Prepublication Requirements

Updated Comprehensive Cardiac Center Certification 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 July 1, 2023

Leadership and Management (CCCLM) Chapter

CCCLM.01

The center defines its leadership roles.

Element(s) of Performance for CCCLM.01

1. The center identifies members of its leadership team who are accountable for the scope of cardiovascular services offered and the center's capabilities. The leadership team includes, but is not limited to, the following: - Designated cardiovascular service-line leader - Designated physician leaders - Designated department leaders		
2. The center's leadership team defines both the shared and unique responsibilities and accountabilities of its leaders, interdisciplinary team, and staff.		Ⓓ
3. The center's leadership team guides the center in meeting the mission, goals, and objectives and in integrating and coordinating the scope of cardiovascular services offered to provide a patient-centered care approach.		

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

4. The center's leadership team identifies in writing the composition of the interdisciplinary team, who have qualifications, training, and experience working with cardiovascular patients and include, but are not limited to, the following: Ⓓ
    - Emergency room physician(s)
    - Advanced practice provider(s) (if utilized by the center)
    - Cardiologist(s)
    - Interventional cardiologist(s)
    - Cardiothoracic surgeon(s)
    - Heart failure specialist(s)
    - Electrophysiologist(s)
    - Critical care specialist(s)
    - Attending physician or hospitalist
    - Nursing staff
    - Pharmacist
    - Quality improvement specialist/data manager

5. The center's leadership and interdisciplinary teams participate in designing, implementing, and evaluating care, treatment, and services provided.

6. The center's leadership and interdisciplinary teams integrate the care, treatment, and services provided by the center with services provided by other areas of the organization. Integrated services include the following, based on the patient's and family's needs:
    - Physical and occupational therapists
    - Nutrition
    - Technologists (diagnostic, procedural, surgical)
    - Behavioral health services (available on site or by referral)
    - Spiritual support services (available on site or by referral)
    - Palliative care services (available on site or by referral)
    - Social work and/or case management
    - Cardiac rehabilitation (available on site or by referral)
    - Genetic diagnostic and counseling services (available on site or by referral)
    - Financial support
    - Interpreter services

7. The center's leadership team make certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

8. The center's leadership team monitors the performance of the interdisciplinary team as it relates to achievement of the center's mission, goals, and objectives.

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

CCCLM.02

The center is collaboratively designed, implemented, and evaluated.

Element(s) of Performance for CCCLM.02

1. **The center's leadership and interdisciplinary teams participate in developing a program charter, procedures for consultation and referrals, transfer criteria for services not provided, procedures for receiving transfer-in patients, and written guideline-based, institution-specific protocols for the following cardiovascular services:**
   - Acute coronary syndrome management (including prehospital activation for ST- elevation myocardial infarction)
   - Diagnostic cardiac catheterization procedures
   - Percutaneous coronary interventions
   - Cardiovascular surgeries
   - Cardiac resuscitation and cardiogenic shock management
   - Structural heart disease management
   - Cardiac dysrhythmias (arrhythmia) management, including electrophysiology services and outpatient device clinics
   - Advanced heart failure management, including outpatient services
   - Cardiac rehabilitation (either on site or by referral)
   Note: The development of a program charter includes strategic objectives (mission, values, scope of services provided), as well as delineation of the interdisciplinary team's expectations, accountabilities, and goals.
   (See also CCCPC.02, EP 2)

2. **The interdisciplinary team implements care, treatment, and services provided for cardiac patients along the continuum of care including the following:**
   - Working with emergency medical services (EMS) for establishing prehospital treatment guidelines and for routing and transport of acute STEMI/STEMI equivalent patients directly to a PCI-capable facility
   - Collaborating with regional cardiac systems of care on a regular basis (at least every 6 months) to develop and continuously improve care for high-risk, time-sensitive cardiovascular conditions

3. **The center's leadership and interdisciplinary teams participate in quarterly meetings to evaluate whether the scope and level of care, treatment, and services are consistently provided in all cardiovascular services provided. Documentation includes attendance records and meeting minutes.** Ⓓ

4. **The center's leadership and interdisciplinary teams use the results of the program evaluation to improve care, treatment, and services.**

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

CCCLM.03

The center meets the needs of the patient population it serves.

