



Cardiac Systems of Care

Where does our hospital fit?

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What we will cover today



Introduction to American Heart Association and The Joint Commission collaboration

Introduction to the Heart Attack Centers

- Acute Heart Attack Ready (AHAR)
- Primary Heart Attack Center (PHAC)

Get With The Guidelines® - Coronary Artery Disease

Comprehensive Cardiac Center (CCC)

A look at the Onsite Review

What are the Steps to Becoming Certified?

Question and Answer



The Joint
Commission



American Heart
Association

C E R T I F I C A T I O N

Advanced Cardiac Certifications

The “Why”: Heart Attack Systems of Care



Each year, an estimated 785,000 Americans will have their **first** heart attack

Each year, an estimated 470,000 Americans will have **another** heart attack

Every 25 seconds an American will have a coronary event

Every 39 seconds someone dies from heart disease and stroke

Heart Attack Center Certifications



Evolution of Heart Attack Center Certifications

The American Heart Association and The Joint Commission combine key expertise in formalizing systems of hospital and pre-hospital care and implementing structure to promote patients receiving the **right care** from the **right facility** at the **right time**

Certification scope and focus will continue to expand to effectively meet the needs of all cardiovascular patients and address latest science



Elevating Cardiac Care Across the Continuum



The New Paradigm – TJC/AHA

The Joint Commission offers a wide array of programs across every cardiac care touch point to help you create and sustain a truly patient-centric quality framework.

Key collaborations with the American Heart Association include:

- **Acute Heart Attack Ready**
- **Primary Heart Attack Center**
- **Comprehensive Cardiac Center Certification**
- ***Advanced Certification in Heart Failure****



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CERTIFICATION

Advanced Cardiac Certifications

Certifications in the Cardiac System of Care

Acute – Primary – Comprehensive

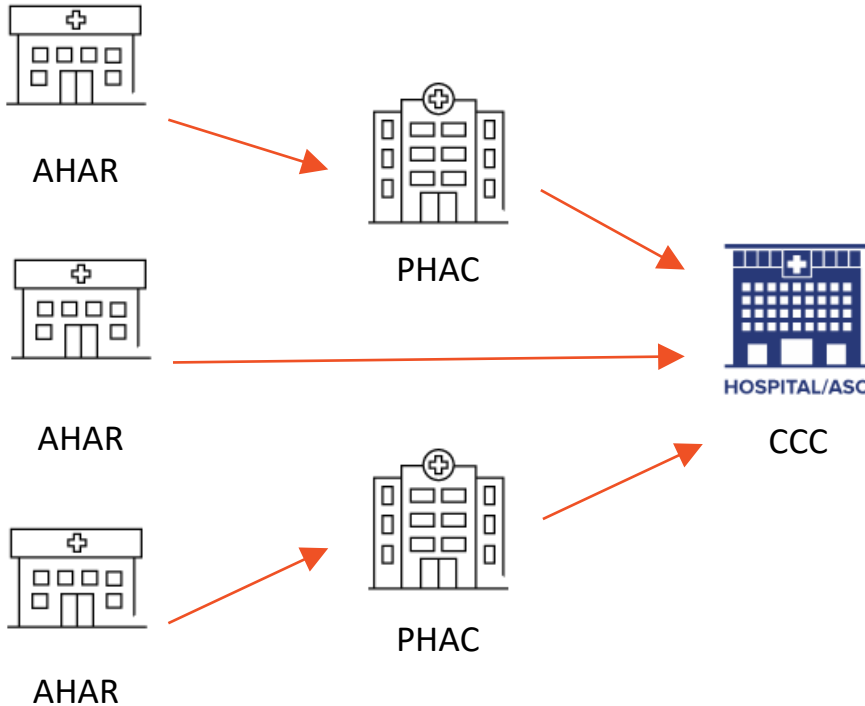


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American Heart Association

CERTIFICATION

Advanced Cardiac Certifications



Comprehensive Cardiac Center

- *UA, NSTEMI*
- *STEMI Receiving (PPCI)*
- *CABG*
- *Resuscitation / Temperature*
- *Valve Repair/ Replacement*
- *Electrophysiology services and devices*
- *Heart Failure*
- *Cardiac Rehab*

**Acute Heart
Attack Ready**

*STEMI Receiving
OR Referring/
Receiving*

**Primary Heart
Attack Center**

*STEMI
24/7 Receiving
With volumes*

Joint Commission Cardiac Certifications



By harnessing The Joint Commission's expertise with disease specific care certification, and the scientific expertise and services provided by the American Heart Association, these four certifications offer a host of benefits that are truly unique in the cardiac space.

