Prepublication Requirements

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Comprehensive Cardiac Center Certification Program Standards and EPs

APPLICABLE TO COMPREHENSIVE CARDIAC CENTER CERTIFICATION

Effective January 1, 2017

Comprehensive Cardiac Center Management Chapter

CCCM.1

The comprehensive cardiac center's leaders secure support from the organization.

Elements of Performance for CCCM.1

1. The center's philosophy is aligned with the organization's mission.

2. The center's leaders are empowered by the organization's leaders to provide care, treatment, and services.

3. Center leaders integrate the care, treatment, and services provided by the center with those of the organization.

4. Center leaders secure the resources the center requires in order to support the scope of care, treatment, and services provided.

5. Center leaders evaluate care, treatment, and services provided to ascertain whether the scope and level of care, treatment, and services are consistently provided.

6. Center leaders create opportunities for the interdisciplinary team to participate in the design of the care, treatment, and services provided. (See also CCCM.7, EP 3)

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

7. The center assumes an active role in the development and coordination of cardiac education programs at the community level based on the needs of the population served.

8. The center sponsors at least one community education program annually that focuses on cardiovascular disease prevention. (See also CCCPC.5, EP 7)

CCCM.2

The center defines its leadership roles.

Elements of Performance for CCCM.2

1. The center has dedicated executive leadership and staff necessary to meet the scope of care, treatment, and services it provides across the continuum of care.

2. The center has a designated leader who is accountable for the comprehensive cardiac center. This leader makes certain that the center does the following:
   - Provides integrated, coordinated, patient-centered care
   - Provides early identification of patients' risk levels and provides care at a level that corresponds to the center's capabilities
   - For identified or unanticipated high-risk/high-complexity patient needs, provides direct care or stabilizes and safely transfers patients who require care beyond the scope of services provided by the organization
   - Patient education and information about comprehensive cardiac care services is made available to patients so they can make informed decisions about their care
   - Implements ongoing performance improvement processes that include center-specific performance improvement requirements in addition to any required measures

3. The center's executive leadership team includes, at a minimum, the following members:
   - A qualified physician(s) (doctor of medicine or osteopathy) who has specialized training in cardiology and is privileged in cardiology
   - A qualified cardiothoracic surgeon who has specialized training and is privileged in cardiothoracic surgery
   - Registered nurse(s) and/or advanced practice nurses(s) who have cardiovascular training or clinical experience in cardiac care, or are certified/certification eligible
   - Organization executive

4. A qualified physician with medical cardiology privileges is responsible for management of the center's cardiology services.

5. A qualified physician with interventional cardiology privileges is responsible for management of the interventional cardiology services.

6. A qualified surgeon with cardiothoracic surgery privileges is responsible for management of the center's cardiac surgical services.

7. A qualified cardiac anesthesiologist with cardiac anesthesiology privileges is responsible for management of the center's cardiac anesthesia services.

8. A qualified physician with electrophysiology privileges is responsible for management of the center's electrophysiology services.

9. A qualified physician with emergent cardiovascular care training and emergency room privileges is responsible for the management of the center's emergency room services.

10. A nursing leader with cardiovascular nursing care experience is responsible for management of the center's cardiovascular nursing care services.

11. The comprehensive cardiac center's executive leaders define both the shared and unique responsibilities and accountabilities of its leadership and staff.

12. Center leaders share best practices with leaders of other comprehensive cardiac centers and other organizations providing cardiac care, treatment, and services.

13. The center complies with applicable law and regulation.

14. The center's executive leaders make certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

CCCM.3

The comprehensive cardiac center provides services that meet the needs of its patient population.

Elements of Performance for CCCM.3

1. The center defines its scope of care, treatment, and services. At a minimum, these include the following domains:
   - Advanced heart failure management, including outpatient services
   - Cardiac rehabilitation of patients, as indicated, either on site or by referral
   - Cardiovascular risk factor identification and cardiac disease prevention
   - Management of arrhythmias, including electrophysiology services and outpatient device clinic
   - Management of cardiac arrest, including prevention of in-hospital arrests, resuscitation, and targeted temperature management for cardiac arrest
   - Management of cardiac valve disease, including valve replacement/repair procedures
   - Management of ischemic heart disease through medical and interventional/surgical care, including acute coronary syndrome treatments, percutaneous coronary interventions, and coronary bypass graft surgery
   Note: Acute coronary syndrome includes ST-segment elevation myocardial infarction (STEMI), non-ST-segment elevation myocardial infarction (NSTEMI), and unstable angina (UA).

2. The center provides care, treatment, and services to meet the needs of the population served based on the scope of services offered.

3. The center provides the patient and family education or information about care, treatment, and services, and alternative options available to meet the patient's needs and preferences. (See also CCCPC.2, EP 3)

4. The center demonstrates its capability to provide medical and interventional/surgical cardiovascular critical care services in designated beds 24 hours a day, 7 days a week.
   Note: Cardiovascular critical care units can be defined and implemented in a variety of ways. The cardiovascular critical care unit must be a specific enclosed area with beds designated for acute cardiovascular patients.