Element(s) of Performance for CCCLM.03

1. **The center's leadership and interdisciplinary teams define in writing the mission and scope of cardiovascular services offered to meet the needs of the patient population it serves.** Ⓓ

2. **The center's leadership team approves the mission and scope of service.**

3. **The center identifies its patient population and utilizes the information to develop and implement plans that address cardiovascular disease prevention and cardiovascular risk reduction strategies, including, but not limited to, the following:**
   - Conducting a community health needs assessment
   - Developing at least six community education programs annually
   - Developing at least two community outreach activities annually for patient populations that are at higher risk for health care disparities

4. **The center provides the following services 24 hours a day, 7 days a week:**
   - 12-lead electrocardiogram (ECG)
   - Chest radiography (X-ray)
   - Computed tomography (CT) and/or coronary computed tomography angiography (CCTA)
   - Laboratory testing with capabilities to immediately receive, process, and report results for urgent or emergency laboratory requests
   - Emergent pacing and device interrogation
   - Advanced circulatory support (such as intra-aortic balloon pump [IABP], extracorporeal membrane oxygenation [ECMO], ventricular assist device [VAD])
   - Interventional cardiology
   - Cardiac surgical services

5. **The center provides the following advanced imaging when indicated by patient need:**
   - Carotid duplex ultrasound
   - Transesophageal echocardiography (TEE)
   - Transthoracic echocardiography (Echo)
   - Diagnostic cardiac stress testing (exercise and pharmacologic)
   - Diagnostic cardiac angiogram
   - Cardiac magnetic resonance imaging (cardiac MRI)

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

6. The center has the following cardiac units available 24 hours a day, 7 days a week to manage cardiac, postresuscitative, and other cardiac critical care patients:
    - Cardiac step-down, cardiac telemetry, or designated telemetry beds
    - Cardiac intensive care or designated intensive care beds

CCCLM.04

The center follows a code of ethics.

Element(s) of Performance for CCCLM.04

1. The center protects the integrity of clinical decision making by supporting and promoting a collaborative and trusting environment among the interdisciplinary team and other organizational staff involved in the delivery of care, treatment, and services.

2. The center respects the patient's right to decline participation in the program.

3. The center has a process for receiving and resolving complaints and grievances in a timely manner.

CCCLM.05

The center determines the care, treatment, and services it provides to meet the needs of the patient population it serves.

Element(s) of Performance for CCCLM.05

1. The center defines in writing the care, treatment, and services it provides and develops contingency plans for when services are disrupted thereby limiting the ability to provide care, treatment, and services.
    Note: Contingency plans account for unanticipated events such as equipment failure, weather-related issues, staffing, security-related issues. Ⓓ

2. The center provides the patient, family, and/or caregiver education and information about the care, treatment, and services it provides, as well as alternative options available to meet the patient's needs and preferences.

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

3. The center provides care, treatment, and services to patients in a planned and timely manner, based on the patient's individual needs and according to current clinical practice guidelines.

4. The center complies with applicable law and regulation.

5. The center informs the patient, family, and/or caregiver about how to access care, treatment, and services, including after hours access to care, treatment, and services and supportive referrals to social services, health care systems and settings, and health care specialists.

6. The center has a process to provide emergency/urgent care that includes standardized processes for the timely triage, diagnosis, and treatment of patients who present with or develop signs and symptoms of acute coronary syndrome (ACS), heart failure, cardiac arrest, cardiogenic shock, and other emergent cardiac conditions.

7. The center provides the number and the types of practitioners needed, as well as access to medical and cardiovascular expertise 24 hours a day, 7 days a week. The center maintains on-call schedules for the following:
    - Cardiac catheterization team and interventional cardiologist coverage
    - Cardiac surgery team and cardiothoracic surgeon coverage
    - Cardiology
    - Heart failure
    - Electrophysiology
    Note: On-call requirements and response times are determined by the center. Access to expertise may be in person, via telemedicine, or phone consultation.

