



Becoming a Heart Attack Center

Achieving Excellence Beyond Accreditation

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What we will cover today

Overview of the Cardiac System of Care

Introduction to the Heart Attack Center certifications

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

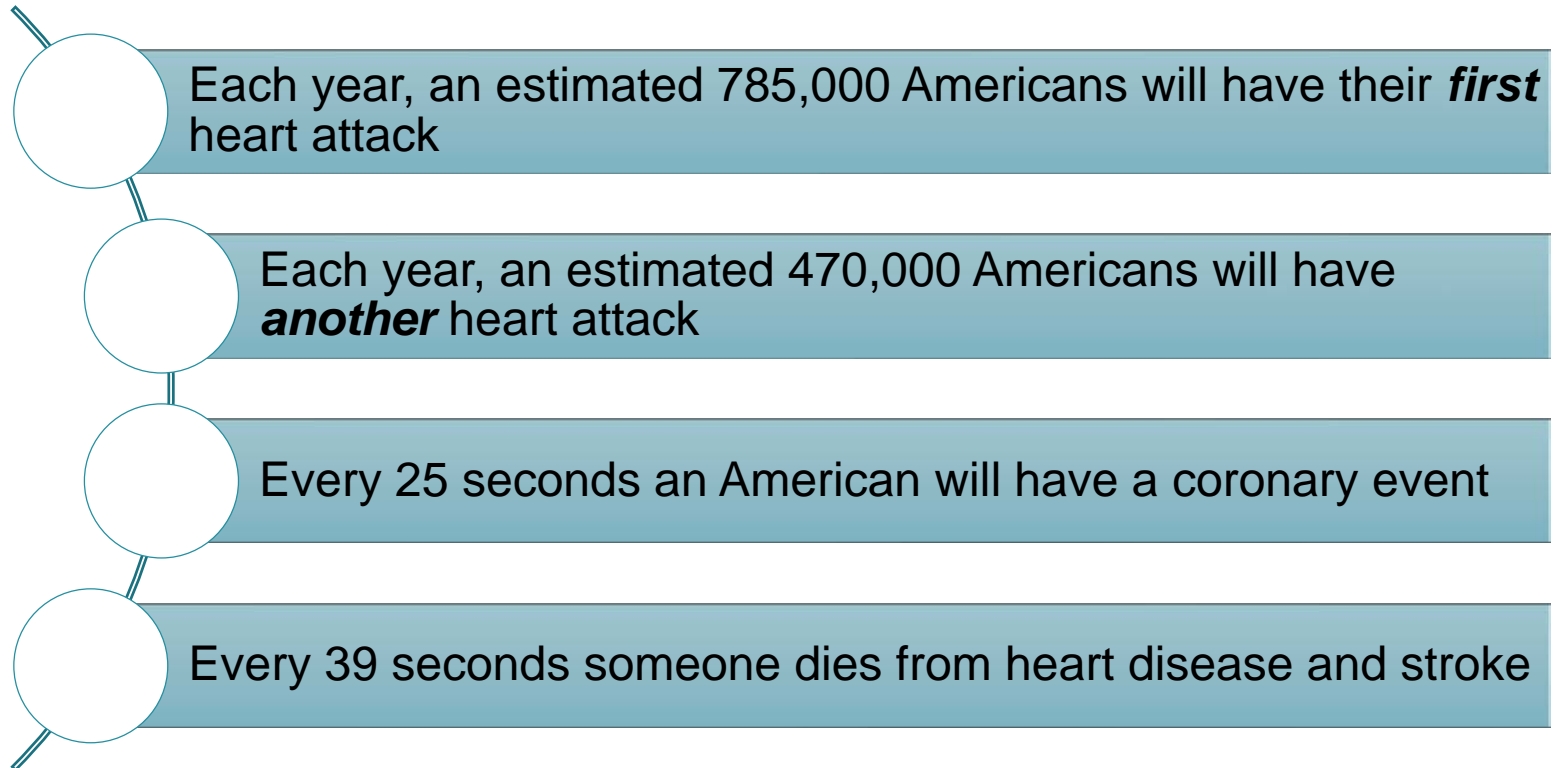
Requirements and Key Standards

The Onsite Review

What are the Steps to Becoming Certified?

Question and Answer

The “Why”: Heart Attack Systems of Care



Collaborate with a Premier Certifying Body

Trusted by over 21,000 organizations/programs nationwide



The Joint Commission is the oldest and largest accrediting and certifying body setting the standard for safe, high-quality health care nationally and internationally.



Certification for your organization:

- Provide standardization of patient care across an organization with multiple sites/locations
- Provide an objective assessment of clinical excellence
- Assist in growing specific clinical product lines
- Provide leading practices to improve programs
- Help improve your patient outcomes

Why Achieve the Gold Seal for Certification?