5. The center provides the following 24 hours a day, 7 days a week (suitable backup systems and plans are in place that meet the emergent needs of the patient, while also taking into account the characteristics and needs of the population served):
   - Anesthesia services
   - Perfusion services
   - Respiratory care services
   - Radiology services
   - Cardiac imaging services
   - Cardiac computed tomography
   - Nuclear cardiology
   - Echocardiography
   - Transthoracic echocardiography (TTE)
   - Transesophageal echocardiography (TEE)
   - Electrocardiogram
   - Laboratory services
   - Blood bank services
   - Emergency department
   - Cardiac catheterization and interventional lab
   - Cardiac surgical services
   - Electrophysiology services for emergency cardiac pacing and device interrogation
   - A process for recognizing and responding to changes in a patient's condition based on early warning risk criteria
   - Resuscitation services

6. The center provides early risk identification and manages the patient's risks at a level that corresponds to the center's capabilities.

7. The center performs emergency cardiovascular diagnostic, imaging, and interventional/surgical services within an interval of time that meets the needs of the patient and is consistent with current clinical practice guidelines.

8. The center demonstrates its capability to perform cardiopulmonary resuscitation, including intubation and post-resuscitation care with targeted temperature management, 24 hours a day, 7 days a week. This is performed according to the most current national guidelines. (See also CCCM.4, EP 1; CCCM.6, EP 4; CCCM.9, EP 1)

9. In the event of unanticipated patient complications, the center provides direct care; otherwise, the center stabilizes patients prior to transfer.

10. The center has agreements in place to transfer those patients who require care beyond the scope of services provided by the organization.

11. The center has internal guidelines regarding consultation with a physician who is board certified or board eligible in the required cardiac specialty 24 hours a day, 7 days a week.

12. 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. (See also CCCM.4, EP 1)

13. The center demonstrates the capability to immediately receive, process, and report results for urgent or emergent laboratory requests with consideration for the acuity of the patient and the integrity of the samples.

14. The center demonstrates the capability to provide emergent pacing and device interrogation services 24 hours a day, 7 days a week, based on the patient's individual needs and according to current clinical practice guidelines.

CCCM.4

The center uses clinical practices originating from evidence-based national guidelines or expert consensus to deliver or facilitate care, treatment, and services.

Elements of Performance for CCCM.4

1. The center has policies and procedures that support its clinical practices and management of common conditions that may occur. At a minimum, this includes policies and procedures for the following:
   - Providing direct care, or stabilizing and transferring patients who require care beyond the scope of services provided by the organization
   - Providing continuous mechanical circulatory support
   - Planning for consultation, referral, and transfer arrangements (See also CCCM.3, EP 10)
   - Managing unexpected complications
   - Performing cardiopulmonary resuscitation according to current national guidelines (See also CCCM.3, EP 8)
   - Providing post-cardiac arrest patient management including targeted temperature management
   - Planning for discharge, follow-up, and transitions of care
   - Managing an acute myocardial infarction—ST segment elevation myocardial infarction (STEMI) and non-ST segment elevation myocardial infarction (NSTEMI)

2. The center's interdisciplinary team members and staff have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format. At a minimum, these include the following:
   - Evidence-based guidelines and reference materials
   - Protocols/care pathways and guidelines for the acute workup, management, and transitions of care for cardiac patients
   - Complete description of the emergency medical services (EMS) with available treatment guidelines for prehospital personnel, including EMS patient routing plans that direct transport of acute cardiac ST segment elevation myocardial infarction (STEMI) patients to a STEMI-receiving center

3. The center has a process to regularly review its clinical practice guidelines and order sets.

4. The center implements modifications to its clinical practices in response to changes in evidence based national guidelines, up-to-date systematic review of existing evidence, or results of its performance improvement activities. (See also CCCPI.3, EP 5)

5. The center demonstrates that the clinical practice guidelines and policies and procedures that apply to its patient population are coordinated and unified throughout the center.

CCCM.5

The center identifies and minimizes risks to patients.

Elements of Performance for CCCM.5

1. Staff implements activities for managing medications, including following protocols for, at a minimum, anticoagulants, nitrates, vasopressors, antibiotics, hemorrhage management/medications, and emergency resuscitation medications. (See also CCCM.6, EP 2)

2. Staff implement activities for preventing and controlling infection in the center's patient population, which include reducing health care–acquired infections and following standardized wound care protocols.

CCCM.6

Center leaders are responsible for selecting, orienting, educating, and training comprehensive cardiac center staff.

Elements of Performance for CCCM.6

1. Center staff have education, experience, training, and/or certification consistent with the center's philosophy and scope of care, treatment, and services.

