# HEART ATTACK CERTIFICATION

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AR/CO/NM/OK/TX/WY



#### Loni Denne RN, BSN

Loni is Regional Vice President of Quality & Systems Improvement and Mission: Lifeline for the American Heart Association SouthWest Affiliate which is comprised of the states of Arkansas, Colorado, New Mexico, Oklahoma, Texas and Wyoming. Her background is in clinical nursing in a variety of settings including ICU, PCU, Med-Surg, Cardiac Telemetry, Cardiac Rehab, STEMI Coordination/Cardiac Outreach and Administration. Prior to her role at the AHA, she launched the STEMI and Stroke Outreach Program for a multi-hospital system in the Austin Region in order to coordinate expedited treatment for these time sensitive diagnoses. She served on the Texas Governors EMS and Trauma Advisory Cardiac Care Committee for 6 years. She received her Bachelors degree from the University of Iowa in Iowa City.





## **DISCLOSURES**

FINANCIAL DISCLOSURE:

No financial relationships to disclose

UNLABELED/UNAPPROVED USES DISCLOSURE:

None to disclose



#### **ELEVATING CARDIAC CARE ACROSS THE CONTINUUM**



Advanced Cardiac Certification

THE NEW PARADIGMAMERICAN HEART ASSOCIATION/ THE JOINT COMMISSION

THE AMERICAN HEART ASSOCIATION AND THE JOINT COMMISSION COMBINE KEY EXPERTISE IN FORMALIZING SYSTEMS OF HOSPITAL AND PRE-HOSPITAL CARE AND IMPLEMENTING STRUCTURE TO PROMOTE PATIENTS RECEIVING THE RIGHT CARE FROM THE RIGHT FACILITY AT THE RIGHT TIME.



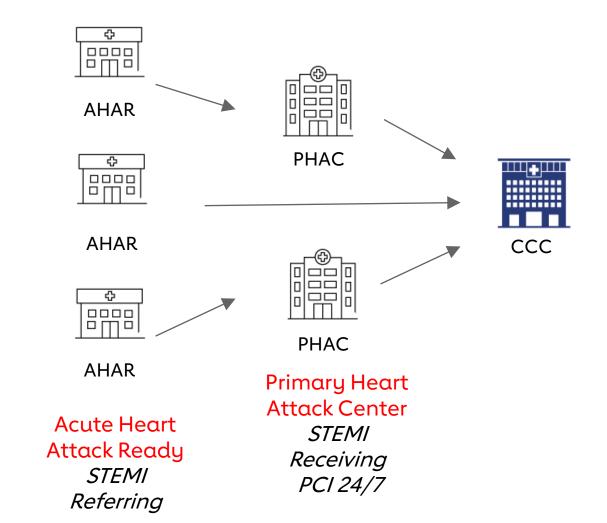
## AHA/TJC ADVANCED CARDIAC CERTIFICATIONS

- Acute Heart Attack Ready
- Primary Heart Attack Center
- Comprehensive Cardiac Center Certification
- Advance Certification in Heart Failure





### AHA/TJC ADVANCED CARDIAC CERTIFICATIONS



# Comprehensive Cardiac Center

- UA, NSTEMI
- STEMI Receiving (PPCI)
- CABG
- Resuscitation / Temperature
- Valve Repair/ Replacement
- Electrophysiology services and devices
- Heart Failure
- Cardiac Rehab



#### **EVOLUTION OF HEART ATTACK CENTERS**

Acute Heart Attack Ready and Primary Heart Attack Center Certifications will replace the American Heart Association's existing Mission: Lifeline Heart Attack Accreditations for STEMI Receiving and Referring Centers



# AHA/TJC ACUTE HEART ATTACK READY CERTIFICATION (AHAR)

Referring center, may <u>or</u> may not provide on-site primary percutaneous coronary intervention (PPCI) coverage for STEMI patients