For more than 60 years, the name “Joint Commission” has been synonymous with unparalleled quality, safety and performance improvement. No other “seal of approval” is as widely recognized by peers, payers, insurers and the public as the **Joint Commission’s Gold seal of Approval®**. Earning this accolade means that our accredited and certified health care organizations are among the top in their marketplaces.



The Joint Commission and The American Heart Association Collaboration



- The collaboration between the AHA and TJC certification programs combines a unique strength in science and evaluation
- Over 15 years of strength in collaboration in stroke and cardiac certification, with nearly 1,400 hospitals certified through AHA/TJC programs
- Translating the latest evidence-based science to the bedside quickly and efficiently helps save more lives and improve patients' quality of life, through standardized, objective, unbiased assessments, while promoting excellence in healthcare



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Certifications in the Cardiac System of Care

Acute – Primary – Comprehensive

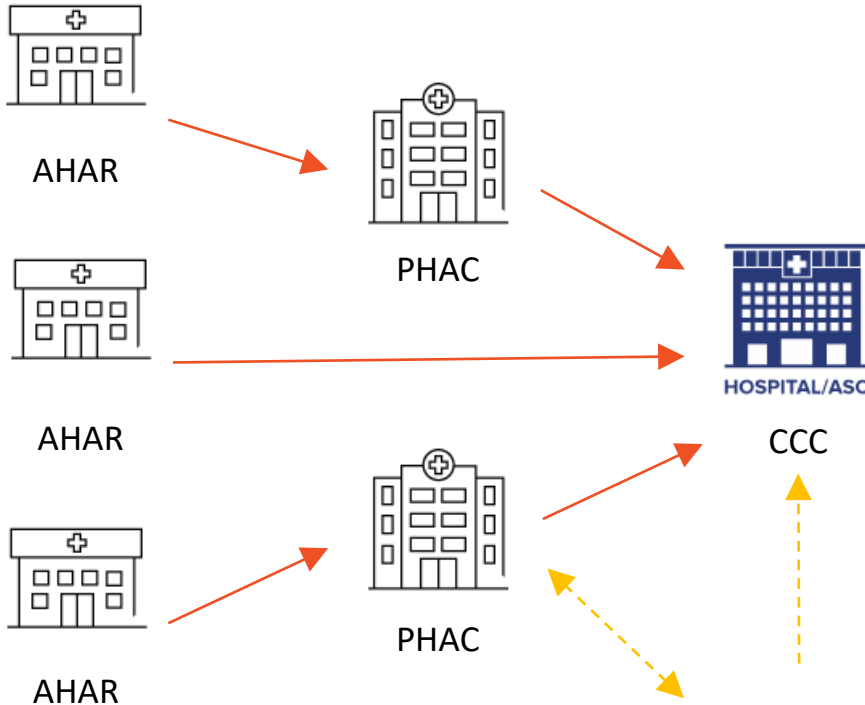


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CERTIFICATION

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*

Advanced Heart Failure

- *Inpatient and Outpatient*

Acute Heart Attack Ready

STEMI Referring/ Receiving

Primary Heart Attack Center

STEMI 24/7 Receiving with Volumes

Acute Heart Attack Ready



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



AHAR Certification Requirements

Receive or Refer

- **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



AHAR Certification Requirements

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





AHAR Certification Requirements

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



AHAR Certification Requirements

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

AHAR Certification Requirements



Performance Improvement/Quality:

- Quality review (DSPM.1):
 - Led by interdisciplinary team
 - Time of sign/symptom onset to first medical contact (FMC) to PCI
 - From PCI through discharge based on current evidence

AHAR Certification Requirements



Performance Improvement/Quality:

Outliers (DSPM.1):

- Arrival-to-PCI within 90 and/or 60 minutes
- EMS/first medical contact-to-PCI within 90 minutes
- EMS/first medical contact-to-PCI within 120 minutes when transport time is 45 minutes or longer and arrival to PCI is 30 minutes or less (if applicable)
- Arrival at STEMI receiving center to PCI within 120 minutes for patients transferred to a Primary Heart Attack Center for PCI (no fibrinolytics)
- Arrival-to-fibrinolytics within 30 minutes (if fibrinolytics are administered)

AHAR Certification Requirements



Performance Improvement/Quality:

Outliers (DSPM.1) - continued:

- Patient arrival to 12-lead ECG within 10 minutes or less
- Call for transport to time of transport team's arrival (expectation defined by coordination between an AHAR and interfacility transport agency(ies))
- Transport team's arrival to the time of departure (expectation defined by coordination between AHAR and interfacility transport agency(ies))
- Patient arrival to patient departure within 30 minutes or less (door in-door out)

Performance Measures

Acute Heart Attack Ready (AHAR)