2. Center leaders, or their designees, evaluate the qualifications, training, and experience of comprehensive cardiac center staff to determine whether practitioners are knowledgeable about the following:

- Pathophysiology, presentation, assessment, diagnostics, and treatment of patients with acute coronary syndromes, heart failure, cardiogenic shock, cardiac arrhythmias, structural heart disease, adult congenital heart disease, cardiovascular prevention, and other cardiac disease states
- Surgical treatment of coronary artery disease, heart failure, structural heart disease, and other cardiac disease states
- Cardiac imaging
- Communication with an inbound emergency medical services (EMS) for cardiac emergencies, activation of the ST segment elevation myocardial infarction (STEMI) team, and location and application of STEMI protocols
- Indications and contraindications for use of IV thrombolytic therapy and direct percutaneous coronary intervention (PCI)
- Indications and contraindications for advanced cardiac life support and mechanical circulatory support
- Signs and symptoms of cardiovascular deterioration
- Recognition, assessment, and management of cardiac complications
- Management of major bleeding events/hemorrhage
- Managing medications, including following protocols for, at a minimum, anticoagulants, nitrates, vasopressors, antibiotics, emergency resuscitation medications, and medications used to control bleeding/hemorrhage (for example, protamine sulfate and antifibrinolytics) (See also CCCM.5, EP 1)

Ⓓ

3. The center requires the following specific training and education for physicians and staff members, including cardiac care unit staff and emergency department staff:

- Registered nurses working in the emergency department, cardiovascular critical care units, cardiac surgery, cardiac stepdown/telemetry nursing units, and cardiac catheterization/interventional/electrophysiology laboratories are formally educated and experienced in the provision of evidence-based acute cardiac nursing care.
- Registered nurses working in the above areas are knowledgeable about cardiac assessment and nursing management of cardiovascular patients.
- Advanced practice nurses (clinical nurse specialists or nurse practitioners) have specific expertise in cardiac advanced nursing management.
- Physician assistants have specific expertise in cardiac patient management.
- Advanced practice nurses, physician assistants, and nurse educators providing acute cardiac care to patients or educating registered nurses who provide that care are required to attend one or more local, regional, or national meetings every other year related to cardiovascular care.
- Registered nurses working in the emergency department complete at least two hours of continuing education per year on acute cardiac nursing assessment and patient management.
- Registered nurses working in a cardiac care unit or a cardiovascular critical care unit providing acute cardiac patient care are required to complete ten or more hours of education per year on cardiovascular disease, nursing assessment, and patient management.
- Medical staff members of the interdisciplinary team receive at least eight hours annually of continuing education on providing interdisciplinary care to cardiovascular patients, or other equivalent educational activity, as determined by the center physician leadership, the organization's medical staff requirements, and as appropriate to the physician's level of responsibility.
- Other direct patient care members of the interdisciplinary team receive at least two hours of continuing education annually on cardiovascular patient care.

Ⓓ

4. Center leaders identify critical competencies and education for the center's interdisciplinary team members, which, at a minimum, include the following as appropriate to the patient care area and patient population:
- Pathophysiology, presentation, assessment, diagnostics, and treatment of cardiovascular patients, including acute coronary syndromes, cardiac arrhythmias, acute heart failure, cardiogenic shock, cardiac arrest, syncope, tamponade, structural heart disease, and other acute cardiovascular disease presentations.
- Use of new patient equipment or technology
- Use of auscultation and electronic cardiac monitoring, including use of current terminology for interpretation of the results
- Identification and management of cardiac arrhythmias
- Providing care for patients on mechanical circulatory support, such as ventricular assist devices, extracorporeal membrane oxygenation (ECMO), catheter-based assist devices
- Skills for caring for patients on intra-aortic balloon pump counter pulsation
- Preparation for emergency cardiovascular management, including medical management, interventional/surgical procedures, and postprocedure/postoperative care
- Use of intravenous vasopressor and antihypertensive and positive inotropic agents
- Methods for hemodynamic monitoring
- Methods for invasive and noninvasive ventilator management
- Postanesthesia and recovery care
- Nursing care of patients post cardiovascular procedures
- Providing resuscitation according to current national guidelines
- Use of targeted temperature management protocols following cardiac arrest
- Identification and care of the ST segment elevation myocardial infarction (STEMI) patient (out-of-hospital and inpatient)
- Location and application of STEMI, advanced cardiac life support (ACLS), and arrhythmia-related protocols, activation of the cardiac catheterization team, and communications with inbound emergency medical services (EMS).
- Clinical drills to help staff prepare for unanticipated complications or high-risk events with a low rate of occurrence
- Clinical drill debriefings to evaluate team performance and identify areas for improvement

Ⓓ

5. Center leaders assess each team member's identified critical competencies through observation on an ongoing basis. This assessment is documented.

Ⓓ

6. The center provides or facilitates access to orientation for the interdisciplinary team members, center staff, and volunteers. The orientation plan and specific content are defined by the center leaders, and include, but are not limited to, the following areas:
- The domains of comprehensive cardiac care
- Assessment and management of pain and other physical symptoms
- Assessment and management of psychological symptoms and psychiatric diagnoses
- Communication skills
- Cross-cultural knowledge and skills
- Information on specific population(s) served
- Grief and bereavement
- Ethical principles that guide provision of comprehensive cardiac care
- Community resources for patients and families
- Palliative and hospice care
Note: Orientation may be provided over a period of time and in a variety of methods, including live and video presentations; electronic or written materials; clinical experience with a preceptor or mentor; or education at a seminar or other organization.

