Prepublication Requirements

Requirements Related to the New Acute Heart Attack Ready Advanced Certification

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 ACUTE HEART ATTACK READY ADVANCED CERTIFICATION

Effective July 1, 2019

Program Management Chapter

Standard DSPR.1

The program defines its leadership roles.

Element(s) of Performance for DSPR.1

1. The program identifies members of its leadership team.

Requirements Specific to Acute Heart Attack Ready Certification

a. The program appoints a designated STEMI coordinator and documents the STEMI coordinator’s name, role(s), and responsibilities specific to the needs of the program, along with his or her current curriculum vitae or resume.

b. The program appoints a designated medical director and documents the medical director’s name, role(s), and responsibilities specific to the needs of the Acute Heart Attack Ready organization, along with his or her current curriculum vitae or resume.

c. If the program performs percutaneous coronary intervention (PCI), the medical director or designee(s) are accountable for defining, implementing, and directing the overall primary PCI program, including responsibility for equipment, personnel, physician competency, privileges, physician availability, quality assurance, and case review conferences.
Standard DSPR.2

The program is collaboratively designed, implemented, and evaluated.

**Element(s) of Performance for DSPR.2**

1. The interdisciplinary team designs the program.

   **Requirements Specific to Acute Heart Attack Ready Certification**
   
   a. The interdisciplinary team develops guideline-based, institution-specific written protocols for triaging and managing patients who present with signs and symptoms of STEMI.
   
   b. The program creates a project plan or charter delineating the interdisciplinary team’s expectations, accountabilities, and goals.

2. The interdisciplinary team implements the program.

   **Requirement Specific to Acute Heart Attack Ready Certification**
   
   a. At least quarterly, representatives of the interdisciplinary team participate in STEMI meetings related to operational issues, solutions, and metrics demonstrating improvement. Documentation includes attendance records and meeting minutes.

4. The interdisciplinary team uses the results of the program evaluation to improve performance.

   **Requirement Specific to Acute Heart Attack Ready Certification**
   
   a. The program has a process to provide feedback to emergency medical service (EMS) agencies and interfacility transport agencies within 24 to 48 hours of patient arrival.

Standard DSPR.3

The program meets the needs of the target population.

**Element(s) of Performance for DSPR.3**

4. The services provided by the program are relevant to the target population.

   **Requirement Specific to Acute Heart Attack Ready Certification**
   
   a. The program develops an outreach plan for educating the community on heart attack care.
   
   Note: Documentation examples may include advertisement campaigns, public service announcements, specific trainings.
Standard DSPR.5

The program determines the care, treatment, and services it provides.

**Element(s) of Performance for DSPR.5**

6. The program has a process to provide emergency/urgent care.

*Requirements Specific to Acute Heart Attack Ready Certification*

a. The program develops a standardized process for the timely triage, diagnosis, and treatment of a STEMI patient, which includes protocols for the emergency department, whether patients arrive to the emergency department by emergency medical service or walk-in. The process and protocols are documented.

b. Written protocols for the emergency department demonstrate the rapid identification of a STEMI patient by acquisition of a 12-lead ECG with the goal of completion within 10 minutes of arrival; This would include walk-ins and when a STEMI diagnostic pre-hospital 12-lead ECG is not available.

c. The program develops a written protocol for a single-activation STEMI alert/call system for prompt activation of the STEMI/catheterization laboratory team. Documentation reflects staff utilization of the single call system.

Delivering or Facilitating Clinical Care Chapter

Standard DSDF.1

Practitioners are qualified and competent.

**Element(s) of Performance for DSDF.1**

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

*Requirement Specific to Acute Heart Attack Ready Certification*

a. The program has a written policy that describes the formal credentialing process for cardiologists who perform percutaneous coronary intervention (PCI).

