Comprehensive Cardiac Center certification – Does my hospital qualify?

July 21st, 2020
Thank You

The Joint Commission values health care workers everyday but especially during this pandemic. We understand the work you are doing is of the utmost importance. We’ve tried to provide you with useful resources in response to COVID-19 which you can find on our website which is updated daily.

https://www.jointcommission.org/covid-19/
Today’s Agenda

− The GOAL is to *enable* hospitals to achieve certification by:

  • Reviewing the value and benefits of the Comprehensive Cardiac Center Certification
  • Understanding and visualizing key standards and requirements
  • Introducing the standardized Performance Measures
  • Knowing the steps to learn more, apply, and become certified

− Question and Answer
Comprehensive Cardiac Center Certification

Loni Denne
Regional Vice President, Quality & Systems Improvement
American Heart Association
Our Mission:

To be a relentless force for a world of longer, healthier lives.
Guiding Values

Meeting People Where They Are
Improving and Extending People's Lives
Speaking with a Trustworthy Voice
Bringing Science To Life

Inspiring Passionate Commitment
Making an Extraordinary Impact
Ensuring Equitable Health for all
Building Powerful Partnerships
The Joint Commission and The American Heart Association Collaboration

- The collaboration between the AHA and TJC certification programs combines a unique strength in science and evaluation

- Over 15 years of strength in collaboration in stroke and cardiac certification, with nearly 1,400 hospitals certified through AHA/TJC programs

- Translating the latest evidence-based science to the bedside quickly and efficiently helps save more lives and improve patients' quality of life, through standardized, objective, unbiased assessments, while promoting excellence in healthcare
AHA Value-Added Services

**Online Network**
- National networking
- Information and best practice sharing
- Collaboration
- Resources
- Mentorship

**Education**
- National provider education and webinars
- Best practices to improve processes, quality, patient care and outcomes
- EMS education

**Resources**
- Patient/Caregiver Education
- Toolbox of patient caregiver resources
- Promotion of self-management

**Consultation**
- Quality Improvement Consultants
- Collaboration on PI plan to improve patient care and outcomes

**Advocacy**
- Promotion of systems of care
- Set public policy
- Develop legislative campaigns
- EMS routing protocols

**Recognition**
- National presentation and showcase opportunities
- National promotions
- Marketing and communications toolkit

**Advisory Working Group**
- Certified centers play an active role in setting national agenda, establishing key priorities
Comprehensive Cardiac Center – Meeting the Standards

Andrea Leigh Yates MBA BSN RN CCRN-K
Field Reviewer – Disease Specific Care
The Joint Commission
What is CCC Certification?

- The Comprehensive Cardiac Center certification is a 2-year program with The Joint Commission that is offered in collaboration with the American Heart Association, merging TJC’s Comprehensive Cardiac Center certification and the AHA’s Cardiovascular Center of Excellence accreditation.

- The Comprehensive Cardiac Center certification elevates the performance of your entire organization and irrefutably demonstrates that your program provides world-class interdisciplinary care for cardiovascular patients across the continuum of healthcare.
Are there Volume Requirements?

- CABG: 125/year (alone or in combination with other procedures)
- Valve replacement/repair: 50/year (alone or in combination with other procedures)
- PCI: 200/year
- Primary PCI for STEMI: 36/year (includes patients transferred if they didn’t receive TNK)

If volumes are not met, participation in a nationally audited registry and demonstration of risk adjusted outcomes that meet or exceed the national average are required.
Getting Started

- Complete a gap analysis of the standards
- Who should be involved? Engage the right people!
- What cardiac services are offered currently?
- What are the hurdles?
- What are the resources you have and need?
Look to the Domains

1. Cardiovascular risk identification and disease prevention

2. Cardiac arrest management, including prevention of in-hospital arrest, resuscitation, and targeted temperature management

3. Ischemic heart disease management through medical, interventional and surgical care, including:
   - ACS (STEMI, NSTEMI, UA)
   - PCI
   - CABG

4. Dysrhythmia management, including
   - Electrophysiology services
   - Outpatient device clinics

5. Valve disease management, including repair/replacement services

6. Heart failure management, including outpatient services

7. Cardiac rehabilitation

8. Consultation, referral and transfer arrangements

9. Discharge, follow up & transitions of care
Domains?

- Look back to the assessment of your services
- Think of Domains as your services... You already have them!
- Determine who has responsibility for each service
Let’s start with the Program/Team Charter

- Start with your organization’s project/program charter template or create your own using the sample on the next page as a guide

- Begin the charter with the definition and project scope
  - Helpful RPI tools include:
    - 15 Words
    - Includes/Excludes