8. The center follows its written policies for consultation and transfer arrangements. The needs of the population served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Ⓓ

9. The center's leadership team secures the resources required to support the scope of care, treatment, and services provided.

CCCLM.06

The center has current reference and resource materials.

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

Element(s) of Performance for CCCLM.06

1. The center's interdisciplinary team members have access to reference and resource materials, including clinical practice guidelines published by nationally recognized cardiovascular professional organizations.

2. The center's reference and resource materials are current and evidence based.

CCCLM.07

The comprehensive cardiac center's facilities are safe and accessible.
Note: The center may use the organization's plan and processes for safety and accessibility if they address the center's unique needs and target population.

Element(s) of Performance for CCCLM.07

1. The center implements strategies to minimize security risks.

2. The center implements strategies to minimize the risk of fire and address fire safety–related issues.

3. The center implements strategies to minimize risks associated with medical equipment used to provide care, treatment, and services. ⑩

Provision of Care, Treatment, and Services (CCCPC) Chapter

CCCPC.01

The center's practitioners and staff are qualified and competent.

Element(s) of Performance for CCCPC.01

Key: ⑩ indicates that documentation is required; 🆁 indicates an identified risk area;

1. The center's practitioners and staff have education, experience, training, and/or certification consistent with the center's scope of services, goals, and objectives, and relevant to their roles in the care, treatment, and services provided. Practitioners and staff demonstrate competence in the following areas, as applicable to their role:
   - Recognizing and responding to patients who present with or develop signs and symptoms of acute coronary syndrome (ACS), heart failure, arrhythmia, cardiac arrest, cardiogenic shock, and other emergent cardiac conditions
   - Activation protocols (including prehospital) for patients exhibiting ST-elevated myocardial infarction (STEMI)/STEMI equivalent
   - Cardiac rhythm identification and monitoring
   - Cardiac medications, including indications/contraindications for intravenous thrombolytics
   - Cardiac arrest and post-resuscitation procedures
   - Cardiogenic shock management
   - Advanced mechanical circulatory support devices
   Practitioner and staff competency is documented   [D]

2. The center verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration.   [D]

3. The center's physicians and advanced practice providers (APRNs and PAs) have documented training and experience in the management of cardiovascular patients.   [D]

4. Orientation provides information and training pertinent to practitioners' and staff members' roles and responsibilities, including training on the signs and symptoms of acute coronary syndrome and cardiac arrest and related activation procedures. Completion of orientation and training are documented.   [D]

5. The center assesses practitioner and staff competence on an ongoing basis, as determined by the program. This assessment is documented.   [D]

6. The center identifies and responds to each practitioner's and staff member's specific learning needs.

Key: (D) indicates that documentation is required;   [R] indicates an identified risk area;

7. The center provides ongoing in-service and other education and training to staff involved in the care of cardiovascular patients that is relevant to the center's scope of services. The education and training are provided on an ongoing basis according to the program's defined intervals, but at a minimum, when staff responsibilities change and when new policies, procedures, or guidelines are implemented.

8. The center performs drills for unanticipated complications and/or high-risk events with low rates of occurrence and conducts debriefings to identify opportunities for improvement. These drills and debriefings occur at a frequency determined by the program and are documented. Ⓓ

CCCPC.02

The center develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

Element(s) of Performance for CCCPC.02

1. The center selects and evaluates clinical practice guidelines for their relevance to the target population and that include guidelines for cardiovascular disease management, prevention, and risk reduction strategies along the entire continuum of care.

2. The selected clinical practice guidelines are based on evidence that clinical leaders determine to be current and includes all required cardiovascular services.
    (See also CCCLM.02, EP 1)

3. The center's leadership and interdisciplinary teams review and approve clinical practice guidelines prior to implementation. Ⓓ

4. The center educates practitioners and staff on clinical practice guidelines and their use.

5. The center demonstrates that it is following the clinical practice guidelines when providing care, treatment, and services.

6. The center modifies its standardized processes based on changes in clinical practice guidelines (CPGs) or evidence-based practice. Evaluation of order sets, policies, and procedures utilized by the center occurs annually to ensure alignment with CPGs and evidence-based practice.