Ⓓ

7. The orientation process for the center's clinical direct patient care interdisciplinary team members includes information and training necessary to perform their responsibilities. Completion of the orientation is documented. This includes, but is not limited to, information and training on the following:
- Performing a comprehensive assessment that includes documentation in the medical record and plan of care
- Identifying common cardiovascular signs and symptoms
- Identifying and responding to changes in the patient's clinical condition or risk factors
- Using standardized terminology to communicate with other team members (See also CCCPC.4, EP 4)
- Using cardiovascular clinical practice guidelines (See also CCCM.4, EPs 1–5)
- The treatment and care of routine cardiovascular problems
- The treatment and care of unanticipated high-risk events
- Cardiopulmonary resuscitation according to current national guidelines
- Transferring or transporting the patient
- Pain management
- Care practices that promote patient and family-centered care
- Clinical drills to help staff prepare for high-risk events with a low rate of occurrence
- Clinical drill debriefings to evaluate team performance and identify areas for improvement
- Safety and security of the patient

Ⓓ

8. Leaders support the interdisciplinary team members' participation in continuing education, including in-services, training, and other activities, relevant to the center's scope of services.

9. The center develops cardiovascular educational initiatives for all cardiovascular personnel including those involved in prehospital care.

10. The center interdisciplinary team prepares and presents two or more educational programs annually for the center staff or for those staff in the organization outside the cardiac center.

11. The center provides opportunities for emotional support of leaders, the interdisciplinary team, staff, and volunteers.
Note: Emotional support is especially important in helping manage the stress of caring for critically ill, chronically ill, and palliative care cardiac patients and their families.

CCCM.7

The comprehensive cardiac center has an interdisciplinary team that includes individuals with expertise in and/or knowledge about the center's specialized care, treatment, and services.

Elements of Performance for CCCM.7

1. The center's interdisciplinary team includes the following individuals and services to meet the needs of the patient population:
Direct patient care staff, including but not limited to, the following:
- A physician with medical cardiology privileges and appropriate training and expertise
- A physician with emergency room privileges and appropriate training and expertise
- A physician with interventional cardiology privileges and appropriate training and expertise
- A physician with cardiothoracic surgery privileges and appropriate training and expertise
- A physician with electrophysiology privileges and appropriate training and expertise
- An internist, family practitioner, or hospitalist with privileges and appropriate training and expertise
- A physician with cardiac anesthesia privileges
- A physician with vascular surgery privileges
- A physician with vascular medicine privileges
- Qualified nursing personnel in adequate numbers to meet the needs of each patient in accordance with the care setting
- Cardiac diagnostics staff
- Cardiac imaging staff
- Cardiac catheterization laboratory and interventional laboratory staff
- Cardiac surgery staff
- Electrophysiology staff
- Cardiac rehabilitation staff
- Emergency department staff
- Respiratory care staff
- Radiology staff
- Registered pharmacist with expertise in cardiology
Nondirect patient care staff, including but not limited to, the following:
- Leadership/management of cardiac care units and cardiovascular critical care units
- Data collection personnel
- Patient advocate
- Laboratory services staff
- Blood bank services staff

Ⓓ

2. Based on the care, treatment, and services provided, the population served, and the patient's and family's needs, the interdisciplinary team may utilize additional individuals including, but not limited to, the following:
   - Additional physicians to support members of the interdisciplinary team
   - Additional nursing staff to support members of the interdisciplinary team
   - Case managers and social workers with expertise in cardiac care coordination
   - Clinical pharmacists
   - Gerontologists
   - Dietitians
   - Psychiatrists
   - Psychologists
   - Recreational therapists
   - Exercise physiologists
   - Rehabilitation therapists, including physical, occupational, and speech therapists
   - Supervised volunteers

3. The center defines in writing the interdisciplinary team members' responsibilities. (See also CCCM.1, EP 6)

   Ⓓ

4. Adequate numbers and types of practitioners are available to deliver or facilitate the delivery of care, treatment, and services as follows:
   - The center has a written and adhered to call schedule for physicians with expertise in cardiac critical care, coronary interventions, advanced heart failure care, cardiac imaging, arrhythmia management, and cardiothoracic surgery providing coverage 24 hours a day, 7 days a week.
   - The center demonstrates coverage of the emergency department, cardiovascular critical care units, catheterization laboratories, and operating rooms 24 hours a day, 7 days a week by physicians with expertise in emergent cardiovascular care, critical cardiovascular care, coronary interventions, and cardiothoracic surgery.
   - The center's program/unit medical directors or designees are available by phone within 20 minutes and available in-house within 45 minutes, 24 hours a day, 7 days a week.

5. The following practitioners and staff members are available as follows:

Physicians:
- At least one cardiac interventionist is available by phone within 10 minutes and available in house within 30 minutes, 24 hours a day, 7 days a week.
- Other cardiac catheterization/interventional suite personnel are available within 30 minutes, 24 hours a day, 7 days a week, to perform emergency cardiac catheterization/interventional procedures.
- At least one cardiologist with cardiac imaging experience is available 24 hours a day, 7 days a week.
- At least one electrophysiologist is available 24 hours a day, 7 days a week.
- At least one diagnostic radiologist is available 24 hours a day, 7 days a week.
- Physicians with critical care and cardiovascular experience staff the cardiovascular critical care units and are available 24 hours a day, 7 days a week.
- In addition to the cardiac interventionist, one or more additional cardiologists are to be available by phone within 20 minutes and available in house within 45 minutes, 24 hours a day, 7 days a week.
- One or more cardiothoracic surgeons are available within 30 minutes, 24 hours a day, 7 days a week.
- One or more cardiac anesthesiologists are available within 30 minutes, 24 hours a day, 7 days a week
- Surgeons with expertise in vascular surgery are available.

