FISHER COUNTY HOSPITAL DISTRICT

Administration: Pulmonary Rehab P & P	Policy # 044 -
Subject: Reports / Record Keeping	Reviewed/Revised: 9/2026
Written: Unknown Last Revised: 8/22	Approved by Medical Staff: Date: 9/16/26
	Approved by Governing Board: Date: 9/28/26

SECTION 1: Purpose

1.1 To establish guidelines for the dissemination of the collected data aimed at continual improvement of the pulmonary rehab conditioning program.

SECTION 2: Policy

2.1 To "close the loop" of monitoring and evaluation, the following information is reported to the appropriate individuals and groups regarding the various QI indicators being addressed:

A. Conclusions
B. Recommendations
C. Actions
D. Follow-up

2.2 Reports will be submitted to the following on a monthly basis:

A. Quality Improvement Committee who meets monthly at the Medical Staff meetings.

2.3 Reports will include, but are not limited to, the following information:

A. Number of days or sessions in operation for the month
B. Total number of Pulmonary Rehabilitation participants
C. Total number of new Pulmonary Rehabilitation participants
D. QI indications are currently being addressed.
E. Conclusions, actions, results, and recommendations regarding current QI studies

2.4 Any other information or data requested by the above committees or persons may be incorporated into monthly reports at any time.

2.5 Reports summarizing the quarterly data will be submitted annually.

Record Keeping
SECTION 1: Purpose

1.1 To establish guidelines for initiating, identifying forms, completing, and storing participants' Pulmonary Rehabilitation records to ensure that all necessary information is available and written.

1.2 Forms will be designed by the Pulmonary Conditioning Team that meets goals of clarity and efficiency.

1.3 It is the responsibility of all team members to continually search for areas in which forms can be improved. This is presented to the Pulmonary Conditioning Team for review and consensus approval.

1.4 Forms will be consistent with the hospital's medical record guidelines regarding the content or format of the Pulmonary Conditioning Charts.

SECTION 2: Policy

2.1 Inpatient records will be maintained according to hospital policy and approved medical records committee before being inserted into the hospital charts.

2.2 Inpatient Pulmonary Rehabilitation data, both activity and education, are recorded on an easy to use flow sheet. This is further documented in the Policy and Procedure for inpatient programs.

2.3 All participants involved in outpatient programs will have a complete chart which includes, but is not limited to, the following:

A. Admission Records:
   1. Physician referral
   2. Physician history and physical including diagnosis, lab, X-Ray, ECG, and other reports as indicated
   3. Nursing and PT staff assessment (if performed), evaluation and plan of care. **Includes baseline ECG rhythm strip.**
   4. Participant administration health history form
   5. GXT: Must be within past 6 months and post significant incident
   6. Exercise RX
   7. Exercise precautions, limitations, and plans
   8. Risk factor modification plan/Rx
   9. Informed consent
   10. Orientation checklist

B. Medical records release form
C. Previous records that apply
D. Daily participant records:
   1. Exercise data

The Pulmonary Rehab Supervisor is responsible for maintaining complete and accurate records for each patient, including attendance, dates of service, activities performed, vital signs, and any complaints, concerns, or incidents that occur during Pulmonary Rehab sessions.

Any incident occurring during a Pulmonary Rehab session must be documented in an FCHD Incident Report in addition to the internal Pulmonary Rehab report. Both reports shall be completed promptly and submitted for appropriate review in accordance with FCHD policy.