- Meet with key stakeholders to discuss the remaining items and reach consensus

- Ask team members and program sponsor to sign the charter to ensure commitment

- Use this tool to communicate the team’s work to others
# Example Team Charter

**Internal Team Charter**

<table>
<thead>
<tr>
<th>Project Purpose</th>
<th>Project No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Purpose</strong></td>
<td><strong>Project No.</strong></td>
</tr>
<tr>
<td>Describe in one (2 sentences at most) the purpose of the project. Here, state what the project cost and a project deadline date (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Project Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>List here in bullet form all the people who have a stake in the success of the project — it is usually your client, your main client contact, the Account Manager who sold the job, and your vertical. But it could also be a vendor, corporate, or an organization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in bullet form the main objectives of the site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team Principles (these four are standard, but you may develop others!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To keep the Client happy.</td>
</tr>
<tr>
<td>2. To work as a Team by being responsible and accountable</td>
</tr>
<tr>
<td>3. To create a creative, high quality, valuable Product.</td>
</tr>
<tr>
<td>4. To ensure the healthy Finance of the project by always adding value with time spent</td>
</tr>
</tbody>
</table>

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In this section, define your team and their roles & responsibilities. This will vary from project to project; you may have a smaller or larger team and different team requirements.

<table>
<thead>
<tr>
<th>Key Team Members</th>
<th>Role</th>
<th>Key Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Project Lead</td>
<td>Develop team charter; develop project plan; issue agendas and minutes; manage budget &amp; schedule; issue status reports; assist in scheduling internal &amp; external resources; organize team, run status meetings; assist with Functional Spec and other creative documents.</td>
</tr>
<tr>
<td>TBD</td>
<td>Producer</td>
<td>Resource Scheduling; Coordinate script development; assist with Functional Spec; and other creative documents; manage client and product assets; manage Programmer(s), Artist(s), and QA during development.</td>
</tr>
<tr>
<td>TBD</td>
<td>Interactive Designer</td>
<td>Develop navigational flowchart and/or storyboards; develop prototype; if required; assist with Functional Spec and possibly other creative documents.;</td>
</tr>
<tr>
<td>TBD</td>
<td>Quality Assurance Analyst</td>
<td>Develop test plan; manage testing process. Keep team abreast of QA considerations and potential problems.</td>
</tr>
<tr>
<td>TBD</td>
<td>Tech Lead</td>
<td>Develop Technical Specification/Requirements; Keep team abreast of technical considerations and potential problems.</td>
</tr>
<tr>
<td>TBD</td>
<td>Lead Media Designer</td>
<td>Develop screen concepts &amp; layouts.</td>
</tr>
<tr>
<td>TBD</td>
<td>Graphic Artist</td>
<td>Execute screen design.</td>
</tr>
<tr>
<td>TBD</td>
<td>Writer</td>
<td>Write all copy for the site.</td>
</tr>
<tr>
<td>TBD</td>
<td>Programmer(s)</td>
<td>Implement Functional &amp; Technical Specifications.</td>
</tr>
</tbody>
</table>

**Key Measurements of Project Success**

*Note whatever is applicable*

- Client is overjoyed with final product
- Client is interested in additional work with us
- Product is delivered on time & within budget

**Close-out Criteria (The project is done when...)**

1. The Client has signed off on the Functional Specification
2. The Client has signed off on the Interactive Script
3. The site is live and signed-off on the site

**Key Client Expectations**

*Note whatever is applicable*

- We will manage the project well
- The site will be delivered on time
- The site will be one of high quality

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[https://www.google.com/searchteamcharter](https://www.google.com/searchteamcharter)
Program Charters Help

• Describe the purpose of the program
• Define the team members and responsibility
• Align efforts with measurable goals and objectives

Team charters are active documents
What should we focus on?

- Focus on communication amongst service line members

- ALL communication, including written communication

- Always relate communication back to the evidence and standards
Standards for Initial Review

- *All* standards are required to be compliant but in our limited time today we will discuss some of the key standards to focus on for an initial review

- **CCCM 1 EP 1**
  - The center’s philosophy is aligned with the organization’s mission demonstrated by a *program charter* defining its overarching mission, goals, scope, organizational structure, authority, and lines of communication.
The center has a designated physician 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
- Provides direct care or stabilizes and safely transfers patients who require care beyond the scope of services provided by the organization

continued...
CCCM 2 EP 3 – The Physician Leader

- The center complies with applicable laws and regulation
- Ensures practitioners are practicing within the scope of their license, certification, training, and current competency
- Ensures 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
CCCMM 2 EP 4 – Who’s on the team?

- The center’s executive leadership team is structured as follows to manage both the scope of cardiovascular services offered and the center’s capabilities:
  
  • Cardiac center executive
  
  • RN leader and/or nurse(s) with training or clinical expertise in cardiovascular care
  
  • Quality improvement specialist/data manager

continued...
CCCM 2 EP 4 – Who’s on the team?