Advanced Practice Nurses (APNs) and Physician Assistants (PAs):
- APNs and PAs support delivery of evidence-based acute cardiac care, assessment, and management.
- APNs provide expert nursing consultation and practice oversight.
- APNs and PAs develop and deliver cardiovascular care education programs.
- APNs and PAs participate in performance improvement processes.
- APNs and PAs participate in cardiovascular research.

Imaging Staff:
- One or more qualified radiology technologists are available 24 hours a day, 7 days a week.
- One or more qualified radiology technologists and/or qualified cardiovascular technologists are available 24 hours a day, 7 days a week to assist with cardiac procedures.
- One or more qualified computed tomography (CT) and magnetic resonance imaging (MRI) technologists are available 24 hours a day, 7 days a week.

Cardiac Rehabilitation:
- Cardiac rehabilitation services are directed by a clinician with expertise and experience in cardiac rehabilitation.
- Physical therapists, nutritionists, and cardiac rehabilitation staff are available to perform patient assessment during the inpatient acute cardiac phase.

6. The following individuals and support services are available to the center's interdisciplinary team:
    - Licensed social worker or nurse case manager for discharge planning and education, community follow-up, referral process, home care or foster care arrangements, and socioeconomic and psychosocial problems
    - Infection control personnel responsible for surveillance of infections, as well as development of an appropriate infection control program
    - Genetic diagnostic and counseling services or written consultation and referral agreements for these services
    - Behavioral or mental health services or written consultation and referral agreements for these services
    - Nurse(s) or licensed independent practitioner(s) with appropriate training or experience in cardiovascular care to conduct staff education and development
    - Personnel for assisting surgical procedures, such as surgical assistants
    - At least one staff member with expertise in grief and bereavement counseling and palliative care who is responsible for these activities

7. Suitable backup systems and plans are in place that take the following into account:
    - Emergent needs of the patient
    - Characteristics and needs of the population served
    - Skill set of the staff providing the services

CCCM.8

The center promotes collaboration among center staff and with the organization staff who are involved in the patient's care.

Elements of Performance for CCCM.8

1. The center and the organization promote and support a collaborative and trusting environment.

2. Center leaders facilitate communication among the interdisciplinary team members and other organization staff who are involved in the patient's care.

3. The center demonstrates teamwork among the interdisciplinary team members and other organization staff who are involved in the patient's care. Ⓓ

CCCM.9

The center has essential cardiovascular emergency equipment, supplies, and medications stocked and readily available.

Elements of Performance for CCCM.9

1. The center has equipment and supplies immediately available to provide, at minimum, for the following functions:
    - Monitoring (hardwire and telemetry) based on the patient's needs and protocols
    - Resuscitation and stabilization of the patient
    - Infection control and isolation, if necessary
    - Initiation of an emergency call system

2. Emergency medications needed to initiate and maintain resuscitation, per national guidelines, are present or immediately available in patient care areas.

CCCM.10

The comprehensive cardiac center participates in cardiovascular research.

Elements of Performance for CCCM.10

1. The center currently participates in patient-centered cardiovascular research approved by the Institutional Review Board (IRB).
Note: Patient-centered research includes research focusing on clinical patient studies. Participating in laboratory-based research or a registry does not meet this requirement.

2. The center has a written research protocol for current cardiovascular research. Ⓓ

Provision of Care, Treatment, and Services Chapter

CCCPC.1

Patients and families know how to access and use the center's care, treatment, and services.

Elements of Performance for CCCPC.1

1. The center has a process to identify patients for whom cardiac care services are indicated and communicates this to appropriate organization staff and interdisciplinary team members.

2. The center informs patients and families on how to access care, treatment, and services during business hours.

3. The center informs patients and families on how to contact staff in the case of an emergent situation during or after business hours.

4. The center informs patients and families about patient rights and responsibilities while receiving care, treatment, and services. Ⓓ

5. The center informs patients and, as appropriate, families of their responsibilities for providing information that is important to care, treatment, and services. Ⓓ

6. The center informs patients and, as appropriate, families about a patient's right to refuse any or all of the care, treatment, and services offered by the center. Ⓓ

7. The center assists patients and, as appropriate, families with accessing health care services and providers that are available to meet patients' health care needs. This includes supportive referrals to social service programs, health care systems and settings, and health care specialists.

8.   Comprehensive cardiac centers that do not provide highly specialized aspects of cardiovascular care (for example, heart transplant) have a process for making referrals to one or more centers that will accept patient referrals.

CCCPC.2

The center communicates with and involves patients and, as appropriate, families in decision making.

Elements of Performance for CCCPC.2

1.   The center discusses with patients and, as appropriate, families how they want to receive information, including the type and extent of information, and their preferred language.

2.   Patients' and, as appropriate, families' wishes about how they want to receive information is communicated to staff who are involved in the patient's care.

3.   Patients and, as appropriate, families receive the information they need to make informed decisions about their care, including, but not limited to, information about treatment, tests, medications, and procedures. Information includes related risks, benefits, and alternatives. (See also CCCM.3, EP 3)

4.   The center actively involves patients and, as appropriate, families in decisions about clinical care.

5.   Patients, families (as appropriate), and staff mutually agree upon patient-centered goals of care. (See also CCCPC.7, EP 3)

6.   As appropriate to the patient's clinical status, center staff provide information and education about advance care planning to the patient and family, based on the patient's expressed values, religious or spiritual beliefs, cultural practices, and preferences for care. This information is documented in the medical record.