Value of Certification

- Demonstrate commitment to a high standard of service
- Provide a framework to improve patient outcomes
- Helps to organize teams across the continuum of care
- Gain a competitive edge in the market
- Be recognized by insurers and other third parties
- Enhance staff recruitment and development
- Access to an online community, education, resources, quality improvement consultants, a marketing toolkit, and the opportunity to participate in an advisory group



These certifications are offered in collaboration with the American Heart Association.

Certification with The Joint Commission

Achieving Excellence Beyond Accreditation



The Power of a Single Certification Provider

With a suite of certification offerings covering your entire spectrum of services, The Joint Commission provides some unique benefits



- Alignment and continuity of performance improvement between service lines
- Avoiding costly and inefficient disparate processes
- Creating seamless logistical implementation
- Tailoring certification efforts to your specific needs
- Establishing a unified platform for consistent care delivery

Heart Attack Center Certifications



Acute Heart Attack Ready (AHAR)



Receiving OR Referring center, may or may not provide on-site primary percutaneous coronary intervention (PPCI) coverage for STEMI patients

- For accredited and non-accredited hospitals and critical access hospitals (including freestanding emergency departments that are part of a hospital)
- Participates in the Get With the Guidelines® — Coronary Artery Disease registry
- The program is offered in a hospital that is designated a smoke free campus
- No prescribed hospital or provider volumes



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Acute Heart Attack Ready

Acute Heart Attack Ready (AHAR)

Key program participants (DSPR.1):

- Medical Director/STEMI Coordinator/STEMI Team
- EMS/Transport Agencies

Education (initial + ongoing) (DSDF.1):

- Interdisciplinary & Collaborative
- Medical Director /STEMI Coordinator/STEMI Team/EMS/Transport Agencies
- Specific to STEMI recognition, identification, treatment protocols



Acute Heart Attack Ready (AHAR)

PCI (if available) and/or transfer for PCI (DSDF.5)

- Primary PCI is the standard reperfusion strategy
- Transfer plan (required):
 - Rapid transfer to STEMI receiving center
 - Transportation strategy (primary + back-up)
 - Documentation of expectations and review of outliers: (time of call, time of transport)

Fibrinolytic therapy (DSDF.5)

- Standard reperfusion therapy when transfer not achievable
- Arrival to fibrinolytic administration within 30 minutes or less
- Checklist + process for fibrinolytic ineligible patients

Acute Heart Attack Ready (AHAR)

Triage (DSPR.5):

- Chest pain signs and symptoms: Typical and Atypical
- EKG goals – within 10 minutes of arrival

STEMI alert/call system (DSPR.5):

- Standardized process – single activation
- Catheterization laboratory team activation, if available
- Collaboration with EMS to coordinate pre-hospital care, STEMI alert/notification



Acute Heart Attack Ready (AHAR)

Community (DSPR.3):

- Outreach program on STEMI care to promote public awareness and education
- Documentation examples (required)

Performance Improvement/Quality:

- STEMI protocols/order sets
- Interdisciplinary team meetings (DSPR.2)
 - At least quarterly
 - Content: operational issues, solutions, metrics
 - Documentation (required) – attendance records, meeting minutes

Acute Heart Attack Ready (AHAR)



Registry Participation: Get With the Guidelines® - Coronary Artery Disease

Performance Measures reported to The Joint Commission:

