

Prepublication Requirements

• Issued June 16, 2021 •



Updated Data Registry Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE COMPREHENSIVE CARDIAC CENTER CERTIFICATION PROGRAM

Effective January 1, 2022

Certification Participation Requirements (CPR) Chapter

CPR 5

The organization submits comprehensive cardiac center performance measurement data to The Joint Commission on a routine basis.

Element(s) of Performance for CPR 5

- | | | |
|----|--|---|
| 1. | The organization makes its comprehensive cardiac center performance measurement and nationally audited registry data available during on-site certification reviews. | <input type="checkbox"/> <input checked="" type="checkbox"/> D |
| 1. | The organization makes its comprehensive cardiac center performance measurement and audited registry data available during on-site certification reviews. | <input type="checkbox"/> <input checked="" type="checkbox"/> D |
| 2. | The organization submits comprehensive cardiac center performance measurement and/or nationally audited registry data to The Joint Commission upon request and at the time of the intracycle and recertification reviews. | <input type="checkbox"/> <input type="checkbox"/> |
| 2. | The organization submits comprehensive cardiac center performance measurement and/or audited registry data to The Joint Commission upon request and at the time of the intracycle and recertification reviews. | <input type="checkbox"/> <input type="checkbox"/> |

Performance Improvement (CCCPI) Chapter

CCCPI.2

The comprehensive cardiac center collects data to monitor its performance.

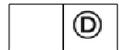
Element(s) of Performance for CCCPI.2

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

2. The center utilizes a ~~nationally audited registry or similar data collection tool~~ to monitor the data and measure outcomes for, at minimum, the following:
- Acute myocardial infarction (AMI)
 - Coronary artery bypass grafting (CABG)
 - Cardiac rehabilitation
 - Diagnostic cardiac catheterization procedures
 - Heart Failure
 - Implantable cardioverter defibrillator (ICD) procedures
 - Percutaneous coronary intervention (PCI)
 - Valve replacement/repair

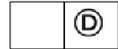


2. **The center utilizes an audited registry to monitor the data and measure outcomes for, at minimum, the following:**
- **Acute myocardial infarction (AMI)**
 - **Coronary artery bypass grafting (CABG)**
 - **Cardiac rehabilitation**
 - **Diagnostic cardiac catheterization procedures**
 - **Heart Failure**
 - **Implantable cardioverter defibrillator (ICD) procedures**
 - **Percutaneous coronary intervention (PCI)**
 - **Valve replacement/repair**



Note: See the Glossary for the definition of audited registry.

3. The center demonstrates sufficient quality and/or maintenance of experience through:
- Coronary artery bypass grafting of 125 patients/annual volume requirement (alone or in combination with other procedures). Hospitals with less than annual volume of 125 patients undergoing coronary artery bypass grafting must participate in a ~~nationally~~ audited registry and demonstrate risk-adjusted outcomes that meet or exceed the national average.
 - Valve replacement/repair of 50 patients/annual volume requirement (alone or in combination with other procedures). Hospitals with less than annual volume of 50 patients undergoing valve replacement/repair must participate in a ~~nationally~~ audited registry and demonstrate outcomes that meet or exceed the national average for risk-adjusted outcomes.
 - Percutaneous coronary intervention (PCI) of 200 patients/annual volume requirement. Hospitals with less than annual volume of 200 patients must participate in a ~~nationally~~ audited registry for catheterization and interventional procedures and demonstrate outcomes that meet or exceed the national average for risk-adjusted outcomes.
 - Primary PCI for ST-segment elevation myocardial infarction (STEMI) of 36 patients/annual volume requirement. Hospitals with less than annual volume of 36 patients must participate in a ~~nationally~~ audited registry for catheterization and interventional procedures and a ~~nationally~~ audited registry for acute myocardial infarction and demonstrate outcomes that meet or exceed the national average for risk-adjusted outcomes.



3. **The center demonstrates sufficient quality and/or maintenance of experience through:**
- **Coronary artery bypass grafting of 125 patients/annual volume requirement (alone or in combination with other procedures). Hospitals with less than annual volume of 125 patients undergoing coronary artery bypass grafting must participate in an audited registry and demonstrate risk-adjusted outcomes that meet or exceed the national average.**
 - **Valve replacement/repair of 50 patients/annual volume requirement (alone or in combination with other procedures). Hospitals with less than annual volume of 50 patients undergoing valve replacement/repair must participate in an audited registry and demonstrate outcomes that meet or exceed the national average for risk-adjusted outcomes.**
 - **Percutaneous coronary intervention (PCI) of 200 patients/annual volume requirement. Hospitals with less than annual volume of 200 patients must participate in an audited registry for catheterization and interventional procedures and demonstrate outcomes that meet or exceed the national average for risk-adjusted outcomes.**
 - **Primary PCI for ST-segment elevation myocardial infarction (STEMI) of 36 patients/annual volume requirement. Hospitals with less than annual volume of 36 patients must participate in an audited registry for catheterization and interventional procedures and an audited registry for acute myocardial infarction and demonstrate outcomes that meet or exceed the national average for risk-adjusted outcomes.**
- Note: See the Glossary for the definition of audited registry.**