7.   If the patient has an advance directive, a copy is included in the patient's medical record.

8.   The center documents in the patient's medical record whether the patient has a designated surrogate decision-maker. When the patient has a surrogate decision-maker, the center documents the surrogate decision-maker's name and contact information in the medical record.

9.   The center has a process to provide surrogate decision-makers with guidance on legal and ethical decision making, when needed.

10. Center staff educate the patient and family on disease processes and prognosis so that they are able to make informed care decisions.

11. If the patient has expressed preferences for treatment as his or her disease progresses, the interdisciplinary team will document these preferences in the medical record. Ⓓ

CCCPC.3

The center tailors care, treatment, and services to meet the lifestyle, needs, and values of the patient and, as appropriate, family.

Elements of Performance for CCCPC.3

1. The documented plan of care is developed together with the patient, family (as appropriate), and care provider(s) based on the patient's assessed needs, strengths, limitations, and goals.

2. The plan of care is based on an understanding of the patient's and, as appropriate, family's values and preferences.

3. The center provides care, treatment, and services in a manner that meets the patient's and, as appropriate, family's communication needs. This includes recognizing and addressing their level of understanding and health literacy needs.

4. The center demonstrates a patient- and family-centered approach to all aspects of care based on the individual needs and/or preferences of the patient and family.

5. The center incorporates the patient's and, as appropriate, family's cultural preferences while providing care, treatment, and services. (See also CCCPC.4, EP 3)

6. The center communicates the plan of care to staff involved in the patient's care. (See also CCCPC.6, EP 1)

7. The center informs the patient and, as appropriate, family about the outcomes of the patient's care, treatment, and services, including unanticipated outcomes and sentinel events.

8. The center continually evaluates, revises, and implements revisions to the plan of care to meet the patient's ongoing needs and preferences. Revisions are documented in the medical record. Ⓓ

CCCPC.4

The center's interdisciplinary team assesses and reassesses the patient's needs.

Elements of Performance for CCCPC.4

1. The plan of care is developed using an interdisciplinary approach and the patient's and, as appropriate, family's participation.

2. The center's interdisciplinary team performs an initial patient assessment and documents the assessment in the patient's medical record. The initial assessment includes, but is not limited to, the following:
   - A physical, psychological, and psychosocial assessment of the patient
   - A detailed clinical examination and assessment of the patient performed by a qualified provider(s) and center staff
   - Cardiovascular risk factors, including family history, smoking history, and dietary habits
   - Appropriate tests and review of results
   - Ongoing, pertinent patient education
   - Environmental barriers to care
   (See also CCCIM.2, EP 3) (For more information, see PC.01.02.01, EPs 1–4, and PC.01.02.03, EPs 1 and 2 and EPs 6–8, in the Comprehensive Accreditation Manual for Hospitals.) [D]

3. The interdisciplinary team obtains information about cultural, spiritual, or religious beliefs and practices important to the patient and family that influences care, treatment, and services. (See also CCCPC.3, EP 5)

4. The interdisciplinary team assesses and documents the patient's clinical symptoms and, when available, uses standardized scales. [D]

5. As part of the initial assessment, the interdisciplinary team assesses and documents the patient's pain, dyspnea, and other symptoms using standardized scales when they are available. The scope of this assessment is defined by the center and based on patient needs. [D]

6. As part of the initial assessment, the interdisciplinary team assesses and documents the patient's anxiety, stress, grief, coping, and other psychological symptoms using standardized scales when they are available. The scope of this assessment is defined by the center and based on patient needs. [D]

7. The interdisciplinary team assesses and documents the need for grief, bereavement, and palliative care services for the patient and family, when needed. (See also CCCPC.5, EP 9) [D]

8. The interdisciplinary team completes the initial assessment within its defined time frame. [D]

9. The interdisciplinary team reassesses the patient on a regular basis, including whenever there is a change in the patient's condition or goals, when there is a change in the patient's or family's preferences, and as defined by the center. The reassessment is documented in the patient's medical record. [D]

10. The interdisciplinary team documents the patient's wishes regarding his or her own care across care settings and fulfills the patient's preferences when possible. [D]

11. The interdisciplinary team uses established criteria and guidelines for early and ongoing identification of cardiovascular risk factors in patients along the entire continuum of care.

CCCPC.5

The center provides care, treatment, and services according to the plan of care.

Elements of Performance for CCCPC.5

1. The center delivers care, treatment, and services according to the patient's plan of care. Ⓓ

2. The center revises plans and goals for care, treatment, and services based on a reassessment, the patient's needs, and achievement of goals.

