In late fall The Joint Commission announced revisions to requirements for the disease-specific care (DSC) advanced certification program for Ventricular Assist Device (VAD) for Destination Therapy (see November 2013 Perspectives, pages 6 and 13). Since that time the Centers for Medicare & Medicaid Services (CMS) has published its final National Coverage Decision (NCD) memorandum for VADs for Bridge-to-Transplant and Destination Therapy.

To align its requirements with the final NCD, The Joint Commission made the following modifications:

- Added a palliative care representative to the core interdisciplinary team
- Deleted the board certification requirement for the cardiologist
- Deleted the board certification requirement for the cardiovascular surgeon
- Clarified the volume requirements for surgeons in training
- Modified the requirements related to the use of a nationally audited registry

Please note that the addition of the palliative care representative to the interdisciplinary team will not be required until October 30, 2014.

The revised VAD program requirements, which are effective March 23, 2014, are available on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx and will be published in both the spring 2014 E-dition® update and the 2014 Disease-Specific Care Certification Manual. The box below displays the revisions; new text is underlined and deleted text is shown in strikethrough.

For more information, please contact Kathleen Mika, MSN, RN, associate director, Department of Standards and Survey Methods, at kmika@jointcommission.org.

### Modified: Ventricular Assist Device Destination Therapy Requirements

**Enhanced Requirements Align with Final NCD Memo**

- Modified the requirements related to the use of a nationally audited registry

Please note that the addition of the palliative care representative to the interdisciplinary team will not be required until October 30, 2014.

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**Official Publication of Joint Commission Requirements**

**Revisions to Requirements for Advanced Certification for VAD**

**Applicable to Disease-Specific Care**

**Effective March 23, 2014**

**Program Management (DSPR)**

**Standard DSPR.1**

The program defines its leadership roles.

**Element of Performance for DSPR.1 A 4.** The program leader(s) identifies, in writing, the composition of the interdisciplinary team.

**Requirements Specific to Ventricular Assist Device Destination Therapy**

a. The interdisciplinary VAD team is comprised of the following:

- One or more board-certified cardiologists, one of whom is at least board eligible as an advanced heart failure specialist (See also DSDF.1, EP 1a)
- One or more board-certified cardiac surgeons (See also DSDF.1, EP 1a)

- A VAD coordinator

**Note:** Examples of a VAD coordinator include registered nurse, perfusionist.

- A social worker
- This requirement will go into effect October 30, 2014: A palliative care representative

b. Based on patient and family needs, the interdisciplinary program team also includes individuals from the following disciplines:

- Palliative care
- Nutrition
- Psychological services
- Rehabilitative services
- Financial support

**Delivering or Facilitating Clinical Care (DSDF)**

**Standard DSDF.1**

Practitioners are qualified and competent.
Revisions to Requirements for Advanced Certification for VAD (continued)

Element of Performance for DSDF.1
A 1. Practitioners have education, experience, training, and/or certification consistent with the program’s scope of services, goals and objectives, and the care provided.

Requirement Specific to Ventricular Assist Device Destination Therapy
a. The interdisciplinary team has at least the following experience and expertise:
   - One or more board-certified cardiologists, each of whom:
     i. Is trained and experienced in advanced heart failure therapies
     ii. Has had recent experience managing patients who have had ventricular assist devices placed or heart transplants
     iii. Has sufficient competency in evaluating patients for transplant as evidenced by having worked in or trained in a transplant center
   - One cardiologist who must be board certified or board eligible in advanced heart failure
   - One or more board-certified cardiac surgeons, each of whom has successfully placed 10 ventricular assist devices in the last 36 months with current activity occurring in the last year

Note 1: Acceptable ventricular assist device procedures include placement of long-term devices and devices that are part of studies for U.S. Food and Drug Administration approval.

Note 2: If a surgeon on the team has not placed 10 ventricular assist devices during the required time period, the volume requirement can include artificial heart placements for no more than 50% of the total volume within the 36-month period.

Note 3: The 10 ventricular assist devices implanted by a surgeon-in-training could have occurred during a training program if the following are met:
   - There is evidence that the surgeon-in-training physically implanted each ventricular assist device under the supervision of a cardiac surgeon. An example would be a procedure log with supporting documentation from the supervising surgeon.
   - The surgeon-in-training participated in the

Performance Measurement (DSPM)

Standard DSPM.1
The program has an organized, comprehensive approach to performance improvement.

Element of Performance for DSPM.1
A 5. The program collects data related to its target population to identify opportunities for performance improvement.

Requirement Specific to Ventricular Assist Device Destination Therapy
a. The program demonstrates that it participates in INTERMACS as a member in good standing.

Note: INTERMACS is currently the only nationally audited registry for VAD.

Standard DSPM.4
The program collects and analyzes data to determine variance from the clinical practice guidelines.

Element of Performance for DSPM.4
A 2. The program evaluates variances that affect program performance and outcomes.

Requirement Specific to Ventricular Assist Device Destination Therapy
a. The program analyzes its VAD patient data in the INTERMACS a nationally audited registry to evaluate outcomes.

Note: INTERMACS is currently the only nationally audited registry for VAD.