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

CCCPC.03

The center implements care, treatment, and services using clinical practice guidelines to meet individual patient needs.

Element(s) of Performance for CCCPC.03

1. The center establishes an interdisciplinary care team based on the patient's assessed needs and direction from clinical practice guidelines.

2. The center completes assessments and reassessments according to the patient's needs and clinical practice guidelines. At a minimum, the patient assessments include, but are not limited to, the following:
   - A physical, psychological, and psychosocial assessment
   - A detailed cardiovascular examination and assessment
   - Cardiovascular risk factors, including family history, smoking history, and dietary habits
   - Appropriate cardiovascular tests and review of results
   - Ongoing, pertinent cardiovascular-related patient education needs
   - Barriers to care, including access to services
   Note: Cardiovascular risk scores and other standardized scales are incorporated as available.

3. The center implements care, treatment, and services and provides referrals and/or consultations based on the patient's assessed needs. Referrals and/or consultations include, but are not limited to, the following:
   - Cardiac rehabilitation prior to discharge
   - Palliative care services
   - End-of-life or hospice services
   - Spiritual support

CCCPC.04

The center develops a plan of care that is based on the patient's assessed needs.

Element(s) of Performance for CCCPC.04

1. The plan of care is developed using an interdisciplinary approach, patient participation, and, as appropriate, family or caregiver participation.

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

2. **The center individualizes the plan of care for each patient and includes the following information:**
    - Cultural, spiritual, or religious beliefs and practices important to the patient and family
    - Advanced directive information
    - Contact information for surrogate decision-makers

3. **The individualized plan of care is based on the patient's goals and the time frames to meet those goals.**

4. **The individualized plan of care reflects coordination of care with other care providers, as determined by patient current needs.**

5. **The center explains the plan of care to the patient in a manner they can understand and discusses with the patient and their family or caregiver how they want to receive information, including their preferred language.**

6. **The center educates the patient and their family or caregiver of all potential consequences of not complying with recommended care, treatment, and services and of disease processes and prognosis.**

7. **The center informs the patient and their family or caregiver about their rights and responsibilities and the need to provide accurate health information to help facilitate care, treatment, and services.**

8. **The center continually evaluates, revises, and implements revisions to the plan of care to meet the patient's ongoing needs.**

CCCPC.05

The center manages comorbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.

Element(s) of Performance for CCCPC.05

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

1. Patients with comorbidities and co-occurring conditions needing clinical and/or psychosocial care, treatment, and services are managed by the center's practitioners or referred to other practitioners for care.

2. The center's practitioners communicate to other practitioners and staff involved in the patient's care important information regarding co-occurring conditions and comorbidities needed to manage the patient's conditions.

3. The center conducts regular patient care conferences with members of the interdisciplinary team to coordinate care responsibilities, plan for patient-centered goals of care, make joint decisions, and conduct advance care planning. The frequency of patient care conferences is defined by the center. Documentation is required. Ⓓ

CCCPC.06

The center initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Element(s) of Performance for CCCPC.06

1. In preparation for discharge, the center discusses and plans with the patient and family or caregiver the care, treatment, and services that are needed to achieve the mutually agreed upon self-management plan and goals.

2. In preparation for discharge, the center considers the patient's anticipated needs and goals when identifying the setting and practitioners for continuing care, treatment, and services.

3. In preparation for discharge, the center communicates the patient's needs and goals to other practitioners who will continue to support the patient in achieving the desired outcomes.

4. The center provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient's continued care, treatment, and services.

New Patient Engagement (CCCPE) Chapter

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

CCCPE.01

The center involves patients in making decisions about managing their disease or condition.

Element(s) of Performance for CCCPE.01

1. **The center involves patients in decisions about their care, treatment, and services.**

2. **The center assesses the patient's readiness, willingness, and ability to engage in self-management activities.**

3. **The center assesses the family and/or caregiver's readiness, willingness, and ability to provide or support self-management activities, as appropriate.**

4. **The center utilizes the assessment of the patient and family and/or caregiver to guide shared decision making in the plan of care and in the development of a self-management plan.**

5. **Patients and practitioners mutually agree upon goals about managing the patient's disease or condition.**

CCCPE.02

The center addresses the patient's self-management plan.