PM requirements include a total of 4 measures

- 3 mandatory measures for all organizations seeking certification and 1 optional measure for organizations with some primary PCI coverage/services
- 4 months of data will be required for each measure prior to the initial certification review visit

Measures

- 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)

Primary Heart Attack Center



Heart Attack Center Certifications



Primary Heart Attack Center (PHAC)

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



Heart Attack Center Certifications



Primary Heart Attack Center (PHAC)

Interventional Cardiologist Volume Requirements

- 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



Primary Heart Attack Center (PHAC)

Interventional Cardiologist Volume Requirements

Cardiologist	PCI Total	Primary PCI Total
Cardiologist #1		
Cardiologist #2		
Cardiologist #3		
Cardiologist #4		
Cardiologist #5		



Heart Attack Center Certifications



Primary Heart Attack Center (PHAC)

Hospital Volume Requirements – 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



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Primary Heart Attack Center

PHAC Certification Requirements

Universal Patient Acceptance (DSDF.5)

- Simultaneous STEMI patient treatments
- NO DIVERSION plan
- Acceptance of transfer STEMI patients
- Prioritization for STEMI patients in need of PPCI
- Primary PCI is the standard reperfusion therapy

Fibrinolytic therapy (DSDF.5)

- Arrival to fibrinolytic administration - 30 minutes or less (if administered)

PHAC Certification Requirements

Triage (DSPR.5):

- Chest pain signs/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
- Collaboration with EMS to coordinate pre-hospital care, STEMI alert/notification



PHAC Certification Requirements

Catheterization Laboratory (DSPR.5):

- 24/7 on-call schedule
 - Cath Lab staff
 - Interventional Cardiologists
- STEMI activation → onsite arrival = 30 minutes
- Emergency/contingency plan



PHAC Certification Requirements

Key program participants (DSPR.1):

- Medical Director/STEMI Coordinator/STEMI Team
- EMS/Transport Agencies
- Catheterization Laboratory Staff/Interventional Cardiologists

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

- Interdisciplinary & Collaborative
- Medical Director /STEMI Coordinator/STEMI Team/EMS/Transport Agencies
- Specific to STEMI recognition, identification, treatment protocols
- Documentation: agendas, rosters, etc.

PHAC Certification Requirements

Community (DSPR.3):

- Outreach program → on public awareness and education
- Documentation examples (required)

Performance Improvement/Quality:

- STEMI protocols/order sets
- Interdisciplinary team meetings (DSPR.2)
 - Quarterly
 - Operational issues, solutions, metrics
 - Documentation examples (required)

PHAC Certification Requirements

Performance Improvement/Quality:

Outliers (DSPM.1):

- EMS/first medical contact-to-PCI within 90 minutes
- EMS/first medical contact-to-PCI within 120 minutes (transport time is >45 minutes, arrival to PCI is >30 minutes)
- Patient arrival to 12-lead ECG within 10 minutes or less
- Arrival-to-PCI within 90 and/or 60 minutes
- Arrival at STEMI receiving center to PCI within 120 minutes (no fibrinolytics)
- Arrival-to-fibrinolytics within 30 minutes (fibrinolytics administered)

PHAC Certification Requirements

Performance Improvement/Quality:

Outliers (DSPM.3):

- Call teams + interventional cardiologist = arrival within 30 minutes
- Monitor arrival times (documentation required)
- Document/monitor/address arrival (outliers)



Performance Measures

Primary Heart Attack Center (PHAC)

PM requirements include a total of 4 measures

- PM requirements include a total of 4 mandatory measures for all organizations seeking certification
- 4 months of data will be required for each measure prior to the initial certification review visit

Measures

- 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

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
- Initial Review
 - 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

** Ready-Dates should be a minimum of 4-6 months after date of application*

Joint Commission Reviewers

Provide best-in-class expertise and create a collaborative experience for our certifying organizations



Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:



Provide leading practices to improve/grow the programs they are reviewing



Conduct educationally focused reviews



Lead a collaborative engagement that helps to increase staff awareness and education



Inspire staff to improve the quality of patient care

The Onsite Review

What to expect

Tracer Methodology

- Patients selected to trace
- Using the medical record, processes and protocols as a guide
 - reviewers go wherever the patients go
 - patient arrival through discharge
- Walk through your program
- Engagement, discussion and observation with all levels of staff

Closing Conference

- Final report will be presented and available through Connect[®]
- Any Requests for Improvement (RFIs) will be identified and explained by the reviewer

Elements of Onsite Review

- Opening conference
- Reviewer planning session
- Individual patient tracers
- Data/System tracer
- Competency, credentialing and privileging discussion
- Special issue resolution session, and report prep
- Closing conference

60-day RFI Resolution Window

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**

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 for PHAC. 2 reviewers, 2 days for CCC

Questions?



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