- For accredited and non-accredited hospitals and critical access hospitals (including freestanding emergency departments that are part of a hospital)
- Participates in the Get With the Guidelines® Coronary
   Artery Disease registry
- No prescribed hospital or provider volumes





Provides on-site primary percutaneous coronary intervention (PPCI) coverage for STEMI patients 24 hours a day, 7 days a week

- For accredited and non-accredited hospitals and critical access hospitals (including freestanding emergency departments that are part of a hospital)
- Participates in the Get With the Guidelines®—
   Coronary Artery Disease registry
- Meets prescribed Hospital and Provider volume requirements





# INTERVENTIONAL CARDIOLOGIST VOLUME REQUIREMENTS

- FOR THOSE INTERVENTIONAL
   CARDIOLOGISTS PERFORMING PRIMARY PCI
   FOR STEMI
- 50 PCI, WITH 11 PRIMARY PCI PROCEDURES PER YEAR (MAY BE AVERAGED OVER A TWO-YEAR PERIOD)
- THIS TOTAL INCLUDES ALL PCIS, INCLUDING THOSE PERFORMED EXTERNALLY FROM THE APPLICANT HOSPITAL





#### **HOSPITAL VOLUME REQUIREMENTS – 2 OPTIONS**

PERFORM A MINIMUM OF 150 PCI PROCEDURES,
 AND 36 PRIMARY PCI PROCEDURES OVER THE
 PREVIOUS FOUR ROLLING QUARTERS

OR

- PHACS THAT HAVE NOT PERFORMED THESE
   VOLUMES MUST PROVIDE:
  - Process for interventional cardiologists to closely monitor clinical outcomes
  - Examples of STEMI systems of care processes/protocols in place
  - Formal association with a larger facility(ies)
  - For sites without on-site surgery: formal agreement(s) + transfer plan/protocol





American

PHAC CERTIFICATION REQUIREMENTS

**UNIVERSAL PATIENT ACCEPTANCE (DSDF.5)** 

- SIMULTANEOUS STEMI PATIENT TREATMENT PLAN
- NO DIVERSION PLAN
- UNIVERSAL ACCEPTANCE OF TRANSFER STEMI PATIENTS

FIBRINOLYTIC THERAPY (DSDF.5)

 ARRIVAL TO FIBRINOLYTIC ADMINISTRATION - 30 MINUTES OR LESS (IF ADMINISTERED)





PHAC CERTIFICATION REQUIREMENTS

#### STEMI ALERT/CALL SYSTEM (DSPR.5):

- STANDARDIZED PROCESS SINGLE ACTIVATION
- CATHETERIZATION LABORATORY TEAM ACTIVATION
- COLLABORATION WITH EMS TO COORDINATE PRE-HOSPITAL CARE, STEMI ALERT/NOTIFICATION







#### PHAC CERTIFICATION REQUIREMENTS

#### COMMUNITY (DSPR.3):

- OUTREACH PROGRAM → ON PUBLIC AWARENESS AND EDUCATION
- DOCUMENTATION EXAMPLES (REQUIRED)

#### PERFORMANCE IMPROVEMENT/QUALITY:

- STEMI PROTOCOLS/ORDER SETS
- INTERDISCIPLINARY TEAM MEETINGS (DSPR.2)