• Qualified cardiothoracic surgeon who has specialized training and is privileged in cardiothoracic surgery

• Qualified physicians who have specialized training in cardiology and are:
  – Privileged in cardiology
  – Privileged in interventional cardiology
  – Privileged in electrophysiology

• Qualified physician who has specialized training in emergency medicine and is privileged in emergency medicine
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 national clinical practice guidelines.

What is the plan?

Who knows the plan and how to implement it?
The center has internal guidelines regarding consultation with a physician in the required cardiac specialty 24 hours a day, 7 days a week.

*Know the Medical Staff By-Laws/Rules and Regulations*
CCCM 4 – Evidence Based Guidelines

- 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

*What happens if evidence changes or there’s something new? What is your process for evaluation and implementation?*
CCCM 5 – EMS Collaboration

- What is your partnership with EMS and transport companies?
- How are you leading systems of care in your region?
- Are you involved in regional decision making? *Is it every 6 months?*
CCCM 6 - Competency

- Who is caring for the patients?
- What are the credentialing/on-boarding processes for medical staff and HR?
- How do practitioners show expertise in cardiovascular care?
- What is the plan for on-going education?
- What drills have been completed?
- Are you intentionally using debriefings as a learning tool?
CCCM 7 – Staff Availability & On-Call

- Adequate numbers and types of practitioners are available to meet the needs of your cardiovascular patients, includes social work, case management, infection control, behavioral health, etc.

- What is your on-call process?
  - What departments are on-call for cardiology?
  - How will this be demonstrated to the reviewers? Call schedules?
  - How are changes made?
  - How are key points in the timeline documented and reviewed for staff and physicians?
CCCMM 10 - Community Needs

- The center conducts a community health needs assessment and demonstrates a plan to address the needs of the cardiovascular patient population it serves.

  - The center participates in community health and outreach initiatives for assessment of cardiovascular disease prevalence and needs of the community

  - The center sponsors at least six community education programs annually that focus on cardiovascular disease prevention
CCCM Chapter - did you notice....

- Number of standards in the chapter
- Number of documents needed to demonstrate compliance
- Focuses on communication in the team/service line/sections, both written and verbal

*So what about the quality chapter.........?*
CCCPI Chapter - Quality

- What is the PI plan for the service line?
- Who can speak to it?
- How are program leaders involved?

  • The executive leadership team meets at least quarterly, with an attendance quorum of 50% for each meeting, and each member attends 50% of meetings over the fiscal year.

  • This is the overarching team, not each domain. Each domain usually reports up the quality chain.
CCCPI Chapter - Quality

- A nationally audited registry or similar data collection tool is used to monitor data and measure outcomes.

- Aggregate monthly data values reported on a quarterly basis for each measure to The Joint Commission via CMIP on the Connect® portal.

- 4 months of collected data should be reported to The Joint Commission prior to the initial on-site review.
CCCPC Chapter - What about the care?

- **Evidence-based** care of the patient is the most important part of the program
- CCCPC chapter is similar to DSDF chapter in the disease specific manual
- Focus on cardiovascular care but don’t forget comorbid conditions; *demonstrate that you’re treating the whole patient*
- How are the patient and family involved and engaged in self-care and management of the disease? Healthcare is a truly collaborative effort
- How are you coordinating care across the entire continuum?
Why Certification?

- Demonstrates integration of services
- Reduces variability through a systematic approach to clinical care throughout the service line
- Promotes achievement
- Creates a loyal, cohesive clinical team
- Supports a culture of excellence
- Improves quality and safety
- Provides an objective assessment of clinical proficiency through the use of registries
Comprehensive Cardiac Center Certification

Can you do it?

Yes you can.

You already are!
Comprehensive Cardiac Center – Measuring Performance

Paula Farrell, BSN, RN, CPHQ
Associate Project Director
Clinical, Department of Quality Measurement
The Joint Commission
## Mandatory Performance Measures

<table>
<thead>
<tr>
<th>Mandatory Comprehensive Cardiac Center Certification Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCIP-01</td>
</tr>
<tr>
<td>CCCIP-02</td>
</tr>
<tr>
<td>ACHF-01</td>
</tr>
<tr>
<td>ACHF-02</td>
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<tr>
<td>ACHF-06</td>
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</tbody>
</table>
**Optional Performance Measures**

### Optional Inpatient Comprehensive Cardiac Center Certification Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCIP-03</td>
<td>Cardiac Rehabilitation Referral from an Inpatient Setting</td>
</tr>
<tr>
<td>CCCIP-04</td>
<td>Cardiac Rehabilitation Referral for Heart Failure Patients with Reduced Ejection Fraction from an Inpatient Setting</td>
</tr>
<tr>
<td>CCCIP-05</td>
<td>Cardiac Rehabilitation Enrollment–Inpatient</td>
</tr>
</tbody>
</table>