Element(s) of Performance for CCCPE.02

1. **The center promotes lifestyle changes and provides education and resources that supports self-management activities and that includes, but is not limited to, the following:**
    - Information regarding the patient's disease or condition
    - Medications management
    - Cardiovascular risk factors
    - Cardiovascular disease prevention
    - Identification of any needs the patient and, as appropriate, the family may have related to physical or psychosocial care, treatment, and services after discharge or transfer

2. **The center engages family and community support structures in the patient's self-management plan, as directed by the patient.**

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

3. The center addresses the education needs of the patient regarding disease progression and health promotion.

4. The center revises the self-management plan according to the patient's assessed needs.

CCCPE.03

The center addresses the patient's education needs.

Element(s) of Performance for CCCPE.03

1. The center's education materials are supported by clinical practice guidelines and evidence-based practice. Ⓓ

2. The center presents content in an understandable manner according to the patient's level of literacy and communication needs.

3. The center presents content in a manner that is culturally sensitive based on the patient's expressed values, religious or spiritual beliefs, cultural practices, and preferences for care.

4. The center makes initial and ongoing assessments of the patient's understanding of the care, treatment, and services provided.

5. The center provides education to the patient that meets the patient's education needs regarding their diagnosis, disease, or condition and care, treatment, and services.

Information Management (CCCIM) Chapter

CCCIM.01

The center maintains patient information that is confidential and secure, in accordance with law and regulation.

Element(s) of Performance for CCCIM.01

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

1. The center addresses in writing how it makes patients aware of how data and information related to them will be used.   Ⓓ

2. The center discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.

3. The center's medical records and patient information are safeguarded against loss, destruction, tampering, and unauthorized access or use.

4. The center identifies in writing who is authorized to access, use, and disclose patient information.   Ⓓ

5. The center defines a process for responding to a violation of confidentiality or security.   Ⓓ

6. The center implements its process for addressing a violation of confidentiality or security.

CCCIM.02

The center's information management processes meet internal and external information needs, in accordance with law and regulation.

Element(s) of Performance for CCCIM.02

1. The center's data are easily retrieved in a timely manner without compromising security and confidentiality

2. The center uses aggregate data and information to support leadership decisions.

3. The center uses aggregate data and information to support operations.

4. The center uses aggregate data and information to support performance improvement activities.

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

5.   The center uses aggregate data and information to support patient care.

CCCIM.03

The center collects patient information from a variety of sources, in accordance with law and regulation.

Element(s) of Performance for CCCIM.03

1.   The center collects patient information directly from the patient and family.

2.   The center collects patient information from relevant practitioners and/or health care organizations.

CCCIM.04

The center shares information with relevant practitioners and/or health care organizations about the patient's disease or condition across the continuum of care, in accordance with law and regulation.

Element(s) of Performance for CCCIM.04

1.   The center shares information directly with the patient.

2.   The center shares patient information with relevant practitioners and/or health care organizations.
      Note: The center makes assessments, plans of care, and discharge information accessible to the locations where the patient is planning to receive care.

CCCIM.05

The center initiates, maintains, and makes accessible a medical record for every patient, in accordance with law and regulation.

Element(s) of Performance for CCCIM.05

1.   All relevant practitioners have access to patient information as needed.

2.   The center's medical record contains sufficient information to identify the patient.

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

3.   The center's medical record contains sufficient information to support the diagnosis.

4.   The center's medical record contains sufficient information to justify the patient's care, treatment, and services.

5.   The center's medical record contains sufficient information to document the course and results of care, treatment, and services.
     Note: This includes the patient's cardiovascular risk assessments, procedures/surgeries, test results, plan of care, and education.

6.   The center's medical record contains sufficient information to facilitate continuity of care.

7.   The center reviews its medical records for completeness and accuracy.

Performance Improvement (CCCPI) Chapter

CCCPI.01

The center has an organized, comprehensive approach to performance improvement.