- AHAR-01: ECG within 10 Minutes of Arrival
- AHAR-02: Arrival to Thrombolytics within 30 Minutes
- AHAR-03: Arrival to Transfer to PCI Center within 45 Minutes (Door In—Door Out: Referring Hospital)
- AHAR-04: EMS First Medical Contact (FMC) to PCI < 90 Minutes (for AHARs that provide any PCI coverage for primary PCI)

Data required for Application:

- No Performance Measure data required for TJC at time of Application
- Most recent 4 months of Performance Measures prior to initial onsite review

Primary Heart Attack Center (PHAC)



Receiving Center - Provides on-site primary percutaneous coronary intervention (PPCI) coverage for STEMI patients 24 hours a day, 7 days a week

- For accredited and non-accredited hospitals and critical access hospitals (including freestanding emergency departments that are part of a hospital)
- Participates in the *Get With the Guidelines*[®] — Coronary Artery Disease registry
- The program is offered in a hospital that is designated a smoke free campus
- Meets prescribed Hospital and Provider volume requirements



Primary Heart Attack Center



Interventional Cardiologist Volume Requirements

- **Only** for those interventional cardiologists performing primary PCI for STEMI
- 50 **PCI**, with **11** Primary PCI procedures per year (may be averaged over a two-year period)
- This total includes all PCIs, including those performed externally from the applicant hospital



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Primary Heart Attack Center

Heart Attack Center Certifications



Hospital Volume Expectations – 2 alternatives

- Perform a minimum of 150 **PCI** procedures, and 36 **primary PCI** procedures over the previous four rolling quarters
- PHACs that have not performed these volumes must provide:
 - Process for interventional cardiologists to closely monitor clinical outcomes
 - Examples of STEMI systems of care processes/protocols in place
 - Formal association with a larger facility(ies)
 - For sites without on-site surgery: formal agreement(s) + transfer plan/protocol
 - Rotation schedules



Primary Heart Attack Center (PHAC)

Universal Patient Acceptance (DSDF.5)

- Simultaneous STEMI patient treatment plan
- NO DIVERSION plan
- Universal Acceptance of transfer STEMI patients

Fibrinolytic therapy (DSDF.5)

- Arrival to fibrinolytic administration within 30 minutes or less



Primary Heart Attack Center (PHAC)

Triage (DSPR.5):

- Chest pain signs and symptoms: Typical and Atypical
- EKG goals – within 10 minutes of arrival

STEMI alert/call system (DSPR.5):

- Standardized process – single activation
- Catheterization laboratory team activation, if available
- Collaboration with EMS to coordinate pre-hospital care, STEMI alert/notification



Primary Heart Attack Center (PHAC)

Community (DSPR.3):

- Outreach program on STEMI care to promote public awareness and education
- Documentation examples (required)

Performance Improvement/Quality:

- STEMI protocols/order sets
- Interdisciplinary team meetings (DSPR.2)
 - At least quarterly
 - Content: operational issues, solutions, metrics
 - Documentation (required) – attendance records, meeting minutes

Primary Heart Attack Center (PHAC)



Registry Participation: Get With the Guidelines® - Coronary Artery Disease

Performance Measures reported to The Joint Commission:

- PHAC-01: ECG within 10 Minutes of Arrival at This Receiving Center
- PHAC-02: Primary PCI \leq 90 minutes
- PHAC-03: EMS First Medical Contact (FMC) to PCI $<$ 90 minutes
- PHAC-04: Arrival at First Facility to Primary PCI $<$ 120 Minutes

Data required for Application:

- No Performance Measure data required for TJC at time of Application
- Most recent 4 months of Performance Measures prior to initial onsite review



American Heart Association®
Get With The Guidelines®
Coronary Artery Disease

AHA's premier data source supports:

- AHA/TJC Advanced heart attack certifications
- Hospital cardiovascular quality improvement activities
- Mission: Lifeline®
 - Mission: Lifeline® Hospital STEMI & NSTEMI Recognition
 - Mission: Lifeline® Regional Reports





American Heart Association.
Get With The Guidelines.

