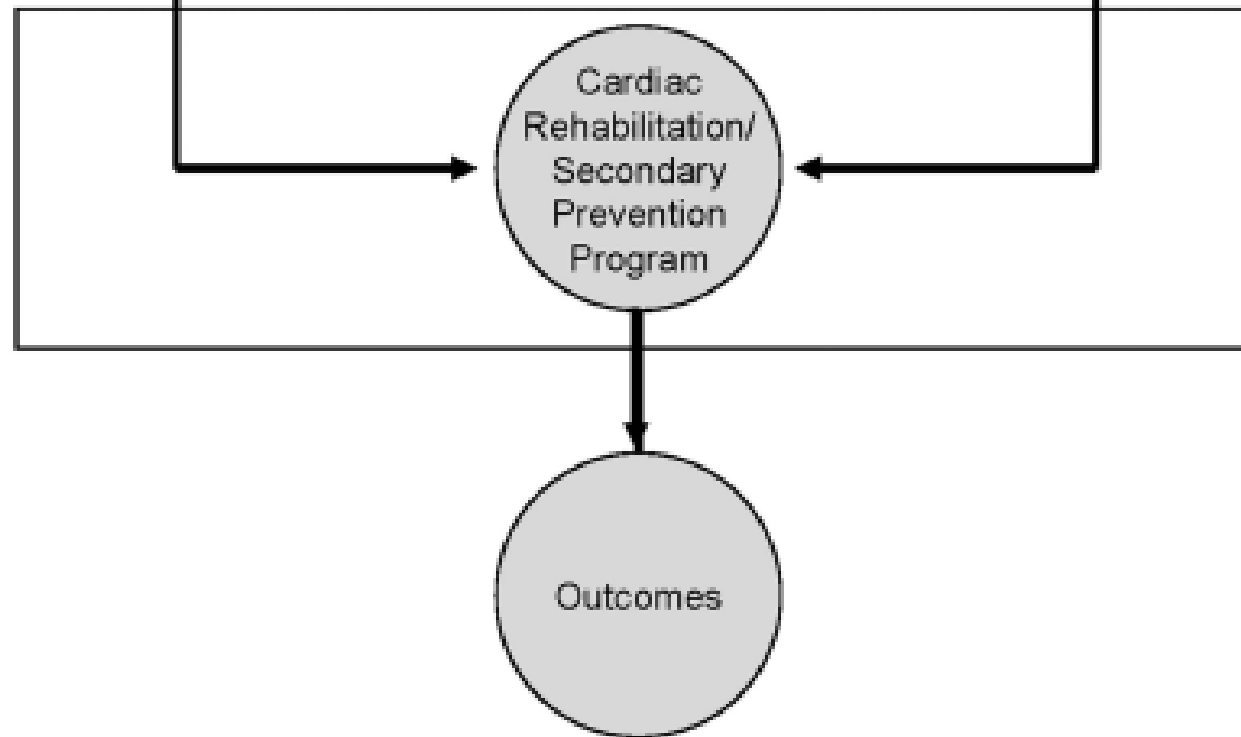
Randal J. Thomas, MD, MS, FAHA, Marjorie King, MD, FAACVPR, FACC, Karen Lui,
MS, RN, FAACVPR, Neil Oldridge, PhD, FAACVPR, Ileana L. Piña, MD, FACC,
John Spertus, MD, MPH, FACC, and the ACC/AHA Task Force Members

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Set A



Set B



4. Clinical Policies & Procedures

- Components of new patient intake
- Exercise prescription
- Exercise training
- ECG monitoring
- Clinical events
 - Chest pain, dysrhythmias, ECG ischemia, BP, low/high glucose values, weight gain, symptoms
- Lipid measurements & reporting
- Content & frequency of progress reports
- Content of medical record
- Patient outcomes
- Emergency response protocol
- Equipment maintenance

5. Program Relations

- Professional teamwork with program's medical director; "leadership team"
- Develop & maintain lines of communication with referring physicians & other medical staff
- Relate to hospital administrators; advocate for the program

6. Enhance Understanding of the Program & Cardiac Rehabilitation

- Increase knowledge about and importance of cardiac rehabilitation on the part of medical staff & hospital administrators
- Market the program to referring physicians and other key medical staff
- Educate the public about the benefits of cardiac rehabilitation
- Educate local health insurance companies about the benefits of cardiac rehabilitation

7. Patient Treatment Plan

- Design a plan format that conforms to current guidelines and program structure
- Provide for monitoring process; responsibility & accountability
- Periodic staff and medical review

Program Director Summary

- Hybrid
- Senior level; usually with clinical training and expertise
- Combined with business skills including personnel management
- One of the key persons for the overall success of the program

**Thank
You**

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