3. The interdisciplinary team manages the patient's physical symptoms according to the patient's plan of care.

4. The patient's mental health conditions and psychological symptoms, including anxiety, stress, coping strategies, depression, delirium, behavioral changes, and anticipatory grief are managed according to the patient's plan of care. Ⓓ

5. The patient is monitored for the effects of medications. Ⓓ

6. The center provides services, consultations, or referrals for its patients, if indicated. Ⓓ

7. The center provides education, training, and support to the patient and family based on the population served. This includes, but is not limited to, the following: Ⓓ
   - Information regarding the patient's condition/illness
   - Medications
   - Lifestyle changes
   - Self-management
   - Cardiovascular risk factors
   - Cardiovascular disease prevention
   - Identification of any needs the patient, and, as appropriate, family may have for physical or psychosocial care, treatment, and services after discharge or transfer
   (See also CCCPC.7, EP 2)

8. The center provides education, training, and support to the patient and family in a way that they can understand and in a way that respects their culture.

9. The center provides referrals for grief, bereavement, and palliative care services for patients and/or families, if indicated. (See also CCCPC.4, EP 7)

10. The center provides education and support to the patient and family based on their needs and the plan of care.

11. The center identifies and manages patients who must be transferred to another setting that provides care outside the scope of the organization's level of care. Ⓓ

CCCPC.6

The patient's care is coordinated across the continuum of care.

Elements of Performance for CCCPC.6

1. The center implements its process of exchanging patient health information among internal and external staff who are involved in the patient's care, in addition to other health care organizations involved in the patient's care. (See also CCCIM.1, EP 2; CCCPC.3, EP 6) Ⓓ

2. The center coordinates the patient's care, treatment, and services within a time frame that meets their patient needs.

3. The center assists staff in obtaining knowledge-based information resources and references that are necessary for the patient's care and self-management and that support the patient's and staff's ability to make decisions.

4. Patients' co-occurring conditions, if present, are managed. This includes coordinating care with their specialists and obtaining medical tests when necessary.
Note: If the patient's co-occurring conditions are managed by staff or a setting(s) outside the center, the information necessary for its management is communicated to the staff and at settings across the continuum of care. (For more information, refer to Standard CCCIM.3, EP 4)

5. The center conducts regular patient care conferences with members of the interdisciplinary team to discuss patient-centered goals of care, disease prognosis, and advance care planning. The frequency of these patient care conferences is defined by the center.

6. The center assists the patient and family in collecting, organizing, and communicating important health information.

7. The center coordinates care with the primary care providers. This includes integrating clinical care with consultations, referrals, and/or coordinated links to relevant programs such as, but not limited to, the following:
- Community resources
- Mental health
- Nutrition
- Psychosocial counseling
- Social support Ⓓ

8. At the time a patient is transferred to a different care setting, information about the patient's goals, preferences, and values and the patient's clinical condition are communicated to staff in the new setting. Ⓓ

CCCPC.7

The patient's need for continuing care, treatment, and services after discharge or transfer is addressed.

Elements of Performance for CCCPC.7

1. The center begins the discharge/transition planning process with the patient early in the period of care, treatment, and services. At a minimum, this includes an individualized written discharge/transition plan addressing the following:
   - Factors from the inpatient episode or outpatient encounter that identify any potential problems for the patient
   - Details of the health care professionals involved in the patient's care, including roles and contact details
   - Support for the patient and family as needed

   Ⓓ

2. The center identifies any needs the patient, and, as appropriate, family may have for physical or psychosocial care, treatment, and services after discharge or transfer. For the patient, this process includes assessing the patient's capacity to do the following:
   - Self-report
   - Manage medications
   - Identify variances that may require further medical assessment
   - Make a follow-up appointment(s) with a primary care provider and/or other health care provider
   - Access support systems, including psychosocial support
   - Know what to expect at home, resources available, when to be concerned, and when to call the provider (See also CCCPC.5, EP 7)

   Ⓓ

3. The center discusses and plans with the patient and, as appropriate, the family, the care, treatment, and services that are needed in order to achieve the mutually agreed upon plans and goals. (See also CCCPC.2, EP 5)

   Ⓓ

4. The comprehensive cardiac center addresses the patient's and, as appropriate, the family's questions that arise after discharge.

Information Management Chapter

CCCIM.1

The comprehensive cardiac center maintains and protects the privacy and security of health information.

Elements of Performance for CCCIM.1

1. The center has a written policy that addresses privacy and security of health information.

   Ⓓ

2. The center defines which individual staff or staff positions have access to what types of health information. (See also CCCPC.6, EP 1)

   Ⓓ

3. The center's written policy on privacy and security of health information addresses how it retrieves health information without compromising privacy and security.

   Ⓓ

4. The center's written policy on privacy and security of health information addresses how it will safeguard records and information against loss, unintentional destruction, tampering, and unauthorized access or use. Ⓓ

5. The center defines the process to follow when privacy or security of health information is breached. Ⓓ

6. The center implements its policy on privacy and security of health information.

7. The center informs staff and patients about its policy on privacy and security of health information. Ⓓ

8. The center informs patients and, as appropriate, family about its uses and disclosure of health information and obtains his or her consent for release of information when required. Ⓓ

9. The center discloses health information only as authorized by the patient and, as appropriate, family or as otherwise consistent with law and regulation.

CCCIM.2

The comprehensive cardiac center maintains complete and accurate medical records.