Coronary Artery Disease

AHA's premier data source provides:

- NEW STEMI Referring Form to meet the needs of STEMI Referring Hospitals
- Streamlined, Robust yet lean, user friendly data collection form
- STEMI only data submission option
- Immediate *REAL TIME* access to Mission: Lifeline measures data and Mission: Lifeline reports





American Heart Association.
Get With The Guidelines.

Coronary Artery Disease

AHA's premier data source provides:

- Expert consultative services by local and familiar AHA Quality Improvement Staff
- Ability to create custom data elements
- Multiple benchmarking options, including benchmarking against M:L Region(s)





American Heart Association®
Get With The Guidelines®
Coronary Artery Disease

AHA's premier data source provides:

- Time Tracker Reports
- Mission: Lifeline Feedback Reports
 - EMS
 - Referring Hospitals



Comprehensive Cardiac Center Certification



Comprehensive Cardiac Center (CCC) Certification



CARDIAC
REHABILITATION



HEART
FAILURE



CARDIAC ARREST/
RESUSCITATION



CORONARY ARTERY
BYPASS



DIAGNOSTIC CARDIAC
CATHETERIZATION
PROCEDURE

Interdisciplinary Team



ACUTE MYOCARDIAL
INFARCTION



ARRHYTHMIA
MANAGEMENT



ST. ELEVATION
MYOCARDIAL INFARCTION



PERCUTANEOUS
CORONARY INTERVENTION



VALVE REPLACEMENT/
REPAIR

Comprehensive Cardiac Center (CCC)

Delivering Superior Quality of Care



Comprehensive Cardiac Center (CCC) Certification is a voluntary program for hospitals with robust cardiac care services seeking to evaluate, evolve and elevate patient care across an extensive array of cardiac domains.

This certification is offered in collaboration with the American Heart Association.

Achieving CCC Certification helps your organization provide:

- Integrated, coordinated care
- Early identification of high-risk patients
- Management of patient conditions and risks
- Patient education and information
- Direct care for high-risk problems
- Stabilization and safe transfer of patients
- Ongoing quality improvement processes



**The Joint
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**American Heart
Association**

CERTIFICATION

Meets standards for

**Comprehensive Cardiac Center
Certification**

Comprehensive Cardiac Center (CCC)



Comprehensive Domains of Care - Provides 24/7 care for Cardiac patients

- Management of Ischemic Heart Disease through medical, interventional, and surgical care, including acute coronary syndrome treatments (**STEMI**, **NSTEMI** and **UA**), **PCI** and **CABG**
- Cardiac **Valve** Disease, Including replacement/Repair
- Dysrhythmias, including **electrophysiology** services and outpatient device clinics
- **Cardiac Arrest**, including prevention of in-house arrests, **resuscitation**, and targeted temperate management
- **Heart Failure** management, including outpatient services
- Cardiac **Rehabilitation**, either on site or by referral



**The Joint
Commission**

**American Heart
Association**

CERTIFICATION

Meets standards for

**Comprehensive Cardiac Center
Certification**

Comprehensive Cardiac Center (CCC)



What Does Certification Require?

- Compliance with the consensus-based national standards, published by The Joint Commission
- Effective incorporation of established evidence-based clinical practice guidelines to manage and optimize care
- Integration of service lines, and the care provided to patients
- An organized approach to performance measurement and performance improvement, including data collection and analysis



Comprehensive Cardiac Center (CCC)



Hospital Volume Requirements

Hospital volume expectations (if volumes are not met, participation in a nationally audited registry and demonstration of risk adjusted outcomes that meet or exceed the national average are required)

- **CABG:** 125/year (alone or in combination with other procedures)
- **Valve replacement/repair:** 50/year (alone or in combination with other procedures)
- **PCI:** 200/year
- **Primary PCI for STEMI:** 36/year (includes patients transferred if they didn't receive TNK)
- There are no pre-requisite Cardiac certifications either in the past or the present
- There are no individual practitioner volume requirements