### Optional Outpatient Comprehensive Cardiac Center Certification Performance Measures

<table>
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<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCOP-01</td>
<td>Cardiac Rehabilitation Referral from an Outpatient Setting</td>
</tr>
<tr>
<td>CCCOP-02</td>
<td>Cardiac Rehabilitation Referral for Heart Failure Patients with Reduced Ejection Fraction from an Outpatient Setting</td>
</tr>
<tr>
<td>CCCOP-03</td>
<td>Cardiac Rehabilitation Enrollment–Outpatient</td>
</tr>
<tr>
<td>ACHFOP-03</td>
<td>Hospital Outpatient Aldosterone Receptor Antagonists Prescribed for LVSD</td>
</tr>
<tr>
<td>ACHFOP-06</td>
<td>Hospital Outpatient Discussion of Advance Directives/Advance Care Planning</td>
</tr>
</tbody>
</table>
Implementation Guide

## Case Volumes and Sampling

<table>
<thead>
<tr>
<th>Measure Category</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart Failure</strong></td>
<td>CCCIP-02*</td>
</tr>
<tr>
<td></td>
<td>ACHF-01*</td>
</tr>
<tr>
<td></td>
<td>ACHF-02*</td>
</tr>
<tr>
<td></td>
<td>ACHF-06*</td>
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<tr>
<td></td>
<td>CCCIP-04</td>
</tr>
<tr>
<td></td>
<td>CCCOP-02</td>
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<tr>
<td></td>
<td>ACHFOP-03</td>
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<td>ACHFOP-06</td>
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<tr>
<td><strong>MI</strong></td>
<td>CCCIP-01*</td>
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<tr>
<td></td>
<td>CCCIP-03</td>
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<tr>
<td></td>
<td>CCCOP-01</td>
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<tr>
<td></td>
<td>CCCOP-03</td>
</tr>
<tr>
<td><strong>PCI/CABG/Valve</strong></td>
<td>CCCIP-03</td>
</tr>
<tr>
<td></td>
<td>CCCIP-05</td>
</tr>
<tr>
<td></td>
<td>CCCOP-01 (PCI only)</td>
</tr>
<tr>
<td></td>
<td>CCCOP-03 (PCI only)</td>
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</tbody>
</table>

*Mandatory standardized measures that certified organizations must abstract.*
Additional Information

- Organizations should utilize their current registry data (e.g. GWTG, STS).

- Beginning January 1, 2020, an update to the Performance Improvement and Performance Measurement (PI) chapter of the Comprehensive Cardiac Center Certification Manual will require certified organizations to:

  - Present data from a nationally audited registry for their implantable cardioverter-defibrillator (ICD) procedures and CABG and valve surgeries to the reviewer during their on-site review.
# Performance Measures Q&A Forum

Welcome to the Performance Measurement Network Q&A Forum

## Measure Specifications Manuals

<table>
<thead>
<tr>
<th>Joint Commission Only Measures</th>
<th>CMS and Joint Commission Aligned Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Future:</strong> Coming soon... <em>(Updated 7/31/2019)</em></td>
<td></td>
</tr>
<tr>
<td><em>(Updated 12/12/2018)</em></td>
<td><em>(Updated 12/31/19)</em></td>
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<td><em>(Updated 12/31/19)</em></td>
</tr>
</tbody>
</table>

- **Risk Adjustment:**
  - The Joint Commission Risk Adjustment Guide and Documents

[https://manual.jointcommission.org/](https://manual.jointcommission.org/)
The Steps to Comprehensive Cardiac Center Certification

Zachary George, MBA, CPA
Associate Director of Hospital Certification
The Joint Commission
**The Application and Certification Process**

**LET US KNOW! Connect with your Associate Director**
- Contact us at [certification@jointcommission.org](mailto:certification@jointcommission.org)

**Complete the following PRE-APPLICATION with your AD**
- Review Standards in E-dition® and analyze gaps
- Identify Clinical Practice Guidelines
- Complete 7 question Performance Improvement Plan
- Establish a Ready Date (4-6 months after application)

**Complete APPLICATION on Connect® portal**
- No Performance Measure data uploaded

**PREPARE for Onsite Review**
- Use the Review Process Guide on Connect® portal
- Enter the most recent 4 months of results on the TJC measures

**ONSITE REVIEW**
- 2 reviewers, 2 days
- 30 days advance notice
Advertise your Achievement

The Joint Commission

American Heart Association

CERTIFICATION

Meets standards for

Comprehensive Cardiac Center Certification
Questions?