Elements of Performance for CCCIM.2

1. The medical record contains sufficient information to identify the patient. Ⓓ

2. The center documents in the patient's medical record information about his or her care, treatment, and services. Ⓓ

3. The center documents in the patient's medical record any additional information that would help promote continuity of care, including the patient's ongoing cardiovascular risk assessment, procedures/surgeries, test results, plan of care, and education. Ⓓ

4. The center reviews its medical records within its defined time frames for completeness and accuracy. Ⓓ

5. The center retains records, data, and health information in accordance with law and regulation.

6. The center has a process in place to make sure that medical records are up-to-date, complete, and available outside office hours.

CCCIM.3

Continuity of information is maintained.

Elements of Performance for CCCIM.3

1. The center has a plan for maintaining continuity of health information, which includes disaster recovery. Ⓓ

2. The center's plan for continuity of health information includes an assessment of the potential impact of a severe interruption of information systems on the center and patients. Ⓓ

3. The center's plan for continuity identifies what health information is most critical for the patient's care, treatment, and services. Ⓓ

4. The center's plan for continuity of health information includes sharing ongoing information about the patient's health status with health care providers and health care organizations involved in the patient's care. This includes making sure that assessments and plans of care are accessible at locations where the patient is planning to receive care, and the providers' offices have post-discharge information. Ⓓ

5. The center implements its plan for maintaining continuity of health information, whenever necessary.

Performance Improvement Chapter

CCCPI.1

The comprehensive cardiac center plans an organized, comprehensive approach to performance improvement.

Elements of Performance for CCCPI.1

1. The center has a written performance improvement plan. Ⓓ

2. The center implements its performance improvement plan.

3. The center leaders and staff participate in the review, evaluation, and revision of its annual performance improvement plan.

4. The center adjusts its current performance improvement plan in response to unusual or urgent events. (See also CCCPI.5, EP 8)

5. The center's performance improvement plan, including its data analysis, is communicated at least annually to the organization's leaders.

6. The performance improvement plan is annually reviewed and approved by the Board of Directors.

7. The center has an interdisciplinary and inter-specialty cardiovascular performance improvement committee that meets a minimum of twice a year to evaluate clinical care practices and protocols.

8. Patients and families have a defined role in the evaluation of the provision of care, treatment, and services.

9. The center plans process and performance improvement activities to encompass multiple specialties, disciplines, and/or settings.

10. Upon request, the center provides the public with information about its commitment to performance improvement.
    Note: This information can be general in nature and consist of patient satisfaction data or general information about how the center improves its performance.

11. The center leaders, interdisciplinary team, and staff participate in the evaluation of the provision of care, treatment, and services.

CCCPI.2

The comprehensive cardiac center collects data to monitor its performance.

Elements of Performance for CCCPI.2

1. The center collects the data it needs to improve processes and outcomes. Ⓓ

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 conditions/procedures: Ⓓ
    - Acute myocardial infarction
    - Coronary artery bypass surgery
    - Diagnostic cardiac catheterization procedures
    - Implantable cardioverter defibrillator (ICD) procedures
    - Percutaneous coronary interventions
    - Valve replacement/repair procedures

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.

   Ⓓ

4. The center has a process to monitor appropriateness for cardiac procedures. At minimum, these procedures include:
   - Percutaneous coronary interventions
   - Cardiac stress tests

   Ⓓ

5. The center uses consistent data sets, definitions, codes, classifications, and terminology.

   Ⓓ

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

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

8. The center collects data that is specific to a patient's experience of the care, treatment, and services he or she receives.

9. The center monitors the quality of data collected.

10. The center reports aggregated data results for minimum data sets specified in Standard CCCPI.2, EPs 1–7 to The Joint Commission at defined intervals.

CCCPI.3

The center analyzes and uses its data.

Elements of Performance for CCCPI.3

1. The center analyzes its data and compares it against regional, state, and national target ranges, when they exist.

2. The center uses statistical tools and techniques to analyze data.

3. The center identifies and evaluates variables that affect outcomes.

4. The center uses data that are specific to the care, treatment, and services it provides.

5. The center uses its data analysis to improve and sustain performance. (See also CCCPI.5, EP 8)

6. The center shares its data analysis with the interdisciplinary team at defined intervals.

CCCPI.4

The center analyzes and uses its performance measurement data to identify opportunities for performance improvement.

Elements of Performance for CCCPI.4

1. The center prioritizes the identified improvement opportunities based on performance data and compares it against regional, state, and national target ranges.

2. The center takes action on improvement opportunities and has documentation to reflect outcomes that determine whether improvements have been achieved or sustained.

3. The center evaluates its actions to confirm that they resulted in improvements. The center also has documentation to reflect outcomes that determine whether improvements have been achieved or sustained.

4. The center takes action when it does not achieve or sustain planned improvements.

CCCPI.5

The center addresses sentinel events that occur and takes steps to prevent future occurrences.

Elements of Performance for CCCPI.5

1. The center has a process for preventing sentinel events.

2. The center implements its process for preventing sentinel events.

3. The center has a process for identifying and reporting sentinel events through established channels, both internally and externally.

4. The center implements its process for identifying and reporting sentinel events.

5. The center has a process for analyzing sentinel events when they occur.

6. The center implements its process to conduct a thorough analysis of sentinel events.

7. The center documents its analysis of sentinel events. Ⓓ

8. The center implements changes based on its analysis of sentinel events. (See also CCCPI.1, EP 4; CCCPI.3, EP 5) Ⓓ