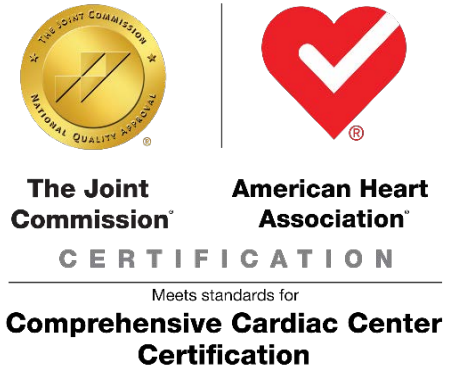
Comprehensive Cardiac Center (CCC)



Registry Requirements

A **nationally audited registry** or similar data collection tool is used to monitor data and measure outcomes for:

- Acute myocardial infarction (AMI)
- Diagnostic cardiac catheterization procedures
- Percutaneous coronary intervention (PCI)
- Implantable cardioverter defibrillator (ICD) procedures
- Coronary artery bypass grafting (CABG)
- Valve replacement/repair
- Heart Failure
- Cardiac rehabilitation



Comprehensive Cardiac Center (CCC)



Performance Measures Reported to The Joint Commission

5 Mandatory, 8 Optional

Mandatory Measures

- CCCIP-01: High-Intensity Statin Prescribed at Discharge for AMI
- CCCIP-02: Aldosterone Antagonist Prescribed at Discharge for LVSD
- ACHF-01: Beta-Blocker Therapy (*i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate*) Prescribed for LVSD at Discharge
- ACHF-02: Post-Discharge Appointment for Heart Failure Patients
- ACHF-06: Post-Discharge Evaluation for Heart Failure Patients



Performance Measurement



Performance Measures to The Joint Commission (ctd)

Optional Inpatient Measures

- CCCIP-03: Cardiac Rehabilitation Referral from an Inpatient Setting
- CCCIP-04: Cardiac Rehabilitation Referral for Heart Failure Patients with Reduced Ejection Fraction from an Inpatient Setting
- CCCIP-05: Cardiac Rehabilitation Enrollment–Inpatient

Optional Outpatient Measures

- CCCOP-01: Cardiac Rehabilitation Referral from an Outpatient Setting
- CCCOP-02: Cardiac Rehabilitation Referral for Heart Failure Patients with Reduced Ejection Fraction from an Outpatient Setting
- CCCOP-03: Cardiac Rehabilitation Enrollment–Outpatient
- ACHFOP-03: Hospital Outpatient Aldosterone Receptor Antagonists Prescribed for LVSD
- ACHFOP-05: Hospital Outpatient Discussion of Advance Directives/Advance Care Planning



The Onsite Review



The Onsite Review

It's your time to shine!

Biennial visits (with Intracycle Conference Calls)

- 1 Day, 1 Reviewer; 2 Days, 2 Reviewers for CCC
- Interactive review of the program
- Be able to demonstrate consistent application of...
 - Joint Commission Standards
 - Clinical Practice Guidelines you've identified
- Scheduled based on Ready-Date identified by organization*
- You receive 30 days advanced notice
 - Upload most recent 4 months of data for performance measures prior to onsite review

The Onsite Review

How to prepare



Review Process Guide

- **The purpose of this activity guide is to inform organizations about how to prepare for the Disease Specific Care onsite certification review, including:**
 - Identifying ways in which the organization can facilitate the onsite review process
 - Describing logistical needs for the onsite review
- **Details provided**
 - The purpose of the activity
 - Descriptions of what will happen during the session
 - Discussion topics, if applicable
 - Recommended participants
 - Any materials required for the session

The Steps to Becoming Certified

Connect with your Associate Director at TJC

- Contact certification@jointcommission.org.

Pre-Application

- Review Standards in E-dition® and analyze gaps
- **Identify Clinical Practice Guidelines**
- **Complete Performance Improvement Plan**
- **Establish a Ready Date** (*at least 4-6 months after application*)

Complete Application on Connect® portal

- No Performance Measure data required

The Onsite Review

- 30 days advance notice
- Review most recent 4 months of data on performance measures
- 1 reviewer, 1 day. 2 reviewers, 2 days for CCC

Questions?



Disclaimer

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