Element(s) of Performance for CCCPI.01

1.   The center's leadership and interdisciplinary teams identify goals and set priorities for its performance improvement plan and uses internal and audited registry(s) data to assess quality and inform the improvement plan.   Ⓓ

2.   The center's leadership involves the interdisciplinary team members in performance improvement planning and activities. The performance improvement activities include, but are not limited to, reviews of the following:
     - Complications, delays, and misdiagnoses related to the care, treatment, and services provided, particularly for women, minority groups, and patient's that are at higher risk for health care disparities
     - Major adverse cardiac events
     - Failed interventions that required additional services (such as emergent coronary artery bypass grafts)
     - Cardiac disorders that are difficult to diagnose and treat (such as coronary microvascular dysfunction, spontaneous coronary artery dissection)

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

3. **The center has and implements a written performance improvement plan**
    Note: The written plan can be included as part of the center's charter or can be written as an addendum. `D`

4. **The center's performance improvement plan, including its data analysis, is reviewed and approved by organizational leadership at least annually.**

5. **The center collects data related to its target population to identify opportunities for performance improvement.**

6. **The center analyzes its internal data and receives periodic reports of its risk-adjusted outcomes from the audited registry(s) to identify opportunities for performance improvement activities. Analyses are documented.** `D`

7. **The center documents actions taken to achieve performance improvement in all cardiovascular services provided, including actions taken in response to unusual events.** `D`

8. **At least annually, the center determines if performance improvements have been achieved and sustained and revises the performance improvement plan accordingly. Revisions are documented.** `D`

CCCPI.02

The center maintains data quality and integrity for care, treatment, and services it provides.

Element(s) of Performance for CCCPI.02

1. **The center uses standardized data, definitions, and measure specifications in a consistent manner.**

2. **Data collection is timely, accurate, complete, and relevant to the center.**

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

3. **The center minimizes data bias.**

4. **The center monitors data reliability and validity.**

5. **The center uses sampling methodology based on measurement principles.**

6. **The center uses data analysis tools.**

CCCPI.03

The center collects measurement data to evaluate processes and outcomes.
Note: Measurement data must be internally trended over time and may be compared to an external data source for comparative purposes.

Element(s) of Performance for CCCPI.03

1. **The center selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice.**

2. **The center collects the data it needs to identify and improve processes and outcomes related to its target population and the scope of care, treatment, and services it provides.**

3. **The center collects data on the patient's experience of care.**

4. **The center's data are aggregated at the program level, and the center utilizes audited registries to monitor data and measure outcomes for the scope of services provided.**

5. **The center reports aggregated data results to The Joint Commission at defined intervals.**

6. **The center communicates to staff and organizational leaders the identified improvement opportunities.**

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

7. **The center incorporates identified improvement opportunities into the performance improvement plan.** ⓓ

8. **The center demonstrates improvement in processes and patient outcomes.**

CCCPI.04

The center collects and analyzes data to determine variance from clinical practice guidelines to identify opportunities for performance improvement.

Element(s) of Performance for CCCPI.04

1. **The center tracks data variances at the patient level.**

2. **The center evaluates variances that affect performance and outcomes.**

3. **The center uses data analysis to modify performance improvement activities in support of clinical practice guidelines.**

CCCPI.05

The center evaluates the patient's experience of care.

Element(s) of Performance for CCCPI.05

1. **The center collects and analyzes the patient's experience of care provided by the center.**

2. **Data regarding the patient's experience of care are utilized for performance improvement activities.** ⓓ

CCCPI.06

The center has a sentinel event process that includes identifying, reporting, managing, and tracking sentinel events.

Element(s) of Performance for CCCPI.06

Key: ⓓ indicates that documentation is required;   🆁 indicates an identified risk area;

The Joint Commission

1.   The center has a process for identifying and reporting sentinel events.

2.   The center has a process for internally tracking sentinel events when they occur.

3.   The center has a process for analyzing sentinel events.

4.   The center's leader(s) implement changes based on the analysis of sentinel events.