7. Ongoing in-service and other education and training activities are relevant to the program’s scope of services.

*Requirements Specific to Acute Heart Attack Ready Certification*

a. The program requires training and education for staff members specific to STEMI recognition, identification, and treatment.

b. The program provides interdisciplinary training and education events for emergency medical service professionals, including 911 and interfacility transport. Documentation of agendas, rosters, or related material is required.
Standard DSDF.5

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

Element(s) of Performance for DSDF.5

1. The program coordinates care for patients with multiple health needs.

Requirements Specific to Acute Heart Attack Ready Certification

a. If the program performs percutaneous coronary intervention (PCI), the program has a written protocol(s) designating primary PCI as the standard reperfusion strategy.

b. The program has a written protocol(s) defining its primary reperfusion strategy.

c. Written protocols related to patient transfers address the following:
   - Facilitation of rapid transfer to the most appropriate receiving center (transfer plan documentation is required even when fibrinolytic therapy is the primary reperfusion strategy).
   - Transportation strategy, including primary transport provider and back-up transport provider (when primary transport provider is unavailable), as well as considerations for delays such as weather, traffic, road construction.
   - Documentation supporting the expectations and reviewing the outliers of the interfacility transport team(s) including:
     - Time of call for transport to time of transport team’s arrival
     - Time of transport team’s arrival to the time of the transport team’s departure

d. The program establishes fibrinolytic therapy as a reperfusion strategy for lytic-eligible patients when the organization cannot achieve transfer for PCI reperfusion times. The fibrinolytic therapy process includes the following:
   - Written order sets and protocols for the administration of fibrinolytic therapy to the STEMI patient, with the goal of meeting “Arrival to Fibrinolytic Administration within 30 minutes or less.”
   - Implementation and use of a fibrinolytic checklist to evaluate STEMI patient candidates.
   - Documentation of the process for the STEMI patient who is ineligible to receive fibrinolytic therapy.

Note: Fibrinolytic process plan documentation is required even when transfer for PCI is the primary reperfusion strategy.
Performance Measurement Chapter

Standard DSPM.1

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

### Element(s) of Performance for DSPM.1

2. The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.

### Requirements Specific to Acute Heart Attack Ready Certification

a. The program has a quality improvement program led by the interdisciplinary team to track and improve the treatment of the STEMI patient throughout hospitalization.

b. The quality improvement program collects the following STEMI patient care data:
   - Time of sign/symptom onset, if available, to first medical contact through PCI.
   - From PCI through discharge, including cardiac rehabilitation referral, if applicable.

6. The program analyzes its performance measurement data to identify opportunities for performance improvement.

### Requirement Specific to Acute Heart Attack Ready Certification

a. The quality improvement program identifies outliers in the following metrics and investigates the processes in place to achieve those metrics:
   - Arrival-to-PCI within 90 and/or 60 minutes
   - EMS/first medical contact-to-PCI within 90 minutes
   - EMS/first medical contact-to-PCI within 120 minutes when transport time is 45 minutes or longer and arrival to PCI is 30 minutes or less (if applicable)
   - Arrival at Acute Heart Attack Ready organization-to-PCI within 120 minutes for patients transferred to a Primary Heart Attack Center for PCI (no fibrinolytics)
   - Arrival-to-fibrinolytics within 30 minutes (if fibrinolytics are administered)
   - Patient arrival to 12-lead ECG within 10 minutes or less
   - Call for transport to time of transport team’s arrival (expectation defined by coordination between an AHAR and interfacility transport agency[ies])
   - Transport team’s arrival to the time of departure (expectation defined by coordination between AHAR and interfacility transport agency[ies])
   - Patient arrival to lytic administration in 30 minutes or less
   - Patient arrival to patient departure within 30 minutes or less (door in–door out)
Standard DSPM.3

The program 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 DSPM.3

2. The program collects data related to processes and/or outcomes of care.

Requirements Specific to Acute Heart Attack Ready Certification

a. Provide process and examples of 24–48 hour feedback given to 911 EMS agencies and/or interfacility transport agencies for the most recent 6 months.
b. The program provides examples of feedback received from receiving centers within the most recent 6 months.