Performance measures have been announced for two newly developed Joint Commission advanced Disease-Specific Care Certification programs — Acute Heart Attack Ready (AHAR) and Primary Heart Attack Center (PHAC). The measures will go into effect July 1, 2019, for critical access hospitals and hospitals (including freestanding emergency departments) that are pursuing these certifications.

The measures applicable to AHAR Certification are:

- Electrocardiogram (ECG) within 10 minutes of arrival
- Arrival to thrombolytics within 30 minutes
- Arrival to transfer to percutaneous coronary intervention (PCI) center within 45 minutes (Door in-door out: Referring hospital)
- Emergency medical services (EMS) first medical contact (FMC) to PCI ≤ 90 minutes (when applicable)*
  (*When applicable if the AHAR-certified hospital provides any PCI coverage for primary PCI)

The measures applicable to PHAC Certification are:

- ECG within 10 minutes of arrival at this receiving center
- Primary PCI ≤ 90 minutes
- EMS FMC to PCI ≤ 90 minutes
- Arrival at first facility to primary PCI ≤ 120 minutes

These measures have been adopted from the American Heart Association’s (AHA) Get With The Guidelines® — Coronary Artery Disease. Data collection for the measures must commence four months prior to the initial certification review visit for organizations seeking certification. After that, data collection should be ongoing for all AHAR- or PHAC-certified organizations.

Questions about these measures may be sent to the AHA at accreditation@heart.org.

Resources

Up in the blogosphere with The Joint Commission

- Dateline @ TJC — Detecting Drug Diversion in the Health Care Workforce: Due to the availability of and access to medications in health care organizations, diversion of controlled substances can be difficult to detect and prevent without a comprehensive controlled substances diversion prevention program (CSDPP). In every organization, drug diversion is a potential threat to patient safety, writes Robert Campbell, PharmD, director, Clinical Standards Interpretation for the Hospital and Ambulatory Health Care programs, director, Medication Management.

- On Infection Prevention & Control — Poor Sterilization of Ophthalmology Devices Leading to Viruses: The American Academy of Ophthalmology has reported that transmission of several viruses could occur from failure to adequately disinfect ophthalmology devices, such as tonometers, which is resulting in multiple declarations of an immediate threat to health and safety of patients. Survey data has identified either a lack of awareness of the requirements or misinterpretation of manufacturer’s
instructions — combined with lack of staff training and leadership oversight, writes Sylvia Garcia-Houchins, MSN, RN, CIC, director, Infection Prevention and Control.

- **Quality in Nursing Care** — [Performance Measure Dashboard Reports: Identifying and Prioritizing Improvement Opportunities](#): In March, The Joint Commission launched a new dashboard report for accredited nursing care centers to provide performance measurement data on a select subset of measures. The dashboard provides a consistent and transparent springboard for discussion between surveyors and organizations during the survey process, as well as an additional prioritization tool to set an organization's quality strategy, writes Tricia Elliott, MBA, CPHQ, director, Quality Measurement, and Brigette DeMarzo, MPH, CIC, CPHQ, CPPS, project director, Quality Measurement.

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