### GET WITH THE GUIDELINES- CORONARY ARTERY DISEASE (CAD)





#### **AHA'S PREMIER DATA SOURCE SUPPORTS:**

-AHA/TJC ADVANCED HEART ATTACK CERTIFICATIONS

-HOSPITAL CARDIOVASCULAR QUALITY IMPROVEMENT ACTIVITIES

-MISSION: LIFELINE®

Mission: Lifeline<sup>®</sup> Hospital STEMI & NSTEMI Recognition

• Mission: Lifeline ® Regional Reports





### AHA/TJC COMPREHENSIVE CARDIAC CENTER CERTIFICATION

#### **BROAD RANGE OF CARDIAC DOMAINS**

- MANAGEMENT OF ISCHEMIC HEART DISEASE THROUGH MEDICAL, INTERVENTIONAL, AND SURGICAL CARE, INCLUDING ACUTE CORONARY SYNDROME TREATMENTS (STEMI, NSTEMI AND UA), PCI AND CABG
- CARDIAC VALVE DISEASE, INCLUDING REPLACEMENT/REPAIR
- DYSRHYTHMIAS, INCLUDING ELECTROPHYSIOLOGY SERVICES AND OUTPATIENT DEVICE CLINICS
- CARDIAC ARREST, INCLUDING PREVENTION OF IN-HOUSE ARRESTS, RESUSCITATION, AND TARGETED TEMPERATE MANAGEMENT
- HEART FAILURE MANAGEMENT, INCLUDING OUTPATIENT SERVICES
- CARDIAC REHABILITATION, EITHER ON SITE OR BY REFERRAL







### AHA/TJC COMPREHENSIVE CARDIAC CENTER CERTIFICATION

#### HOSPITAL VOLUME REQUIREMENT

CABG: 125/year (alone or in combination with other procedures)

Valve replacement/repair: 50/year

PCI: 200/year

Primary PCI for STEMI: 36/year

There are no individual practitioner volume requirements



Comprehensive Cardiac Center Certification



## VALUE OF AHA/AJC ADVANCE CARDIAC CERTIFICATION

- DEMONSTRATE COMMITMENT TO A HIGH STANDARD OF SERVICE
- PROVIDE A FRAMEWORK
   TO IMPROVE PATIENT OUTCOMES
- HELPS TO ORGANIZE TEAMS ACROSS
   THE CONTINUUM OF CARE
- GAIN A COMPETITIVE EDGE IN THE MARKET

- BE RECOGNIZED BY INSURERS AND OTHER THIRD PARTIES
- ENHANCE STAFF RECRUITMENT AND DEVELOPMENT
- ACCESS TO AN ONLINE COMMUNITY, EDUCATION, RESOURCES, QUALITY IMPROVEMENT CONSULTANTS, A MARKETING TOOLKIT, AND THE OPPORTUNITY TO PARTICIPATE IN AN ADVISORY GROUP





#### PREPARING FOR YOUR SURVEY

#### TRACER METHODOLOGY

- USING MEDICAL RECORD, PROCESSES AND PROTOCOLS AS A GUIDE PATIENTS WHO.
   WERE RECENTLY DISCHARGED ARE "FOLLOWED THROUGH THE SYSTEM"
- REVIEWERS GO WHERE THE PATIENTS WENT FROM ARRIVAL THROUGH DISCHARGE
- WALK THROUGH YOUR PROGRAM
- REVIEWER ENGAGEMENT AND DISCUSSION WITH ALL LEVELS OF YOUR STAFF
- CONSTRUCTIVE, NOT PUNITIVE

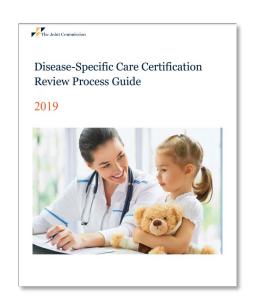


#### PREPARING FOR YOUR SURVEY

#### **HOW TO PREPARE**

#### **Review Process Guide**

- The purpose of this activity guide is to inform organizations about how to prepare for the Disease Specific Care onsite certification review, including:
  - Identifying ways in which the organization can facilitate the onsite review process
  - Describing logistical needs for the onsite review
- Details provided
  - The purpose of the activity
  - Descriptions of what will happen during the session
  - Discussion topics, if applicable
  - Recommended participants
  - Any materials required for the session







#### THE FIRST STEP TO BECOMING CERTIFIED

Connect with your regional American Heart Association Quality & Systems Improvement Director:

Alicia Webster at Alicia. Webster@heart.org



